

DOCTOR OF PHILOSOPHY

"I didn't even know if my life was worth fighting for": an exploration of the restorative power of adaptive sport for traumatically injured British military personnel

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Award date:
2013

Awarding institution:
Coventry University

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**“I didn’t even know if my life was
worth fighting for”:
An Exploration of the Restorative
Power of Adaptive Sport for
Traumatically Injured British Military
Personnel**

By

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July 2013

***A thesis submitted in partial fulfilment
of the University’s requirements for the degree of
Doctor of Philosophy***

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Abstract

This thesis examines the potentially restorative power of adaptive sport, based upon the experiences of traumatically injured British military personnel. It investigates how participation in adaptive sport may contribute to personnel's adaptation of identity and the re-establishment of their meaning of life post-traumatic injury. Through a series of in-depth interviews, I attempted to gain a greater understanding of the experience of and recovery from life-changing injuries, seeking to comprehend the impact of adaptive sport in this process. In line with current research in the field of disability studies, this research adopted a social construction approach. The results of the analysis are set within the social model of disability in order to try to highlight the impacts of the perceptions of disability, embedded in the dominant medical model discourse, on the participant's lives. Key findings highlighted by this research are i; the influence that the medical model discourse has on the British military mentality and their approach to injury, ii; the process of identity adaptation and the importance of adaptive-sport-participation to provide focus and help individuals realise their potential, iii; the experience of adaptive sport as a tool to bring back meaning of life and iv; the process of 'normalisation' and the way individuals are self-determined to restore some sense of normality by participating in adaptive sport and positive adaptation to trauma, whereby adaptive sport acts as a tool to set the right conditions for individuals to experience positive phenomena. Throughout this thesis, I have attempted to provide an open and reflexive account of the whole research process in order to make the reader aware of the possible effects of my own background on the research outcomes.

Dedication

I would like to dedicate this thesis to my husband who has helped me find the confidence to believe in myself and my own capabilities, helping me realise my potential and fulfil my dreams. His constant support throughout this process has meant the world to me and I love him dearly. I would also like to dedicate this thesis to the research participants, for their time, commitment, and willingness, as without them, it would not have been possible.

Acknowledgements

I would like to acknowledge the assistance and guidance provided by my Director of Studies, Dr. Ian Brittain, and my supervisor, Professor Alan Hunter. I thank them both for their commitment and dedication throughout the entire research process, as well as their time and understanding. I would also like to acknowledge and thank Coventry University for providing me with a Studentship so that I could undertake my PhD in the first instance.

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Table of Abbreviations and Acronyms

ARBD	Alcohol Related Brain Damage
ASRT	Adaptive-Sport-Rehabilitation-Theory
DMRC	Defence Medical Rehabilitation Centre
EIPA	Emancipatory Interpretative Phenomenological Analysis
IED	Improvised Explosive Devices
IPA	Interpretative Phenomenological Analysis
PTG	Post-Traumatic Growth
QOL	Quality Of Life
SCI	Spinal Cord Injury
SDT	Self-Determination Theory
SI	Sensory Impairment
SIT	Social Identity Theory
TBI	Traumatic Brain Injury
UPIAS	Union of the Physically Impaired Against Segregation
WHO	World Health Organisation

Chapter One – Introduction

The Taliban were drawing close and the unmistakable warheads of their rocket-propelled grenades were in view. It was extremely hot and Tim needed to get his platoon of one-hundred-and-fifty back to safety. They first had to cross the ‘danger zone’, a well-known field scattered with Improvised Explosive Devices (IEDs), which could detonate at any moment, causing mass destruction and trauma. The field seemed so peaceful, but only days before, six men had come face-to-face with the Taliban’s most innovative weapon. Tim knew the dangers that they faced, but there was no other way. He briefed his platoon and they began to make their way across, sweat dripping-with-fear that each footstep might be their last. Then, all of a sudden, everything went black and the strong smell signalled that something had gone wrong.

On that day in Afghanistan, Tim was in charge of one-hundred-and-fifty personnel. Twenty-four hours later, he woke up in hospital, unable to do anything for himself. Nurses changed his catheter and replaced his drip. The psychological and physical impact was huge and, at that time, he could not see a future, especially a future that he wanted to be part of. Tim felt lonely, angry, frustrated and lost. It was relentless. The nurses thought that he was in complete denial about the severity of his injuries. Nevertheless, in his eyes, only days ago, he was managing one-hundred-and-fifty personnel, so why did he find it so hard to manage these feelings? Never before had he felt so worthless. Yet, months later, Tim was on holiday skiing. He realised that he can still do things, many things. The experience that he had gained was so beneficial that he no longer felt worthless, but worthwhile. Ultimately, he felt that his life was now worth fighting for.

Tim's story is one of many as British military personnel have sustained injuries during their service in Afghanistan, and the recent conflict in Iraq, resulting in many casualties. British personnel are therefore returning home with traumatic, life-changing, and disabling injuries. At the beginning of the data collection process in December 2011, the Casualty Monitor (2012) reported that 5970 British military personnel were injured in Iraq, compared with 9859 in Afghanistan between 2008 and 2011. In recent times, there has been a dramatic change in warfare, which has seen IEDs remove limbs or damage them so severely that they have to be amputated (Chivers, 2009). On the ground, serving personnel are faced with challenging situations and the range of life-changing injuries reflects the evolving nature of the enemy's tactics. As a result, injuries include Spinal Cord Injury (SCI), Sensory Impairments (SIs), amputation of limbs and Traumatic Brain Injury (TBI) (Hawkins, Cory and Crowe, 2011: 310). In 21st-century combat, such injuries have however led to advances in field medicine and protective equipment, which now means that a high percentage of traumatically injured military personnel are surviving their otherwise life-threatening injuries (Chivers, 2009). There is therefore a demand for the successful rehabilitation of the injured. Consequently, the British military build upon the work of Sir Ludwig Guttmann, the universally accepted founder of the modern day Paralympic movement. It was after the Second World War that Guttmann first introduced sport to help rehabilitate spinally injured veterans, acknowledging its physiological and psychological values (McCann, 1996).

The United Kingdom's military initiative, 'Battle Back' (www.helpforheroes.org.uk/how-we-help/battle-back) was formally launched in July 2008 and draws on Guttmann's work, using adaptive sport as an integral part of its

framework (Brittain and Green, 2012: 244). The name ‘Battle Back’ was coined in 2007 by a team investigating whether the British military could once more utilise sport as a rehabilitation aid. ‘Battle Back’ is therefore a military-led programme for all injured Service personnel, irrespective of how and why they were injured and is designed to complement the more traditional forms of rehabilitation that are offered by the Defence Medical Rehabilitation Centre (DMRC) at Headley Court in Surrey, United Kingdom (Battle Back, 2009: 1). ‘Battle Back’s’ logo shows a male with a prosthetic leg raising a pair of crutches above his head. His stance may suggest that he is celebrating the fact that he no longer needs to use his crutches. The idea behind their logo may come from the realisation that adaptive sport can help individuals to realise their potential and move beyond, what some may consider, the restrictions of their injury.

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Figure 1. *Battle Back’s Logo* (Battle Back, 2009: 1)

‘Battle Back’ therefore uses adaptive sport and adventurous training – the use of challenging outdoor activities, combined with controlled exposure to risk, as a means to improve courage, leadership, fitness, and team spirit. This is because it is recognised that adaptive sport is central for individuals to come to terms with their injuries, as a fundamental way for each person to understand what they are still able to achieve – focussing on ability rather than inability (Battle Back, 2009: 2). As an injured U.S. Army officer said “you never know what’s going to resonate with a soldier, but it’s awesome to see when the light bulb goes on in a soldier’s mind to turn the *I can’t* into *I can*” (Vaira, 2009: 34). The use of adaptive sport in rehabilitation is therefore recognised as having psychological benefits such as improved self-image, self-esteem, leadership, camaraderie, and Quality Of Life (QOL) (Groff *et al.*, 2009).

In addition, sport is innate to military life where fitness has and continues to be essential to not only meet the physical demands of the job, but also to encourage discipline, focus, determination and achievement (Spörner *et al.*, 2009). Therefore, ‘Battle Back’ enables injured Service personnel to continue with a central facet of their occupation, by facilitating participation in almost any sport or fitness activity (British Army, 2011). From the British military’s perspective, adaptive sport is an extremely positive component to rehabilitation, thus acting as a central facet of their initiative. For instance, United Kingdom’s ‘Battle Back’ initiative aims to encourage adaptive sports and adventurous training to aid “physical, psychological and social recovery (mind, body and soul)” (British Army, 2011). ‘Battle Back’ states that their work is important for three reasons: equality, morality, and ability. Equality, because it provides seriously injured Servicemen and women the same adventurous training as their non-disabled colleagues. Morality, as the defence community has a moral

obligation to ensure that the aftercare of its injured is of the highest possible standard. Ability, because it is felt that when an individual is first coming to terms with a life-changing injury, it is essential for them to understand what they can achieve – focussing on ability rather than inability (Battle Back, 2009: 2). It is in this way that traumatically injured personnel may be able to gain positive experiences through adaptive sport that “touch them in deep, mysterious and difficult-to-explain ways” (Hoffman, 2007: xi). This is due to the potentially restorative nature of adaptive sport helping injured personnel find purpose and meaning in their life through goal striving and goal attainment.

To date, there is an absence of scholarship and empirical research on the potentially restorative nature of adaptive sport as a medium for individuals to re-establish their meaning of life (Watson, 2011: 126). Due to lack of literature in this area, this research intends to discover to what extent adaptive sport can play a role in the re-establishment of meaning of life for traumatically injured British military personnel. The fact that this study is set within a military context adds another dimension. For Hawkins, Cory, and Crowe (2011: 309-310) report, “there is paucity of literature” and evidence-based research that documents the effects of adaptive sport for injured Service personnel, noting that previous studies “have focussed on civilian populations who have sustained traumatic injury”. In sum, this research investigates deep questions of life, death, and meaning, where traumatic personal injuries and their impact on identity and the meaning of life for injured British Servicemen and women are at the forefront of investigation. Underpinning this investigation is the recognition that disabling injuries often require a re-adjustment of identity and the impact of adaptive sport in this transformation needs to be better understood. It is my intention

that this research will contribute to the field of study, providing a greater understanding of traumatic injury to form evidence for successful developments in rehabilitation policy and process. I will now provide an outline of this thesis and a summary of the following chapters.

Outline of Thesis

The focus of this research is on the experiences of traumatically injured British military personnel. The aim is to concentrate on the potentially restorative power of adaptive sport in an attempt to discover more about the relatively unknown and un-researched area of adaptive sport and meaning of life. This thesis therefore investigates how participation in adaptive sport may contribute to personnel adapting their identity and re-establishing their meaning of life post-traumatic injury. The objectives are therefore:

- To analyse and explain British military mentality and the British military's approach to injury in order to frame the discussions that follow.
- To examine the process of identity adaptation post-traumatic injury, recognising the perceived impact of adaptive sport in this process.
- To analyse the experience of adaptive sport as a tool to bring back meaning to the lives of injured British military personnel.
- To examine the process of 'normalisation' and the role of adaptive sport.
- To analyse and highlight aspects of positive adaptation to trauma.

Two main questions run through this thesis and underpin many of the interviews and discussions. The first is exactly how do traumatic personal injuries affect the identity and the meaning of life for traumatically injured British Servicemen and women? The

second is to what extent can adaptive sport play a role in the adaptation of self-identity and the re-establishment of meaning of life during the rehabilitation process?

In line with current research on disability, this research adopts a social construction approach. The results and analyses are set within the social model of disability as a means of trying to highlight the impacts and perceptions of disability, embedded in the dominant medical model discourse, on the participants' lives. In connection to this, this research adopts an emancipatory approach, as is common for research in the field of disability. Throughout this thesis, whenever I refer to emancipatory research or emancipation, it is an attempt to raise awareness or indeed 'cognitive emancipation'. The main reason for adopting the emancipatory approach is an attempt to move away from the notion that disability is a deficit and that the problems that surface as a result of an individual's impairment lie solely with the individual, as opposed to a societal problem and the implications of societal perceptions of disability (Felske, 1994). This research utilises, as its main data collection method, the semi-structured interview. In order to try to make participants in this research feel as comfortable as possible, all of the interviews took place at a time and location chosen by them. Eight participants decided that this would be in their own homes, one participant requested that I met him at his place of work and the remaining two participants invited me to meet them in their local coffee shop. Following the main interview, the participants were provided with the opportunity to view, discuss, and comment upon the preliminary findings. The positive response from the participants indicated that, overall, there was a keen interest to develop this area of research, as well as empowering those involved by providing them with the opportunity to recall

their experiences, which may be able to benefit others in a similar situation. I will now detail a summary of each of the following chapters.

Chapter two aims to provide an analytical review of previous and related work in order to situate this research within its broader historical and cultural framework. The chapter begins with an outline of the medical model of disability, highlighting the ways in which medical professionals have played a crucial role in creating societal perceptions of disability. This is then followed by an exploration of the social and biopsychosocial models of disability. Once a review of the competing models has been provided, some of the psychological and practical implications for individuals with disabilities are discussed and an overview of the relationship between the military and the rehabilitative nature of adaptive sport is provided. After this, an exploration of current and previous research on identity is detailed, which frames the discussion for the final section that seeks to develop an understanding of current knowledge on the experience of adaptive-sport-rehabilitation and the re-establishment of meaning of life.

Chapter three provides a complete account of the research process, reflecting on how and why I adopted the emancipatory approach, in combination with Interpretative Phenomenological Analysis (IPA). The first section of this chapter details the research aim, objectives, and questions, as well as how I positioned myself in this research, especially as a non-disabled researcher researching adaptive sport. Then comes a discussion of the three major research paradigms. The second section of this chapter focuses on the data collection process and the suitability of the chosen method of semi-structured interviews. Reference is then made to the research sample and the

ways in which access to participants came about. This is then followed by an explanation of the data analysis process, the theoretical framework and definition of key terms. This chapter concludes with a discussion of respondent validation and a final reflection of the overall research process.

Chapter four seeks to analyse and explain British military mentality in order to frame the discussions that follow in the rest of this thesis. It explains how British military mentality can be understood as the spirit of the military that becomes all encompassing, a way of life, and something much deeper than military culture. It describes how this research has uncovered that British military mentality encompasses inexorable rigour, focus, and determination to ‘push on through’ and move beyond injury. In doing so, this chapter highlights some of the reasons why traumatic injury may be feared. It also identifies gender construction within the British military and the possible reasons why some female military personnel feel the need to disclaim their femininity, recognising the implications of being doubly stigmatised and marginalised in that injured female personnel violate the principal supposition that the military is a domain primarily for men and non-disabled individuals. This chapter also details the process of identity formation, as well as concluding with a reflection on some of the reasons why adaptive sport is so important to injured personnel.

Chapter five outlines the process of identity adaptation through participation in adaptive sport. In doing so, this chapter stresses four key themes, namely, modern day British military identity, life course transition, bodily perfection, and the impact of adaptive sport. It highlights how traumatic, life-changing injuries require a re-adjustment or adaptation of identity, which is an adaptive response to an individual’s

significant life change and transition of their life course. This chapter also describes how participants in this research are negotiating multiple social identities and the ways in which adaptive sport acts as an individual therapy to aid their rehabilitation and help them come to terms with their traumatic injuries. It recognises that adaptive sport helps individuals by providing focus, as well as helping them to realise their potential and continue with an important facet of their occupation – to maintain peak physical fitness.

Chapter six explores how the experience of adaptive sport helps participants in this research re-establish their meaning of life. In doing so, this chapter identifies how individuals use adaptive sport to re-enter their world through goal striving and goal attainment. It is explained that this is because participation in adaptive sport helps individuals find purpose, meaning, and a place within their society. Recognising this, it also describes how adaptive-sport-participation may be able to provide individuals with increased levels of self-awareness and understanding that positively contribute to their recovery. This chapter therefore outlines the restorative, transformative, and liberalising power of adaptive sport.

Chapter seven discusses the ways in which individuals may cultivate a psychological need to fulfil their goals in the context of adaptive sport, particularly highlighting their determination and motivation to regain a sense of normality. This can be understood as the way in which participants seek to restore elements of their life, as well as gaining independence and autonomy post-traumatic injury. This chapter therefore explores aspects of self-determination and the relationship between normalisation and military mentality. In doing so, it uncovers that participants' need for normalisation,

their self-determination and self-motivation, are based on their negative perceptions of disability. In light of this and the identity adaptation process detailed in chapter five, this chapter outlines how participants strive to overcome their dominant social identity, which, in the medical model discourse, is that of a disabled individual. This chapter concludes that because disability is considered ‘abnormal’ and inherently negative, with strong societal connections to incapability and incompetence, participants choose to prove themselves through the domain of physical activity.

Chapter eight explores the concept of positive adaptation to trauma, considering the notion of Post-Traumatic Growth (PTG). It identifies that adaptive sport acts as a tool to set the right conditions for positive phenomena. In doing so, it recognises that adaptive-sport-participation may form a medium to foster beneficial transformations through the experience of play and the generation of positive emotions, which encourage healing transformational processes and PTG. Again recognising the empowering and restorative nature of adaptive sport. This chapter highlights some of the reasons why traumatically injured personnel do so well in their rehabilitation, as it identifies the personality traits that can affect the likelihood of an individual making positive adaptations and experiencing PTG. This chapter therefore concludes that participants draw on their enjoyment of sport in order to encourage intrinsic properties that consequently promote healing and transformational processes.

Chapter nine reiterates the main points to emerge from this research, evaluating the achievement of the research objectives, as well as acknowledging some of the limitations related to this particular piece of research. This chapter also details recommendations for future endeavours and the major outcomes of this research.

Chapter Two – The Current Field

Introduction

The purpose of this chapter is to provide an analytical review of previous and related work. The intention is to situate my current research within its broader context and offer some critical conceptualisation as to how my research is embedded in contemporary, relevant debates. The chapter will begin by providing an insight into the competing models and approaches to disability, namely, the medical, the social and the biopsychosocial models. As a starting point, this first section will outline the ways in which medical professionals have played a crucial role in creating societal perceptions of disability, which are embedded in the ‘medical model’ (Brittain, 2004). In turn, the evolution of the social model of disability sought to redefine disability and I will provide an account of this model as it suggests that society fails to meet the needs of individuals living with impairments. After this, I will explain how the biopsychosocial model, a synthesis of the medical and social models, considers body functions and structures, as well as environmental and personal factors. This review of competing models will highlight some of the central themes that go some way to inform my research and other sociological analyses of impairment and disability.

Once an understanding of the competing models and approaches to disability has been established, I will discuss some of the psychosocial and practical implications for individuals with disabilities that have already been recognised. After this, an overview of the historical relationship between the military and the rehabilitative nature of adaptive sport is discussed. An exploration of current and previous research on

identity is then provided, which will frame the discussion for the final section that seeks to develop an understanding of current knowledge on the experience of adaptive-sport-rehabilitation, detailing that there is a shortage of academic knowledge surrounding the possible beneficial impact for injured Service personnel. Very little research has focused on the psychosocial impact of adaptive sport for traumatically injured military personnel, let alone in relation to personnel's identity adaptation or their meaning of life. The re-establishment of meaning of life through the experience of adaptive sport seems to be a marginal subject in disability studies. With this in mind, my research explores participation in adaptive sport as a way of analysing the experiences of traumatically injured British military personnel in order to understand whether participation assists their identity adaptation process and the re-establishment of their meaning of life.

The Medical Model of Disability

The medical profession largely works from a biological perspective, which has led to disability being conceived of as a biological product. Hence, there is a view that the problems facing people with disabilities “are the result of their physical and/or mental impairments and are independent of the wider sociocultural, physical, and political environments” (Brittain, 2004: 430). Brittain also claims that in western societies, medical professionals hold a powerful position in creating and perpetuating discourses that relate to the body. As Grönvik (2007: 761) concurs:

Historically, disability has been viewed as the property of the medical sciences. The site of disability has been the body and the efforts to reduce, prohibit, and eliminate disability have focused on the individual. Consequently, the concept of disability has been built upon (bio-) medical vocabulary. Ideas of the *normal body* and its *normal functions* have been the point of departure to identify disabled people...Maintaining the historical perspective, the medical notions of disability have been established and acknowledged for decades.

Considering the medical view of disability, and its focus on ‘normality’, individuals who do not fall within the ‘normal range’ are deemed as deviant. As a result, for some time, the power of the medical profession has played a significant role in forming societal perceptions of disability, which are fundamentally embedded in a ‘medical model’ discourse (Brittain, 2004: 430). Because the medical framework tends to define disability from a biological viewpoint, it concentrates on lack of functional ability, rather than considering the barriers and problems faced by individuals with a disability, which are a result of a wider social issue (Barnes and Mercer, 2010: 34). Significantly, within society, individuals are encouraged to ‘internalise’ the perceptions of disability that are embedded in the medical model discourse. For instance, the medical model of disability attempts to ‘fix’ deviant bodies as a means of achieving normality (Thomas, 1999). In other words, people with a disability may be presented with a range of operations or reconstructive surgeries that fundamentally seek to achieve a ‘normal’ body. In this view, individuals are “defined not only by their diagnosed conditions, but also by the degree to which those conditions are barriers to their function in developmentally normative life roles” (Gilson and Depoy, 2000: 208). This relates to the fact that for a long time in western society, non-

disabled figures have been promoted as attractive and the ‘norm’ to which everyone should aspire (Barnes, 1996; Barnes and Mercer, 2010: 81).

Consequently, Swain, French and Cameron (2003: 23) claim, “physical impairment represents a threat to the established notions of discipline and normality”. Therefore, disability is considered undesirable and something that needs to be fixed, hidden or overcome. Furthermore, the influential medical discourse, along with its assumption and opinion that people with disabilities are weak and unable to contribute to their society as they are dependent and require care, can be accepted and implemented within other societal institutions (Barnes and Mercer, 2010: 27). Such medicalisation of disability can have the tendency to place individuals in a position that does not consider their best interests. As Hargreaves (2000: 177) highlights “disabled people’s bodies and lives and experiences are thus medicalized and controlled by disability ‘professionals’”. In turn, this places people with disabilities in a position of being overlooked by many members of society. Thus, the medicalisation of disability overpowers any other discourse, making it almost impossible for people with disabilities to offer an alternative discourse (Brittain, 2004: 430).

Oliver (1990), in agreement with Barnes (1998) maintains that the World Health Organisation’s (WHO) definition of disability defines it as a form of disease or abnormality, therefore taking on a medical classification of disability. With this, Barnes (1998: 76) claims that ‘personal tragedy theory’, which views disability as the individual’s problem “has, in turn, achieved ideological dominance or hegemony in that it has become translated into common-sense and everyday assumptions and beliefs”. In this manner, dominant ableist attitudes perceive disability as a biological

issue, independent of the broader social context. Consequently, Swain, French and Cameron (2002: 23) assert, “the medical model reflects a framework of thinking about disability that has been and continues to be imposed by non-disabled people upon disabled people”. Today, similar findings have been reported as Stocks (2012: 1) recalls how a doctor told an expectant mother that her unborn child “will ruin your life” when the baby was diagnosed with Down’s syndrome.

Hence, it can be recognised that the medical model has dominated modern, western society for many reasons. Brittain (2004: 435) summarises the main points:

The power of the medical profession to define the discourse of disability, the legitimisation of this discourse by other groups and institutions within society, economic arguments, fear of difference and lack of understanding, and the use of societal norms combined with a marginalisation by members of society of any person or group that does not conform to those norms.

The aforementioned exploration of the medical model discourse indicates how disability is considered ‘abnormal’ and something that needs to be ‘fixed’. This is pertinent as if military personnel have been socialised into a medical perspective of disability, they may have a negative view of their disability, which could negatively influence their self-perception and self-image. The significance of such socialisation may cause injured personnel to either sink into depression, or motivate them to fight against their disability by proving themselves to still be physically able.

Over time, many criticisms of the medical model have arisen. This has steered activists and academics to use sociological concepts to construct a sociology of

disability (Finkelstein, 1980; Abberley, 1987; Oliver, 1990; Barnes and Mercer, 1996; Barnes, Mercer and Shakespeare, 1999; Thomas, 1999; Barnes, Oliver and Barton, 2002; Brittain, 2004). In summation, central criticisms of the medical model concentrate on (i) the postulation that disability is a ‘personal tragedy’, (ii) the way it focuses on fixing bodies to make them ‘normal’ and (iii) the shortage of understanding that disability is a wider social issue. Subsequently, it is because of the ways in which the medical model of disability concentrates on individuality, ‘personal tragedy’ and the need for individuals to be ‘fixed’, that the social model of disability seeks to highlight the ways in which individuals with disabilities are disadvantaged by society (Oliver, 1990). As Donoghue (2003: 204) contends:

By adopting a social constructionist viewpoint, theorists and activists have contended that society has created disability by choosing not to remove structural constraints that would enable more people to participate and gain access to social resources.

The following section will therefore discuss the social model of disability in detail, recognising the benefits of the re-conceptualisation of disability, as well as an exploration of recent critiques relating to this model.

The Social Model of Disability

Disability activists and theorists continually seek to overcome the dominant medical and rehabilitation paradigms, which intend to ‘cure’, ‘fix’ and normalise the disabled body (Oliver, 1990; Barnes, 1998; Brittain, 2002, 2004). Such activists and theorists have challenged dominant, medical perceptions with the social model of disability, asserting that societal attitudes and the built environment, rather than biological

impairments, disable. In the seventies, the Union of the Physically Impaired Against Segregation (UPIAS) redefined 'disability' to show a clear distinction between impairment as the lack of a certain biological function and disability as the disadvantages and restrictions imposed by society (UPIAS, 1976: 14). UPIAS rejected the perception of disability put forward by medical 'experts' and re-defined disability, as follows:

In our view, it is society which disables the physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called "disability", of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mechanism of social activities. Physical disability is therefore a particular form of social oppression.

(Cited in Oliver, 1996: 22)

The social model of disability developed through critiques of the medical model and fundamentally views disability through a social oppression lens (Thomas, 2007). The re-definition of disability therefore makes a clear distinction between impairment and disability. As two distinct concepts, impairment is biological and disability is social. It is the impact of the wider social context on people's impairments, which forms disability and inhibits an individual's opportunity or experience (Hargreaves, 2000). Therefore, according to the social model of disability, disability sits squarely within

society as a societal construction. With this, society fails to meet the needs of individuals with disabilities and does not address the cultural, ideological, environmental, and political barriers that disable and restrict (Oliver, 1996; Hargreaves, 2000). As a result, key scholars have sought to change societal perceptions of disability in an effort to change the situation for individuals with disabilities. For instance, Goffman's (1963) meaning of stigma, followed by Scambler and Hopkins (1986) and Murphy (1987). In addition to Townsend's (1979) look at the relationship between disability and poverty and Brittain's (2002, 2004) research on perceptions of disability and their influence on involvement in sport for people with disabilities.

Thomas (2002) indicates that the social model has been beneficial in order to help challenge the idea grounded in the medical model that the problems faced by individuals with disabilities are a result of their 'tragic' circumstance. As Burchardt (2004: 736) argues:

By drawing attention to economic, social and physical barriers, the social model leads to demands for greater accessibility of buildings, transport, and information, and for measures to counter discrimination in employment and other spheres of activity.

Therefore, over time, it would seem that the social model has helped challenge dominant, medical characterisations of individuals with disabilities as 'abnormal', inferior or dependent individuals. As Huang and Brittain (2006: 354) proclaim, "the social approach to disability...has played a crucial role in the development of the disability movement and the ongoing political struggle of disability rights".

Nevertheless, despite the benefits that the social model appears to possess and the way it “views disabled people as socially oppressed” and seeks to rid society “of disablist social barriers”, several criticisms have emerged that relate to its “partial and incomplete” nature. For example, “anti-discrimination legislation in the form of the Disability Discrimination Act (1995, 2005), ‘direct payments’ arrangements and widespread attitudinal change in favour of inclusion” (Thomas, 2008: 15). These criticisms are relevant as they highlight that although improvements have been made, more work needs to be done. At this juncture, it is necessary to outline some of the main areas of debate surrounding the social model:

(i) *Impairment and the issue of the body*

By separating impairment and disability, criticisms emerged detailing that this diminishes the significance of impairment (Barnes and Mercer, 2010: 34). Critics suggested that this appeared to be a form of reductionism, as Thomas (1999: 42) argued that it is a misrepresentation of UPIAS’ declaration that “all restrictions of activity experienced by people with an impairment are caused by social barriers”. As a result, the body is “separate from the self” (Hughes and Paterson, 1997: 329), which means that the social model does not consider the meaning of the body that is disabled. In other words, by separating impairment and disability, the social model acknowledges that impairment is a deformity – aligning itself with the medical model of disability.

(ii) *The day-to-day experience of disability*

Critics suggest that the social model of disability overlooks an individual’s lived experience of their disability (Crow 1999: 57; Thomas, 1999; Edwards, 2008). As the social model concentrates on the social aspects of disability, it is suggested that the lived experience becomes reduced, where there is a lack of recognition surrounding the difficulties and issues faced by individuals with disabilities in their day-to-day lives.

(iii) *Psycho-emotional impact of disability*

Thomas (2007: 72) claims “psycho-emotional disablism involves the intended or unintended ‘hurtful’ words and social actions of non-disabled people in interpersonal engagement with people with impairments”. Therefore, both the medical and the social model of disability do not consider the psychological negative impact that such ridicule can have on an individual’s life.

It is significant and beneficial to recall critiques of the social model. In turn, the social model of disability is relevant to my research as it underpins sociological analyses of impairment and disability. It is important therefore to try to highlight how perceptions of disability impact participants’ lives and their overall recovery process. To conclude this section on competing models and approaches, the final approach to disability, the biopsychosocial model, will now be discussed.

The Biopsychosocial Model of Disability

The biopsychosocial model is a synthesis of the medical and social models of disability (Barnes and Mercer, 2010: 37). This model seeks to consider different perspectives of health from a biological, individual, and social perspective. Thus viewing disability as the interaction between an individual’s impairment and the society in which they live. This model proclaims that the medical and social models do not sufficiently appreciate the multifaceted nature of an individual’s disability (Barnes and Mercer, 2010: 39). As a result, this model draws on the need to understand the complex and dynamic relationship between a myriad of inter-related factors. For instance, an individual’s ability to function is considered a direct outcome of the relationship between the medical factor, for example, a below-knee-amputation, and contextual factors. Contextual factors include external environmental factors, for

instance, societal attitudes and access to the built environment, as well as an individual's background and education. In other words, factors that impact the ways in which disability is experienced by the individual (WHO, 2001: 15). It is therefore important to consider that personal and social factors will influence how an individual perceives their situation as an individual with, for example, a new sensory impairment.

Therefore, the biopsychosocial model recognises the impact of personal factors such as gender, age, an individual's character, social background, and how an individual copes with stress, as well as environmental factors such as societal attitudes, support services and climate (WHO, 2001: 17). Hence, this model seeks to provide a detailed taxonomy to gain a deeper understanding of disability. Nevertheless, it has been criticised as Barnes and Mercer (2010: 39) claim that there is "too little discussion of the level and character of cross-level relationships". That is to say, more work needs to be done in order to produce a detailed understanding of the ways in which the inter-related factors combine, specifically the interaction between the medical and contextual factors. It would seem that the biopsychosocial models seeks to present a holistic approach to health. Nevertheless, this model does not appear to identify specific contributing factors to an individual's health or disability. In other words, this model seems to draw on a broad description of health and disability, with little discussion on "cross-level relationships" (Barnes and Mercer, 2010: 39). However, its usage broadens the perspective of disability and allows medical, individual, social, and environmental influences on functioning and disability to be examined.

In summary, in the nineteenth century, the upsurge of an orthodox and "state-legitimated" medical framework in western societies meant that a medicalised

approach to disability became dominant (Barnes and Mercer, 2010: 41). This approach concentrated on an individual's biological and functional limitations. The revision of this model suggested that social factors and societal barriers ought to be considered as a form of oppression and exclusion for individuals with disabilities. This meant that the social model of disability contemplated, for the first time, the distinction between impairment and disability. Latterly, the biopsychosocial model emerged as a synthesis of the medical and social approaches in order to develop an approach to disability that considers biological, individual, and social perspectives. Across all three approaches to disability, it is becoming clear that the concept of 'disability' remains a contested topic. My point here is not to settle these debates, rather to identify the current issues in academic debate. It is also important to identify that the disputed challenges present within the competing models and approaches relate to central themes of my thesis, namely, the implication of the disabled body, the lived experience of disability and the psycho-emotional impact within the British military context. For instance, my research (i) provides participants the opportunity to consider the meaning of their body and the changes; (ii) provides participants the opportunity to consider and detail how their disability impacts their day-to-day lives and (iii) provides participants the opportunity to reflect on the psycho-emotional impact of their disability. Therefore, although my research has adopted a social construction approach, it does consider critiques of this model as a means to develop sociological understandings of impairment and disability.

Now that an understanding of the medical model discourse, the social model of disability and the biopsychosocial model has been provided, it is time to take a more detailed view of some of the specific issues concerning disability as they could relate to possible reasons why becoming disabled may be 'feared'.

Why is Disability an Issue?

Traumatic, life-changing injuries may have a grave psychosocial and practical impact for the individual, including British military personnel. Brittain and Green (2012: 247-248) report that this relates to the ways in which the individual with a disability takes on their newly defined role, which can bring a myriad of challenges, several of which are detailed below:

(i) *Discrimination*

Discrimination can occur within a range of environments, for instance within the education system, the health service or an individual's own household. Devine (1997: 4) states that within society, we are all measured against a predetermined set of standards and if an individual does not meet these standards, they are "assumed to be inferior and are subject to a decrease in inclusion in society". As Brittain (2004) claims, the prefix 'dis' brings connotations of something or someone being less able, less important and less worthy.

(ii) *Change in economic and social position*

Barnes and Mercer (2010: 112-117) highlight that the historical experience of people with disabilities within the work place is one of exclusion and marginalisation. As a result, people with disabilities are far less likely to be in employment. In 2010, the Labour Force Survey revealed that employment rates for disabled people in the UK were around 48%, in comparison to approximately 78% of their non-disabled peers. National surveys consistently report that there is a much higher proportion of people with disabilities living at or below the poverty line (Martin and White, 1988; Cabinet Office, 2005).

(iii) *The built environment*

It is considered that people with disabilities face specific challenges accessing the built environment, housing and transport (Barnes and

Mercer, 2010: 117). This is because the non-disabled majority is largely responsible for designing the built environment. Hindered accessibility to the built environment acts as another form of social exclusion and does not have to be the overarching experience for people with disabilities. In a society that has been built around the needs of non-disabled individuals, improving accessibility for others can have a powerful effect in improving inclusion and creating a more diverse society. For instance, adaptations can be made that not only increase access for people with disabilities, but other members of the population at large. Brittain and Green (2012: 248) explain how the use of ramps “is not just for people with disabilities”, as they “make access for parents with small children in pushchairs and the elderly who may struggle with steps far easier and more dignified”.

(iv) *Confidence and self-image*

Within western society, societal stereotypes of attractiveness and how the male or female body ought to be bombard the population. Individuals with disabilities are surrounded by ideals of ‘bodily perfection’, which are so far-fetched that most of the non-disabled population could not live up to them. It is hardly surprising that many people with disabilities have confidence issues, which negatively influences their self-image, promoting low self-esteem. Brittain and Green (2012: 248) claim that worthlessness, is a socially imposed feeling, which can be caused by the “reaction of others to physical difference can have very strong and long-term effects on people with disabilities”.

The above examples indicate some of the issues that traumatically injured personnel may face. It may be that because of these specific challenges, adaptive sport takes on an important role as they attempt to ameliorate the impact of such issues on their lives. This recognition begins to highlight the understanding of the importance of adaptive sport in the rehabilitation process. This is especially the case as the majority

of military personnel are, by nature and requisite of their occupation, extremely fit individuals who are accustomed to being able to partake in a whole host of physical endeavours (Green, 2012: 516). The impact of sudden onset disability may therefore have grave consequences for the individuals in question. As a result, the need and continuation of some form of physical activity as part of the rehabilitation process takes on an important role, to occupy the mind and body. It is now appropriate to explore the historical connection between the military and adaptive-sport-rehabilitation as this relationship forms the basis of current British military rehabilitation initiatives.

The Historical Relationship between the Military and Adaptive Sport as a Tool for Rehabilitation

Before the Second World War, many individuals who had sustained spinal cord injuries (SCIs) died within three years (Legg *et al.*, 2002). This was typically from “sepsis of the blood or kidney failure, or both” (Brittain and Green, 2012: 245). However, after the Second World War, the introduction of sulpha drugs meant that the survival rates dramatically improved (Brandmeyer and McBee, 1986). Yet, although an increasing number of individuals survived such injuries, many suffered from depression, which was exacerbated by societal attitudes that were inherently negative towards individuals living with a disability. This continued to be the case until the point in time when Ludwig Guttman, the founder of the modern day Paralympic movement, began his innovative work. His pioneering work of looking after soldiers who had sustained SCIs during the Second World War changed a generation’s outlook and Guttman’s impact still resonates today in 21st-century. It was due to Guttman recognising the physiological and psychological benefits of sport (McCann, 1996) that rehabilitation methods changed to concentrate on

providing individuals with hope, feelings of self-worth, as well as tackling society's negative attitudes towards those living with a disability.

Importantly, Guttmann (1976, 12-13) identified three major areas relating to the ways in which participation in sport could benefit individuals who had endured traumatic, life-changing disabilities:

(i) *Sport as a curative factor*

Guttmann felt that sport was a natural form of remedial exercise. This is because he recognised that sport helps restore fitness, strength, endurance and coordination. Tasiemski *et al.*'s (1998) research supports Guttmann's claim as they identified that sport participation helps individuals with disabilities to maintain levels of physical fitness. Tasiemski *et al.* also reported that there was a decrease in hospital readmissions for individuals who participated in sport, adding weight to Guttmann's claim that sport is a curative factor.

(ii) *Recreational and psychological value of sport*

Guttmann appreciated the impact of participation, as it re-establishes "that passion for playful activity and the desire to experience joy and pleasure in life, so deeply inherent in any human being" (Guttmann, 1976: 12). In addition, Guttmann highlighted the importance of enjoyment, declaring that if the individual did not enjoy participation, then the restorative power of sport is lost.

(iii) *Sport as a tool for social re-integration*

Through the medium of sport, people with disabilities and the non-disabled are able to gain an improved understanding, which can aid social re-integration. This is especially the case with sports such as archery,

bowls and table tennis, where people with disabilities can compete with their non-disabled peers (Brittain and Green, 2012: 246).

The United Kingdom's military-based initiative, 'Battle Back' draws on Guttmann's pioneering work and uses adaptive sport as an integral part of its framework (Battle Back, 2009: 1). The use of adaptive sport in rehabilitation is recognised as having psychological benefits such as improved self-image, self-esteem, leadership, camaraderie, and Quality Of Life (QOL) (Groff, Lundberg and Zabriskie, 2009). Sport¹ is innate to military life where fitness has and continues to be essential to not only meet the physical demands of the job, but also to encourage discipline, focus, determination and achievement (Spörner *et al.*, 2009). As sport and fitness are inherent to military life, the aforementioned military-based initiative facilitates the continuation for injured Service personnel to participate in almost any sport or fitness activity (British Army, 2011). From the military's perspective, sport is seen as an extremely positive component to the rehabilitation, thus acting as a central facet of their initiatives. For instance, the United Kingdom's 'Battle Back' initiative aims to encourage adaptive sports and adventurous training to aid "physical, psychological and social recovery (mind, body and soul)" (British Army, 2011).

That said, although sport is a central component of the military initiative and congruent to military life, such an initiative could place added pressure on individuals who have endured traumatic, life-changing injuries and do not find participation in adaptive sport of value and/or interest. In other words, it may be the case that not *all* traumatically injured military personnel will find participation in adaptive sport

¹ Sport can encompass adventurous training, physical training, team sport and individual sport (British Army, 2011)

interesting or indeed enjoyable. This may not always be the case. It could be that immediately post-traumatic injury, individuals feel somewhat uncertain about their ability, which could hinder their desire to participate. Therefore, it would seem important not to place pressure on individuals to participate in specific adaptive sport activities and allow each individual to decide when they would like to join in.

Nevertheless, due to changes in leadership of the 'Battle Back' initiative, it may now be the case that lack of involvement in sport does not 'fit' with the military's rehabilitation model. Before these recent changes, individuals had the choice as to whether they would like to partake in adventures offered by 'Battle Back', which was to complement their more 'traditional' forms of rehabilitation. As a recent development, specifically since spring 2012, injured Service personnel are now obliged to participate in adaptive sport as part of their recovery at the recently established National Sports' Centre (Sport England, 2012). There is a growing concern that the lack of choice to partake in adaptive sport will remove feelings of enjoyment and fulfillment, as well as a sense of control at a time when traumatic injuries have done just that. Therefore, although the military feel that the 'Battle Back' programme is building on Guttmann's legacy, it is significant to question whether his pioneering message has been lost in the mists of time. This is especially the case as Guttmann stressed the importance of enjoyment. He declared that the restorative power of adaptive sport may in fact be lost if participation is not enjoyable (Guttmann, 1976: 12).

If individuals find participation enjoyable, the benefits of developing a positive self-image and outlook in life do however appear to be strong and adaptive sport can act as

a channel to generate positive experiences, which may be able to decrease the dominance of traumatic injury upon an individual's life. In their recent work, Brittain and Green (2012: 256) present a qualitative study, which fundamentally re-establishes the connection between rehabilitation, disability (adaptive) sport, and the military. They identified that disability (adaptive) sport:

- Creates feelings of achievement, determination and focus, acting as a tool for injured Service personnel to set themselves goals.
- Develops self-actualisation by encouraging positive thinking and attitudes, as well as acting as a tool to help facilitate injured Service personnel to better cope with their injuries.
- Inspires others who are injured to succeed and move beyond their injuries.
- Provides direction and a process of discovery.

Like Brittain (2004), Groff, Lundberg and Zabriski (2009) also note that the level of opportunity for individuals to take part in disability sport ought to be increased, due to the proven benefits of participation. Their study looks at the impact that participation in sports has on athletic identity and QOL. The results indicated that the majority of the sample felt strongly that participation had a positive influence on their QOL and overall health, where just over half of the participants felt that their family and social life had also improved. It seems then that participation in adaptive sport is beneficial in a number of ways, as a recent investigation into the factors that influence participation in Paralympic sport states that there were five main themes: fun, support, fitness, reward and reduction in stress – all of which were similar to the motives of non-disabled athletes (Omar-Fauzee *et al.*, 2010).

It may be therefore that participation in adaptive sport has the ability to generate a myriad of positive feelings, as well as facilitating a practical way for injured Service personnel to adapt to their injuries. Considering this, it may be extremely apt and necessary that Guttman's pioneering work has once again been recognised. To see adaptive sport as an innovative tool to aid the injured who reportedly often feel that seeking professional help "could be detrimental to career advancement or seen as a sign of weakness by their chain of command" (Dahn, 2008: 56), is surely novel. As an injured soldier from the U.S. Army once said in a news report, "when dealing with the ill, injured, and wounded soldiers of these wars, we have much great success in recovery, rehabilitation, and reintegration for each soldier when we involve sports, specifically adaptive sports" (Vaira, 2009: 34). As the links between the military and adaptive-sport-rehabilitation have now been explored, from their beginnings after the Second World War, to 21st-century, it is now significant to highlight pertinent scholarly research that underpins this present investigation.

Disability and Sport

Aside from the work carried out by Lundberg, Bennett, and Smith (2011), which researches outcomes of adaptive sports for U.S. veterans with an acquired disability. In addition to, the work of Hawkins, Cory, and Crowe (2011), who document the effects of participation in a U.S. Paralympic military sports camp. As well as, the work carried out by Brittain and Green's (2012) about the historical relationship between the military, disability (adaptive) sport, and rehabilitation. In addition to, Green's (2012) analysis of the possible spiritual, existential experience of adaptive-sport-rehabilitation for British personnel, the existing body of literature on the British military's use of adaptive sport within their rehabilitation programmes remains sparse.

Moreover, there is a shortage of qualitative research that seeks to explore the lived experiences of physically active individuals who have endured some form of trauma, which results in a life-changing disability (Hawkins, Cory and Crowe, 2011: 312). However, significant studies, namely, research carried out by Smith and Sparkes, (2004), Sparkes and Smith (2002; 2005), can form a foundation for an investigation into the experience of disability. This is because their work highlights significant findings in relation to the impact of adult-onset disability, specifically SCIs, for physically active individuals. By exploring the life stories of fourteen men who had sustained SCIs in one particular study, Sparkes and Smith (2005) discovered three overarching narratives:

(i) *Self-determination to be “cured”*

As participants described, “yesterday I was able bodied, today I’m disabled, but tomorrow I’ll be able bodied again” (Sparkes and Smith, 2005: 82). Thus, signifying participants’ determination to continue their fight to be able to walk again.

(ii) *Discontinuity of life course*

Before their accidents, participants reported that they were happy with their life. Post-traumatic injury, participants expressed that their life was shattered, chaotic and static (Sparkes and Smith, 2005: 84-85).

(iii) *Living in quest for meaning*

Participants detailed the need for something to be gained from their experience. Metaphors used by participants described the process as a “*journey*” and the most prominent metaphor was of being “*reborn*”. Fundamentally, one participant felt that he had become a better person as a result of becoming disabled (Sparkes and Smith, 2005: 85).

Sparkes and Smith (2005) highlight the implications of becoming disabled on an individual's identity construction process. They clearly describe how the three specific narratives mentioned above “energise or impose a structure on what can be experienced and expressed in relation to the lives they could lead” (Sparkes and Smith, 2005: 87). The findings are significant and add to the understanding of what the experience of disability is like. This is especially the case as the appropriate use of participant's narratives stresses the disruptive nature of their experiences and how this has affected their life course. In connection to this, Sparkes and Smith (2007) later examine whether time, self, and narrative are embodied. This is explained as the way in which individuals live time *in* and *through* their body as a biological entity, which is impacted by time as a social experience that “is storied and can shape, and impact on, our senses of self” (Phoenix, Smith and Sparkes, 2007: 232). The relevance of this research relates to the impact that traumatic disability may have. Specifically, the ways in which the embodied experience of disability may affect Service personnel's sense of self and relationship to society.

In relation to this, Lundberg, Bennett and Smith (2011) offer an insight into the changes in QOL for veterans who had taken part in a “therapeutic adaptive sports and recreation program” (Lundberg, Bennett and Smith, 2011: 105). They found that QOL improved, as well as reporting positive changes in mood states, specifically tension, depression, and anger. Carnahan (2008) and Hawn (2008) claim that ‘therapeutic recreation programs’ are being promoted as a tool to address such issues that are often experienced by Service members who have been traumatically injured. In their study, Lundberg, Bennett, and Smith (2011: 107) highlighted how individuals who have recently acquired a disability often question their ability. At this time, individuals can

focus on the need to perform tasks that they had previously been able to do, which can lead them to feel incapable and less competent. They reported that negative connotations and stereotypes further exacerbate these feelings. Therefore, if an individual can improve their perceived competence, this may generate positive feelings relating to their ability and a more positive outlook when conquering specific challenges associated with acquiring a disability. In order to carry out this research, Lundberg, Bennett and Smith (2011: 109) designed a questionnaire, to include a QOL assessment. Face-to-face interviews could have enhanced their chosen method, as this would have provided participants with the opportunity to discuss their experience openly. Nevertheless, their findings on perceived competencies and how these have the tendency to positively affect an individual's QOL are relevant.

In comparison, Hawkins, Cory, and Crowe (2011) carried out an investigation to assess the effects of participation in adaptive sport for injured U.S. Service members. Their findings indicated themes that align with SDT and social comparison theory. The lived experiences reported by participants supported the claim that participation in adaptive sport generates positive feelings. These related to improvement in participant's perception of their disability; improvement in participant's motivation and an improvement in participant's self-determination (Hawkins, Cory and Crowe: 2011: 322). Although their work focuses on a U.S. perspective, their research supports the efforts of military initiatives, such as 'Battle Back' and goes some way to understanding the impact that participation in adaptive sport can have at such a crucial time.

In connection to the above and the overall recovery process, it is also relevant to consider personal resilience, especially in the military context. Fosha (2009: 252) recalls how individuals are able to transform their “suffering into flourishing”. Fosha’s (2009) work on human resilience could therefore inform this research, especially in relation to whether the experience of adaptive sport can nurture self-confidence, self-dignity, and overall psychological well-being. It may be that by recognising research on resilience and human flourishing, a deeper understanding of an individual’s qualities, intrinsic properties, which are connected to the healing and recovery from trauma, can be developed. This is especially the case as if intrinsic properties are fostered in the right conditions, they have the tendency to generate positive phenomena and beneficial transformations (Fosha, 2009: 252).

The aforementioned research underpins this investigation. However, apart from the work carried out by Brittain and Green (2012) and Green (2012), the studies do not explicitly address and focus on the ways in which participants re-enter their worlds and by what means they choose to adjust to their new bodies and social status. This is where the originality of my research lies as it seeks to ascertain exactly how do traumatic personal injuries affect the identity and the meaning of life for traumatically injured Servicemen and women and to what extent can adaptive sport play a role in the adaptation of self-identity and the re-establishment of meaning or life during the rehabilitation process. As identity adaptation is a central facet of this research, it is now pertinent to recognise previous work on identity, in order to inform the process post-traumatic injury.

Identity Adaptation

For some time it has been recognised that traumatic, life-changing injuries often require a re-adjustment or adaptation of identity (Wright, 1983). This incorporates the idea that the experience of psychosocial adjustment is an adaptive response to a significant life change (Hamill, Carson and Dorahy, 2010: 729). Therefore, identity, specifically identity adaptation is a complex issue, an issue that has to be considered when considering the transitional process injured Service personnel need make. The arena of identity studies, specifically social identity theory, has, according to Griffith (2009), a number of core assumptions and statements and it is therefore necessary to relate these to the case of military identification:

- (i) *A person has not one 'personal self', but several that relate to widening circles of group membership.*

For many Service personnel, military identification is often the most dominant level of 'personal self', which is exacerbated by group membership relating solely to that of the military.

- (ii) *Different social contexts may trigger an individual to think, feel and act on the basis of his or her personal, national, familial or occupational level of self.*

As the majority of social contexts are centred within the military, military identification is strengthened as it often connects closely to his or her personal, national, familial and occupational level of self.

- (iii) *Group membership creates in-group and self-categorisation in ways that favour the in-group at the expense of the out-group.*

Military identification is favoured as an in-group self-categorisation over civilian life that is recognised as the out-group.

- (iv) *Categorisation and personal identification fulfils a need for individuals to achieve positive self-esteem by differentiating their in-group from an out-group.*

Dominant military identification, through categorisation and personal identification provides individuals with a purpose and role that shares common ground with their in-group and is relatively different to their out-group.

To expand on this, identity, as a social construct, entails two approaches – external, relational identity and internal, spiritual identity (Jenkins, 1996; Scott-Hill, 2004). External identity refers to language as an individual says, “I am”, reflecting how they connect to the world around them and an internal approach looks at the personal nature of an individual and their spiritual consciousness. It is recognised that people consider what links them to the rest of society as a means of developing a meaning, role and purpose in life. It can be acknowledged that an individual’s external, relational identity and internal, spiritual identity can be effected as what links them to the rest of society is, post-traumatic injury, somewhat different to their pre-injury status. In this sense, it is extremely interesting to look at the ways in which adaptive sport may have the tendency to enhance the experience of injured Service personnel who are in the process of re-defining their position in society. Fundamentally, as a medium to break through, what they see to be the ‘shackles of injury’², and move beyond the societal identification of individuals with a disability, to that of athletes who are able to achieve and accomplish individual sporting goals.

² The motto ‘to break through the shackles of injury’ is used at Headley Court, the main rehabilitation centre for British Service personnel in Surrey, United Kingdom (DMRC, 2006)

Outside of the military, Huang and Brittain's (2006) study can provide an underlying discussion for these central claims. Their research looks at the multiplicity and complexity of identity construction in elite athletes participating in adaptive sport. Underlying this theme is a positive realisation that participation in adaptive sport, at an international level, can positively increase self-understanding and personal empowerment. As well as health and fitness benefits, this study also demonstrated that participation at this level encouraged athletes to take their dominant identity as that of an elite athlete, rather than a disabled member of society – a grounding to challenge the negative perceptions innate to the medical model of disability. In addition, the results found that participants expressed multiple identities, a concept that was highlighted through their individual narratives. This confirms the fluidity of identity as participants drew on different aspects of their identity, dependent upon the scenario within which they found themselves.

To add another dimension to this discussion, it has been reported that aspects of identity and identity construction can be one of the reasons why some people choose to join the military (Griffith, 2009; Hall, 2011). This is explained in two ways, firstly, that some people, male and female alike, see the military as a way to form their personal identity, allowing them to “become a warrior” and fulfil a purpose and secondly, to belong to and become part of an extended family. It may be that some injured Service personnel find it difficult to leave behind and move away from the military post-traumatic injury, as the military often has, throughout their career, provided a purpose and a sense of camaraderie that predominantly creates an all encompassing military identification that forms their dominant social identity. Military culture could be thought of as having its own social enterprise, expressing its

own worldview, colloquial language, and a way of life that is entirely different from the civilian world. The exploration of “Identity of the Warrior” – a concept that looks at the psychological reasoning as to why people join the military, in conjunction with the ability to defy death, is pertinent to the understanding of and recovery from traumatic injuries (Hall, 2011: 7). It is for this reason that, within the British military, injuries are seen as restrictions, restrictions that need to be overcome through the combined dedication of the injured or ill Service personnel and the medical, rehabilitation professionals (DMRC, 2006). By recognising that injuries are seen as restrictions that individuals must overcome, this insinuates that there is a strong presence of the medical model mentality within the British military. It is therefore crucial to question to what extent the “Identity of the Warrior” impacts the ways in which people come to terms with their injury. It may be the case that some injured Service personnel feel that they have to prove themselves to still be physically able and they choose adaptive sport as a medium to achieve this – an individual therapy to aid their rehabilitation and help them come to terms with their disability and their re-adjustment in lifestyle.

Considering this, comparisons can be drawn between the mentality of military personnel and athletes. Gould, Dieffenback, and Moffett (2002) detail psychological characteristics of outstanding athletes and their findings can be used to inform the comparisons between military and sporting mentalities. Below, Table 1 highlights some of the attributes that may apply to both military and sporting mentalities, as well as providing a description of each attribute.

Attribute	Description
Physical Fitness	Requisite to be physically fit, strong, and healthy in order to provide optimum performance.
Determination	Need to possess willpower and motivation to succeed.
Courage	Required to be brave, especially in challenging circumstances.
Commitment	Strong work ethic, despite impact on significant others.
Focus	Ability to remain focused on goals or task, ignoring distractions.
High-stress tolerance	Capability to work and perform in an environment that is challenging or stressful, where they are under pressure.
High-pain threshold	Ability to sustain and work through physical and mental pain.
Competitiveness	Capability to enjoy competition.
Self-belief	Proficient in recognising their strengths and weaknesses and believing in their ability to succeed.
Intrinsic motivation	Requisite to be intrinsically motivated in order to drive forward to achieve goals or challenges.

Table 1. *Attributes of Military and Sporting Mentalities* (Adapted from Gould, Diffenback and Moffett, 2002)

Table 1 therefore indicates some of the possible shared attributes between military and sporting mentalities. This could go some way to explain why participation in adaptive sport may be beneficial for many traumatically injured military personnel as they adapt their identity to incorporate their disability. That is to say, military personnel may possess attributes outlined in Table 1, which could mean that the transition to becoming an athlete is a somewhat natural progression in their recovery process. In connection to identity adaptation, lies the way in which participation in adaptive-sport-rehabilitation may bring back meaning to the lives of traumatically injured military personnel. It is therefore pertinent to discuss the nature of this supposition and recognise previous literature.

Meaning of Life and the Existential Experience of Adaptive-Sport-Rehabilitation

This research seeks to investigate whether the experience of adaptive-sport-rehabilitation helps individuals re-establish their meaning of life post-traumatic injury. It is therefore important to recognise the nebulous nature of the term ‘spirituality’ and that spirituality is contextual and subjective – a description of *something* that is considered to be of prime importance within contemporary society (Jamison, 2006). Some key words are suggested as integral to an embryonic, secular, postmodern, and existential understanding of spirituality: connection and connectedness, well-being, meaning, consciousness, awareness and experience (Hunt, 2001). Similarities can be identified between the embryonic understanding of spirituality and the aforementioned identification that sport develops connections and awareness, as well as a process of discovery (Brittain and Green, 2012: 12). When thinking about spirituality, it is also significant to draw connections to the concept of human identity. Mejiuni (2005) states that as we learn who we are, we enhance our sense of identity and growth of the self. As human beings, we are meaning-making (the proposition that as humans we are constantly seeking to understand ourselves and the world in which we live), by evaluating our place within it and the way we identify ourselves. Identification, as a fundamental part of our identity formation has been described as a sense of self, a sum of our human qualities, a sense of our integrity and ultimately something that can be lost (Haslam, Reicher and Reynolds, 2012).

In conjunction, it has already been mentioned that a re-assessment or re-adjustment of identity is often required post-traumatic injury, as the experience of a life-changing disability often requires the individual to gain a new understanding of themselves and the world in which they live. This is largely because traumatic injuries change the

way individuals identify themselves, as well as the way in which society identifies the individual. As an integral part of the rehabilitation and re-integration process, this transition can be difficult (Emmons, 2005). Outside of the military arena, previous qualitative research carried out by Boswell *et al.* (2007) investigated the ways in which people living with a traumatic injury view the relationship between their injury and their spirituality. They suggested that loss of identity could affect an individual's spirituality, specifically through dissociation and depersonalisation, which can sometimes involve and encompass a loss of purpose and meaning of life. Boswell *et al.* (2007) report that eight out of nine participants with adult onset disabilities stressed that their meaning of life had changed significantly. In looking at the connections between spirituality and traumatic injury, it is important to appreciate the spiritual dimensions of identity and the way in which humans strive to seek meaning (Haslam, Reicher and Reynolds, 2012). Throughout this meaning-making process, it has become apparent that this area of study, specifically the connections between spirituality and traumatic injury, also contribute to research on the quality of life for those who have sustained trauma (Brittain and Green, 2012). To this effect, the area frames in a microcosm major existential dilemmas of human life: survival, well-being, and mortality, where the benefits of developing a positive self-image and outlook, through the means of adaptive sport, appear to be strong.

Within a civilian context, a number of qualitative studies into the impact of trauma indicate that when faced with life-changing injuries, it is often through partaking in physical actions and active doing, that one re-connects or indeed deepens a connection with the self (Emmons, 2005; Faull and Hills, 2006; Smith and Sparkes, 2008). By focussing on the experience of adaptive-sport-rehabilitation, individuals

develop and define their meaning and purpose in life through achieving personal sporting goals (Schulz, 2005). The developing connection between active doing and meaning of life has recently been identified outside of disability studies, in the arena of sport and spirituality. When taking an existential understanding, Nesti (2007: 119) reports that the word 'spirit' is one of the most used in the world of sport. Nesti (2007: 121) claims that the existential psychology perspective delivers a range of conceptualisations of spirit, some focussing on religiously grounded accounts and others on more secular, postmodern notions of spirituality. In this context, the field of sport and spirituality offers a range of insights into the experience of sport (Preece and Hess, 2007: 5). For the purpose of this research, I draw on the discipline of psychology of religion, taking a secular, postmodern understanding of spirituality that takes into account existential understandings (Rowan, 2012: 113). In other words, the ways in which the individual decides how or what gives meaning to their life. For this reason and for the purpose of this research, spirituality is defined as an individual's meaning of life.

The field of sport and spirituality has to be seen as a starting point and a contribution towards developing an understanding of the experience of adaptive-sport-rehabilitation as a way to bring back an individual's meaning of life after a traumatic and life-changing injury. It can be understood that a common and widely accepted view of spirituality, in the arena of sport and spirituality, centres on the discovery or development of meaning and value in life (Robinson, 2007: 9). The importance of adaptive-sport-rehabilitation for injured Service personnel has to be highlighted as not only relating to its ability to facilitate individuals to set themselves sporting goals that help define their meaning and purpose in life, but to also continue with an important

facet of their occupation – to maintain peak physical fitness (DMRC, 2006). This means therefore that adaptive-sport-rehabilitation's connection to the military runs deep not only through its history, but through its importance. As an increasing number of injured Service personnel are returning from battle with broken bodies and shattered minds, it is clear that more work needs to be done to assess the impact of these injuries and how they effect an individual's adjustment to their identity and meaning of life. As an underdeveloped area, the way in which the experience of adaptive-sport-rehabilitation may bring back meaning to life needs to be investigated. It may be that the experience of adaptive-sport-rehabilitation is an accessible and identifiable therapy to bring back meaning to the lives of the injured and help them adjust to their newly defined identity and role in society, providing purpose and achievement.

Now that the current field and conceptual framework has been established, the following chapter will provide an account of the research process, providing the research aim, objectives and questions as well as recognising the methodological underpinnings that were applied.

Chapter Three - Methodology

Introduction

The aim of this chapter is to provide a complete account of the research process, providing personal reflections of the three-year PhD project. In line with the emancipatory approach, the purpose of this chapter is to provide the reader with an introduction to the overall aim of this research and the methodological underpinnings that apply. As a result, this chapter develops an account of the research process and design. In order to highlight this process, the first section commences with an insight into the evolution of the aim, objectives, and research questions, as well as reflecting upon how I developed my interest in adaptive sport and how I position myself in this research. This is then followed by an overview of the three major research paradigms, i.e. the positivist, interpretative and critical research paradigms, placing emphasis upon their relevance to the emancipatory research that is currently favoured by the disability community. Then comes a discussion of the importance of reflexive practice and self-awareness throughout the research process. This is followed by an explanation as to how I, a non-disabled researcher, considered my position in researching adaptive sport as a tool to bring back meaning to the lives of traumatically injured British Service personnel.

The second section of this chapter focuses on the data collection process, paying close attention to the method that was adopted, namely, the combination of the emancipatory approach and Interpretative Phenomenological Analysis (IPA), termed Emancipatory Interpretative Phenomenological Analysis (EIPA). Methods of data collection, particularly the chosen method of in-depth, semi-structured interviews are then discussed. In relation to the semi-structured interviews, a reflection is provided considering its suitability for this research and the ways in which I chose to overcome

problems associated with this research method. Reference is then made to the research sample and the ways in which access to participants came about. This is then followed by an explanation of the data analysis process, the theoretical framework, definition of key terms and a more detailed description of the research objectives. Central to the emancipatory research approach, the chapter concludes with a discussion of the importance and use of respondent validation, as well as a reflection on the overall research process.

Evolution of Research and My Position

It is important to create a clear view of my research interests and how these may have influenced the selection and evolution of the chosen research questions, as well as acknowledging the guidance of others throughout this process. In order to do so, it is necessary to draw upon and refer to my own socio-cultural and historical background. Taking adaptive sport and spirituality as the two major interests of the research, I will firstly reflect upon how my interest in the restorative powers of sport came about. Before approaching my PhD research, I was involved in the development of a rehabilitation programme for young adults living with Alcohol Related Brain Damage/Injury (ARBD). In conjunction with The West Midlands Strategic Health Authority, this project has resulted in providing a clear pathway for people living with ARBD. My role within the team was to concentrate on activities that promoted well-being. As a result, sport became a restorative tool and a central facet of the rehabilitation programme. This was because we recognised its impact and benefits to rehabilitation and the overall reintegration process, as a tool to promote self-actualisation, as well as generating esteem and confidence. The knowledge, experience and emotional intelligence gained from this project encouraged me to

appreciate the relationship between trauma, stress, self-medication, coping mechanisms and drug/alcohol abuse.

From the outset, it was easy for me to understand and appreciate the importance of sport because I have always been a relatively active individual. My involvement in sporting activities has dramatically increased since undertaking my PhD. I have grown to love a whole range of sporting activities to such an extent that they are now part of my daily life. I decided that there was a need to set myself a sporting goal at the beginning of my PhD, namely, the 2010 Great North Run. I chose to do this to see if I could relate to the aforementioned feelings of improved self-esteem, confidence, and self-actualisation. Since then, my sporting goals have broadened and my personal involvement in such activities has made me realise how individuals experience feelings of fulfilment, achievement, occupation of the mind, body and spirit and the added benefits to an individual's health and well-being. These are all apparent and noteworthy experiences. Having experienced them myself, I feel that this has benefitted the research analysis process as I can relate to and understand, at first hand, the feelings that participants have described.

I will now reflect upon how my deep-rooted interest in spirituality came about. It seems that my interest stemmed from a variety of factors. I wanted to study religious studies and theology from an early age due to my fascination into the role of religion in conflict situations. Consequently, I became increasingly aware, in an academic setting, of the significance of identity and identity construction within the religious rhetoric. Within this discourse lay the close examination of spirituality. I grew to realise that spirituality was not only a major component to many living world religions, but it also had a value of existential meaning. It was then through consulting

with and reading the work of my Director of Studies, Dr. Ian Brittain that my understanding and interest in adaptive sport broadened. It was through his expertise and knowledge of adaptive sport that I became encouraged to recognise adaptive sport's close connections to identity, especially to identity development and adjustment post-traumatic injury.

This research focused on creating new theoretical understandings of issues relating to meaning of life and identity adaptation in adaptive sport. It became apparent that by presenting an overarching discussion of adaptive sport as a tool for dealing with post-traumatic injury, the focus would centre on whether participation in adaptive sport could have existential and/or spiritual meaning. Moreover, after conducting an extensive review of literature and liaising with experts on disability, it became clear that there is no scholarship or empirical research on the spiritual aspects of adaptive sport. In addition, until the recent work of Brittain and Green (2012), there has been no published material on the explicit link between adaptive sport and the military. Furthermore, the spiritual experience of adaptive-sport-rehabilitation had not been investigated.

The connections between the two major areas of research developed over time and my growing interest in the emerging field of adaptive sport and spirituality appeared to combine all of my interests and lifelong experiences. Approaching this research from an academic background in religion, theology, peace, and reconciliation, I feel that I have brought a new and innovative approach to the studies of adaptive sport. I have studied intensely the relationship between spirituality and human identity, however, in the context of adaptive sport, this area is under-developed and under-explored. This is where the originality of this research lies and it seeks to bridge the gap between the

academic fields of non-disabled sport, adaptive sport and spirituality. Now that I have explained the evolution of the research, as well as acknowledging my position, it is now time to detail the specific aim, objectives, and questions of this research.

Research Aim, Objectives, and Questions

The above involvement, contact, experiences, and reflections led me to the following aim, objectives and research questions:

Aim

The overall aim of this thesis is to examine the potentially restorative power of adaptive sport, based upon the experiences of traumatically injured British military personnel. This thesis investigates how participation in adaptive sport may contribute to personnel adapting their identity and re-establishing their meaning of life post-traumatic injury.

Objectives

- To analyse and explain British military mentality and the British military's approach to injury in order to frame the discussions that follow.
- To examine the process of identity adaptation post-traumatic injury, recognising the perceived impact of adaptive sport in this process.
- To analyse the experience of adaptive sport as a tool to bring back meaning to the lives of injured British military personnel.
- To examine the process of 'normalisation' and the role of adaptive sport.
- To analyse and highlight aspects of positive adaptation to trauma.

Questions

Two main questions run through this thesis and underpin many of the interviews and discussions. The first is exactly how do traumatic personal injuries affect the identity and the meaning of life for traumatically injured British Servicemen and women? The second is to what extent can adaptive sport play a role in the adaptation of self-identity and the re-establishment of meaning of life during the rehabilitation process?

It is clear that this research is underpinned by my personal, academic, and professional experiences. Hertz (1997) considers that a researcher's theoretical standing and their interests will influence the research questions, methodology, as well as analysis and interpretation of the research data. It was my intention to frame this research within the emancipatory paradigm in order to provide a 'true' picture of participant's experiences as a way of exposing any disabling and ideological barriers. Furthermore, underpinning this investigation was the recognition, based on the current literature, that disabling injuries often require the re-adjustment of identity (Huang and Brittain, 2006) and the impact of adaptive sport in this process needed to be better understood. Having described the ways in which the research aim, objectives and questions evolved, the three major research paradigms will now be discussed.

Research Paradigms in Disability Studies

While theoretical understandings within disability studies have evolved from the medical model to the social model, so too have disability research paradigms, which, in their own nature, contain contrasting epistemological assumptions and rules of research.

Positivism

As an epistemological position that promotes the application of natural sciences to the study of social reality, positivism is a philosophy of science and theory that suggests that people are subjects of social forces beyond their control. The defining features of positivism are as follows (i) systematic empirical research can produce objective facts and theories; (ii) causal laws or theories are to be discovered which can lead to the development of society and (iii) quantitative methods ensure objectivity and reliability, which results in developed research and new knowledge being free of bias and prejudice because hypotheses can be tested statistically (Bryman, 2008: 14). As a result, positivist explanations are inherently reductionist and deterministic, detailing simplistic conclusions that are free from unique experiences, failing to recognise the transitional nature of social life and how people engage in meaningful interaction (Bryman, 2008: 14).

Until the 1980s, disability research had been dominated by positivism (Oliver, 1992). As the medical model is aligned to this research paradigm, there is an underlying assumption that disability is a deficit; a problem for the individual in question, consequently ignoring the social implications imposed by society. Due to the connections to the medical model, research aligned to the traditional positivist paradigm is set out to present a cure or solution to disability (Bricher, 2000). With this, an individual's experience of disability is a discarded by-product as people living with an impairment are the passive objects of the research. This not only alienates people living with a disability, but instigates an ideological view of disability as '*something* that needs to be fixed', thus reinforcing and directly contributing to the oppression of disabled people as their lived experiences are not heard and so fails to improve their quality of life (Morris, 1992; Stone and Priestley, 1996; Barnes, 2003).

Interpretivism

Interpretative sociology provides an alternative to the positivist scientific tradition. Interpretivists state that society cannot be studied in the same way as objects in natural sciences as, unlike inert objects, people engage in meaningful interaction. The interpretative model sees people as social actors who have conscious and subjective motivations. By believing that people actively make sense of and understand the social world through the interpretation of meanings, interpretivists believe that behaviour is not the result of external constraints, but of the interpretation of situations and that society as a whole is the product of everyday social interaction (Bryman, 2008: 15).

The overall aim of the interpretative paradigm is to therefore describe, explain, and understand the way in which people make sense of situations or events. It is considered therefore that research ought to try to explain the meaning of events and not just their causes. As such, interpretivists may draw from Weber's (1947) concept of *verstehen* or empathetic understanding, placing themselves in the position of others as a means of understanding social behaviour from the outlook of the social actor in question (Bryman, 2008: 16). Research methods are inherently qualitative as rich and insightful data is generated and although results are seen to be subjective, validity, within the interpretative paradigm, is seen to be more important than reliability. Within the field of disability studies, interpretivism allows us to hear the narratives and experiences of the participants (Felske, 1994). Critics have argued however that although this paradigm is distinctly different to traditional positivism, the power differential between researcher and participant is not always addressed and there is an overall failure to ameliorate the social position of the participants (Felske, 1994).

Critical Enquiry

This paradigm is also called critical praxis or emancipatory research and has taken form from supporters of critical analysis who advocate that research should act as a form of social action (Felske, 1994). In this manner, research ought to move beyond a process of inquiry to a process of discovery, which reveals mechanisms for change (Newman, 2000: 5). Within the emancipatory paradigm, disability is considered to be a social form of discrimination and oppression, where emancipatory research is thought of as a powerful tool to increase awareness of disability, address inequality and disablist attitudes, providing an overall aim to build a better world. To facilitate empowerment, it is necessary for participants to have active roles within the research process (Oliver, 1992). This can range from participants taking part in the research design, to respondent validation – a tool that seeks to increase authenticity through further discussing the preliminary findings with participants. Due to its benefits, respondent validation is adopted in this study, so is consequently discussed in detail at the end of this chapter. Overall, levels of active participation act as a tool to hopefully tackle the issue of differential power relationships between the researcher and the participants – a fundamental facet to the emancipatory approach.

The above three paradigms have, over time, been used to research the area of disability. Having established this, the influence of the researcher in the entire research process and the need for reflexivity are to be discussed. After which, further time is given to my role in the research process as there is a need to address the fact that, according to the dominant, pathology-based understanding of the term ‘disability’, I am a non-disabled researcher researching disability.

Reflexivity in the Research Process and Non-disabled Researchers in Disability Studies

As human beings, we are products of our life experiences, environments, and histories. It is therefore important to appreciate that we each have a differing worldview that is shaped by a number of factors. Important factors incorporate our background, gender, sexual orientation and whether or not we consider ourselves to be disabled, or indeed, whether or not society sees us as disabled. Through reflective practice, it is therefore important to openly acknowledge the ways in which our heritage may influence both the data collection and analytical processes. Hammersley and Atkinson (1995: 131) explain that it is not a question of minimising or indeed eliminating the influence of the researcher, rather a process of understanding and appreciating how a researcher's worldview has shaped and moulded the research design, process, data collection and analysis.

In order to diffuse the problematic 'authoritarian' role of the researcher and address the perceived power relationships as a non-disabled researcher in disability studies, Fontana and Frey (1994), as well as Davis (2000) suggest that polyphonic interviewing may help this concern. Polyphonic interviewing is when:

The voices of the subjects are recorded with minimal influence from the researcher and are not collapsed together and reported as one, through the interpretation of the researcher. Instead, the multiple perspectives of the various subjects are reported and differences and problems encountered are discussed, rather than glossed over.

(Fontana and Frey, 1994: 368-369)

This method was adopted throughout this research and it presents many advantages as it not only enables participant's reflections and opinions to be at the forefront of the data collection process, but also allows the reader to form their own conclusions, deciding to what extent they agree with my analysis. As this research adopted this approach in full, all quotations are presented verbatim.

In previous years, the role of the non-disabled researcher within disability studies has been an area of great debate. This is because research carried out by non-disabled researchers inherently alienated the disabled community, making their experience and knowledge of their disability seem a distant detail of the research, which was not used to increase equality or improve their quality of life (Kitchin, 2000; Oliver, 1992). These challenges and criticisms heightened the need for an empowering approach within disability studies. Therefore, the aforementioned emancipatory research paradigm grew, where the importance of the social model of disability is, once again, brought to the mainstream:

As a model providing an alternative understanding of the experience and reality of disability, it has given disabled people a basis on which to organise themselves collectively. Using the social model as a basis for explanation, disabled people have been drawing attention to the real problems of disability: the barriers they face; the patronising attitude they have to deal with; the low expectations that are invested in them; and the limited options available to them.

(Swain, French and Cameron, 2003: 24)

I decided that the social model of disability and the emancipatory approach were appropriate for my research due to their relevancy and importance not only within the

field of disability studies, but also as a way to facilitate participants taking a small step towards an increased level of self-awareness that could hopefully complement their recovery. In line with current research on disability, my research has adopted a social construction approach. The results and analyses are set within the social model of disability as a means of trying to highlight the impacts and perceptions of disability, embedded in the dominant medical model discourse, on the participants' lives. Interpretative Phenomenological Analysis (IPA) was also very relevant to my research due to its ability to enable an individual's experience to be expressed in its own terms, gathering rich accounts that would then provide evidence-based research. One major area of current IPA studies concerns health and illness. IPA is specifically used to explore issues relating to the personal experiences of an individual and the psychological impact of ill health or illness. Examples of IPA studies include, "the experience of chronic fatigue syndrome" (Arroll and Senior, 2008: 443); "deciding whether to attend a cardiac rehabilitation programme" (Wyer *et al.*, 2001: 178) and "the psychology of being a carer" (Hunt and Smith, 2004: 1000). Such studies highlight how disease and treatment can undermine an individual's self-concept, affecting their identity (Smith, Flowers and Larkin, 2009: 122). In fact, health psychology is the area of psychology where IPA was first used (Brocki and Wearden, 2006). In light of the research aim, objectives, and questions, it became apparent that both the emancipatory approach and IPA were relevant to this research.

Like the emancipatory approach, IPA typically uses semi-structured interviews to gain an understanding of each participant's lived experience, aiming to provide in-depth accounts of what their experience is *like* and how individuals make sense of said experience (Smith, Flowers and Larkin, 2009). Guided by phenomenology, IPA leads

the researcher to study each participant's experience, seeking to describe rather than explicate (Husserl, 1970). With this, the researcher's perspective is without bias or presumptions and the use of phenomenological research methods provides a way to understand the subjective experiences of each participant. When explaining what IPA is, Smith, Flowers and Larkin (2009: 204) consider, "the important thing is that interpretations should be clearly developed from the phenomenological core, from the concerns of the participants themselves".

Considering this, there are similarities between the emancipatory approach and the current standings of an IPA study. This made me consider that the two approaches, combined, would add to the interpretative endeavour. The addition of the emancipatory approach/element to IPA sought to place disability at the forefront of this research, as a way to facilitate participants taking a small step towards an increased level of self-awareness that could potentially complement their recovery. Thus, forming a powerful tool to increase awareness of disability in this context, address inequality and disablist attitudes, whilst placing the experience of each participant at the centre of the investigation. Moreover, the combination of the two approaches corresponded with my ontological (relativist) and epistemological (interpretivist/constructivist) stance. With this, Smith, Flowers and Larkin (2009: 204) encourage future developments of IPA as they claim, "we expect to see some studies which expand IPA's connections to other qualitative approaches", stating that they, "welcome these developments as working towards a more mature, synthesized, qualitative psychology". It is for this reason that I combined the emancipatory approach with IPA to form Emancipatory Interpretative Phenomenological Analysis (EIPA). This endeavour placed traumatically injured Servicemen and women, their perception and understanding of their newly defined

identity, along with personal purpose and life meaning at the centre of my research. It is now crucial to discuss EIPA in detail.

Emancipatory Interpretative Phenomenological Analysis (EIPA)

Directly concerned with human lived experience and the ways in which, as humans, we strive to make sense of major events in our life, EIPA, as a research approach, was an appropriate tool to show to what extent adaptive sport restored an individual's meaning of life and aided their identity adaptation process. EIPA follows the lead of IPA as an approach to qualitative and experiential inquiry, taking the advice of the phenomenological philosopher, Edmund Husserl, who recommended that phenomenologists go 'back to the things themselves' (Smith, Flowers and Larkin 2009: 1). This EIPA research therefore examined, in detail, the ways in which participants understood and made sense of key experiences in their lives. This research approach enabled an individual's experience to be expressed in its own terms. EIPA is underpinned by phenomenology, hermeneutics, and idiography. It is due to the theoretical foundations of EIPA and its purpose of engaging with an individual's experience as to why it was an appropriate approach for this particular research.

Firstly, EIPA is phenomenological in that its main concern is the study of human lived experience and what this is *like*. The major works of Husserl, Heidegger, Merleau-Ponty and Sartre describe an understanding of 'experience', which, as a living process, is unique in perspective and meaning to an individual's embodied connection to their surroundings (Smith, Flowers and Larkin 2009: 21). Phenomenology was extremely significant in this research as the recognition of the

complexity of human experience and ability, as the analyst, to detect convergence and divergence between the accounts helped form an interesting and colourful discussion. Secondly, EIPA is interpretative and is therefore informed by hermeneutics. As the researcher, my focus was to interpret the ways in which participants make sense of their injury and ‘new’ identity, taking into account each individual context. Thirdly, EIPA is idiographic as its main focus is to discover what the experience for each particular person is like, examining in great detail the particularity of each account, before moving to more general claims. Fourthly, there was a need to adopt Stone and Priestley’s (1996) six core principles of emancipatory research throughout the research process. These principles are listed below along with a brief example of how I tried to incorporate each principle into my research:

1. *Adopting a social model of disability as the epistemological basis for the research.*

I sought to expose the causes of fear surrounding disability as a means of highlighting some of the problems experienced by injured British military personnel.

2. *Establishing political commitment to the challenges of disabled people for self-emancipation.*

I have highlighted the social barriers faced by British military personnel and the adopted method of EIPA placed participants at the centre of the research and effectively aided their self-emancipation.

3. *Undertaking research to practically benefit the self-empowerment of disabled people and/or the removal of disabling barriers.*

I have analysed, detailed and highlighted the disabling barriers that participants are faced with as a means to work towards their removal.

4. *Reducing control over research, ensuring accountability to disabled people and their organisations.*

I made it clear to participants that they were the experts and that others needed to learn from their experiences. I ensured that I made them feel as comfortable as possible, especially throughout the interview process.

5. *Voicing personal and political, striving to collectivise the political commonality of individual experiences.*

Throughout this research, I sought to detail each participant's individual experience and emphasised when there were contrasting experiences to highlight oppression.

6. *Incorporating a variety of methods for data collection and analysis, dependent on the needs of the participants.*

This research utilised qualitative data to highlight how British military personnel with disabilities were affected by a particular disabling barrier, as well as adopting a quantitative nature by declaring how many personnel were affected and why.

(Stone and Priestley 1996: 702-706)

Although this appears to be a rigorous research agenda, it was my intention that the consistent application of these six core principles would lead to an effective emancipatory approach and in doing so provide credible results that may benefit all involved. I will now discuss the recruitment process and the research sample.

Research Sample and Access

Recruitment took place between January 2012 and July 2012. In brief, four participants were recruited through the established links and contact made with

‘Battle Back’, a British military-based initiative and ‘Help for Heroes’, a military charity. Both organisations use adaptive sport to aid physical and cognitive rehabilitation. The information provided to potential participants emphasised however that the research was independent of both Battle Back and Help for Heroes and that participation was voluntary. The remaining seven participants were recruited through snowballing (Gilbert, 2008). This method of recruitment permitted contact to potential participants through, in this case, participants that were already recruited. This was due to a relationship of trust and credibility (Streeton, Cooke and Campbell, 2004), where participants passed on information about this research to their known contacts, who subsequently contacted me if they were willing to take part. All participants provided their informed consent before taking part in this study and I proceeded in line with correct ethical practice.

As the aim of an EIPA study is to examine, in great depth, convergence, and divergence, it was necessary to choose a purposive, small, and relatively homogeneous sample of around a dozen participants. In order to take part in the study, participants had to be at least eighteen months post-traumatic injury. The final sample consisted of nine male participants and two female participants, all of who were white British. Participants held varying ranks in the Army, Navy, and Royal Air Force. Of the nine male participants, three were serving military personnel and six were veterans. The two female participants were still serving. The age of participants ranged from twenty-four to forty-one and all participants were provided with pseudonyms in order to protect their identity. Their age category, gender, type of injury, the time elapsed since injury, as well as their religious affiliation (if any) can be seen in Appendix 2 (page 236).

Critics, especially traditional positivists, may say that a sample of this size lacks representation, creates limitations, and does not result in findings of substance. However, this research did not aim to generate statistical representation, rather an examination of each case where merit can be found in detailed analysis and interpretation of each person's experience. Although the findings relate directly to this particular sample, a disabled reader may be able to relate to the findings and connect with them because of their own lived experiences. Overall, theoretical transferability can be considered where the reader of this final report can make connections between the analysis, their own professional knowledge, and conclusions drawn in the extant literature. Theoretical generalisability can also be considered where the reader can gauge the evidence corresponding to their professional and experiential understandings. I will now discuss the chosen method of data collection, in-depth, semi-structured interviews.

Data Collection: In-Depth Semi-Structured Interviews

In-depth interviews are, according to Johnson (2002), a style of social and interpersonal interaction. With this, he states that the appropriateness of this method depends on the nature of the research:

If one is interested in questions of greater depth, where the knowledge sought is often taken for granted and not readily articulated by most members, where the research question involves highly conflicted emotions, where different individuals or groups involved in the same line of activity have complicated, multiple perspectives on some phenomenon, then in-depth interviewing is likely the best approach.

(Johnson, 2002: 69)

In line with Johnson's (2002: 69) comment above, this research looked at many areas that are not "readily articulated" by traumatically injured Servicemen and women. Participants reflected on (i) their military mentality; (ii) the ways in which they adapted their identity; (iii) how adaptive sport formed a tool for them to re-establish life meaning; (iv) how they were determined to regain some sense of normality and (v) the ways in which they positively adapted to their trauma. Consequently, this research asked questions where the knowledge sought might not necessarily be articulated on a daily basis. For this reason, in-depth interviews were appropriate as a means of gathering multiple perspectives on the phenomenon that is the experience of adaptive sport, meaning of life, and the recovery from trauma.

As the interviews were semi-structured, they all followed an interview schedule (see Appendix 3, page 237), which covered a number of areas including (i) employment history; (ii) experiences of rehabilitation; (iii) the impact of injury; (iv) the meaning of adaptive sport and (v) adaptive sport in relation to life meaning. Although semi-structured interviews are flexible by nature, in order to gain rich accounts, my line of questioning incorporated narrative, evaluative, comparative, and descriptive questions with pre-prepared prompts that were used when necessary. After each interview, I reflected upon the interaction as a means of collecting additional data which was not only beneficial in the contextualisation of my analysis, but also as a means of further developing the reflexive component to the study – one which engages in the critical appraisal of my practice. All eleven interviews were conducted face-to-face at a time and location chosen by the participant, lasting between 90 and 106 minutes. Each participant agreed to an audio recording. I then transcribed each interview verbatim and all names, places and identifying characteristics were omitted from the

transcripts. In order to maintain accuracy and authenticity, once the data had been transcribed, ten participants were provided with a copy of their own interview transcript. For a period, participants had the opportunity to make changes to their transcript. The remaining participant, Simon, who has a sensory impairment, specifically requested that he did not wish to receive a copy of his interview transcript.

Problems with the chosen method of semi-structured interviews and the ways in which I chose to overcome them do however need to be noted. Bryman (2008: 210) states that the interviewer may influence participants, influencing their response. Although Bryman states that the extent of this impact is not clear, in order to minimise the impact, I refrained from expressing my own views and opinions when carrying out the interview and only disclosed limited personal information. On the one hand, this was challenging as I wanted to make people feel at ease and comfortable in my company. On the other hand, this challenge enabled me to grow as a researcher as I developed new skills. In order to create an instant rapport and place participants at ease, I designed an opening sentence, a sentence that focused on the main task itself, yet acted as an icebreaker in the process. The sentence was, “thank you for agreeing to take part in my research, if I could begin by asking you to tell me how much sport you played before your injury?”

In addition, it was important to consider whether one interview per person was enough. This is because there could be a tendency to gain a ‘snapshot’ of feelings and views on the day of the interview, as sometimes peoples’ perspectives can change quite drastically from day-to-day. However, it was not possible to carry out follow-up interviews due to the amount of extra time and travelling that this would have

involved. For instance, one participant lived one-hundred and ninety-eight miles away and another one-hundred and forty-three miles away. As face-to-face follow-up interviews were not practically viable, each participant was able to openly discuss with me whether they felt differently about key issues raised in the interview via telephone or e-mail. Furthermore, the use of respondent validation, which is discussed in detail at the end of this chapter, meant that participants were able to reflect upon what they said on the day of the interview and make changes if they so wished.

I had already gained a collection of secondary sources and this was an on-going activity throughout the three-year PhD project. At the beginning of 2011, there was a notable increase in media coverage surrounding the experiences of injured Servicemen and women, where documentaries, such as “Ross Kemp: Back on the Frontline” and “The Invisible Wounded” provided pertinent data and up-to-date accounts. Of course, an assessment of the quality was needed, as well as a cautious approach to the often dramatic and emotive nature of such broadcasts. However, their use was still notable as they enabled me to watch interviews and appreciate different interview styles, as well as the sensitive nature of the experience of trauma. Aside from journal articles, books and other peer-assessed publications, I also formed a collection of recently completed PhD theses that addressed some of the central themes of this research, albeit in a different context. The most relevant thesis by Schneider (2010) was an autoethnography concerning normalcy and identity development. This provided me with a first-hand account of the central issues that participants of this research later described. This became relevant, as I was able to refer to Schneider’s (2010) research at central points throughout the data analysis process, which is now discussed in detail.

Data Analysis

Once the primary data was collected, audiotaped interviews were transcribed verbatim and member checking was carried out with each participant as a means of obtaining accurate and transparent transcriptions. Once this process was complete, the transcripts were analysed on an individual basis through a systematic, qualitative analysis. After which a narrative account was presented where I provided analytic interpretation that was supported by verbatim extracts from the collected data. Fundamentally, the reasoning behind choosing a purposive sample relates to the inductive approach of EIPA, a choice which impacts the analytical process as it is important that each case is considered individually and that analyses are constructed in an accumulative manner. As a result, the analytical process progressed step-by-step:

1. Reading, re-reading and initial note taking

As a means of following EIPA's idiographic commitment, a detailed, line-by-line examination of each case was carried out in order to identify each participant's experiential claims and understandings. Examination of semantic content and use of language was used to discover individual expression, as well as an ability to develop an active engagement with each transcript. I looked for comments that have a phenomenological focus, where the participant was describing important feelings and aimed to identify the meaning behind these feelings in order to determine what they are *like* for the individual. Overall, I took a comprehensive look at each individual context – an interpretative endeavour that helped identify the patterns of meaning, as well as giving substance to descriptive, linguistic and conceptual comments.

2. Detecting emergent themes and connections

This step involved the detection of emergent themes, followed by an evaluation of how these themes fitted together in order to show significant aspects within each account and recognise similarities, differences, commonalities and nuances across all accounts. This was carried out through abstraction and polarisation as a way of identifying super-ordinate themes.

3. Interpretation

The aim of this step was to select pertinent parts of each transcript to conduct a micro-analysis of the text and develop an interpretative account. This considered previous evidence and related theories as a way to develop a framework that showed the connections between the emergent themes and fundamentally develop an evidence-based narrative that guides the reader through each individual theme.

4. Self-reflection

I carried out a reflection of my experience of the phenomena as a means of bracketing my perspective, specifically considering the implications of the research, whether I would have done things differently and suggestions for future research/developments.

(Adapted from Smith, Flowers and Larkin, 2009: 79-107)

Limitations, due to the need to have a homogeneous sample, appear, to some, to be problematic. However, in line with the orientation of EIPA and the qualitative paradigm, a study of this kind required great depth and resulted in forming a concrete foundation for more general claims to be made (progressively) in the future. A major endeavour of this research approach, EIPA, was to consider what additionality the emancipatory approach brings. The findings of this research indicate that it brings great benefits. This is because, on numerous occasions, participants highlight

elements of self-emancipation. For instance, Jim's comment, "I hadn't considered that before", indicates elements of self-emancipation, whereby he has raised and increased his awareness by taking part in this research. This indicates therefore that EIPA has been successful in its aim of facilitating participants to take a small step towards an increased level of self-awareness that could complement their recovery. A major endeavour was to provide a contextualised analysis and interpretation, with necessary supportive evidence, so that the material is accessible for academics to appraise its transferability, thus giving strength to the overall investigation. Consequently, it is now appropriate to detail the theoretical framework that underpinned this research.

Theoretical Framework

At the interpretation phase of this research, detailed above, key theories emerged. As a way to develop the analytical framework and show the connections between the emergent themes, this was a central step in the research process. Consequently, this section details the conceptual framework, the theoretical framework that underpins this research.

Social Identity Theory (SIT)

'Identity' is a term that is widely used and therefore has different meanings to different people (Deaux, 2001: 1). Throughout this thesis, the term 'social identity' indicates the aspects of an individual that are defined by his or her group membership. Tajfel and Turner (1986) first introduced social identity theory (SIT), claiming that the individual has more than one identity. They claim that the individual draws on a certain identity depending on the environment or situation that they find themselves, hence the term social identity. In the case of this research, it is the participant's

response to ‘Who am I?’ derived from perceived membership of social groups. For instance, their membership as part of the British military may form their dominant social identity. Tajfel and Turner declare that such groups influence how an individual sees themselves, their self-concept, which is dependant on “the meaning the individual attaches to group membership” (Griffith, 2009: 41). In other words, social identity relates to the individual’s self-concept that comes from his or her membership of a social group or groups, as well as the way in which the individual values and places emotional importance on such membership. Although most people belong to a number of social groups, only some of them are meaningful when they define themselves. Recognising this, it is now time to refer to the second theory that underpins this research.

Self-Determination Theory (SDT)

“The purpose of the Self-Determination Theory is to explain motivation and behaviour on individual differences in motivational orientations, contextual influences, and interpersonal perceptions” (Hagger and Chatzisarantis 2008: 79). As a theoretical construct, Self-Determination theory (SDT) (Deci and Ryan, 2002) frames the intrapersonal and social-environmental elements of motivated behaviour (Vlachopoulos, Kaperoni and Moustaka, 2011: 266). Deci and Ryan (1985: 31) claim, “self-determination refers to the experience of freedom in initiating one’s behaviour”. That is to say, the extent a person has freedom to be self-motivated, which, in turn, influences their behaviour. Constructs that contribute to the experience of self-determination are the need for autonomy, competence, and relatedness (Hawkins, Cory and Crowe, 2011: 311). SDT is becoming extremely popular for researchers who are looking at the impact of physical activity (Wilson, Mack and Grattan, 2008).

This is because SDT considers the multiple constructs that, in this case, can be part of the motivational experience of adaptive sport (Sweet *et al.*, 2012: 319). Consequently, the third theory will now be discussed to highlight possible positive adaptations to trauma.

Post-Traumatic Growth (PTG)

Post-Traumatic Growth (PTG) considers how positive psychological changes can be experienced in the aftermath of a highly challenging traumatic life event or circumstance. Tedeschi and Calhoun (1995; 2004) claim that the traumatic event presents the individual with significant challenges to their adaptive resources, where the individual often questions their understanding of the world and their place within it. This does in fact relate to other areas of this research, as participants identify how their understanding of the world has changed, as well as their place within it. This has meant that their life course has changed and they have adapted their identity as a means to find a place within their society. In light of chapter five on identity adaptation and the process that this involves, PTG does not mean that an individual undergoes a transformational process in order to return them to their life before their trauma. PTG refers to a process that individuals explain as being deeply meaningful due to an improvement in their outlook on life (Tedeschi and Calhoun, 2004). This recognition draws on a longstanding history of the way in which suffering can yield positive change. For instance, the potential transformative power of suffering can be found in the writings of the ancient Hebrews, Greeks and early Christians, in addition to some of the Hindu, Buddhist and Islamic teachings (Tedeschi and Calhoun, 1995). With this in mind, scholarly interest into PTG began in the 1990s, as it was deemed an important concept to add to the understanding of human behaviour. The current

academic interest in the topic dates back to Tedeschi and Calhoun (1995), who first described the most common benefits relating to trauma (Collicutt McGrath, 2011: 82). Now that the theoretical underpinnings have been described, in order to increase understanding, it is now appropriate to define the key terms that are used throughout this research, as well as a detailed view of the specific research objectives and the chosen methods of data collection.

Key Terms

The key terms of this research are as follows:

- **Adaptive Sport: Sport for people living with a disability**

Throughout this research, I refer to adaptive sport rather than disability sport. This is because all of the research participants have experienced the military initiative ‘Battle Back’ who choose to define sport as adaptive sport, rather than disability sport. As a result, I chose to acknowledge their chosen terminology. Its usage throughout this thesis acts as an umbrella term. Adaptive sport therefore recognises the myriad of physical endeavours that fall under its definition, for instance, recreational adaptive sport, and adaptive physical activity etcetera.

- **Military Mentality: The spirit of the military that becomes all encompassing and a way of life, something much deeper than military culture**

Throughout this research, British military mentality relates to the ‘je ne sais quoi’ surrounding their unyielding and inexorable rigour, focus, and determination to ‘push on through’ (see page 9).

- **Adaptation: The reactions and coping mechanisms towards physical and psychological trauma**

Throughout this research, adaptation recognises that the experience of psychological adjustment is an adaptive response to a significant life change (Hamill, Carson and Dorahy, 2010: 729).

- **Well-being: An individual's state of happiness, influencing their quality of life and ability to flourish as a human being**
- **Healing: To seek the restoration of the mind, body, and spirit**
- **Normalisation: A process that seeks to restore key elements of an individual's life, so that they can re-gain independence and autonomy**
- **Resilience: An individual's ability to adapt to significant life changes**
- **Flourishing: A human experience that positively influences hope, compassion and outlook on life**

As the theoretical framework has been discussed and key terms explained, the table below details the objectives and the chosen methods used to achieve these objectives in more detail.

Objectives	Methods of data collection used to achieve the objectives
<p>Chapter Four To analyse and explain British military mentality and their approach to injury in order to frame the discussions that follow.</p>	<p>Secondary data from sources including academic writing, reports, visual sources, military websites and documents.</p> <p>Primary data collected from interviews with research participants.</p>
<p>Chapter Five To examine the process of identity adaptation post-traumatic injury, recognising the impact of adaptive sport, based on the following:</p> <ul style="list-style-type: none"> • An understanding of Social Identity Theory (SIT) (Tajfel and Turner, 1986) • The current knowledge on the link between traumatic injury and the impact on military personnel's life course transition (Brittain and Green, 2012) • The implication of the impaired body in a western society where non-disabled figures are promoted as attractive (Barnes and Mercer, 2010: 81) 	<p>Secondary data from sources including academic writing, reports, company websites and documents.</p> <p>Primary data collected from interviews with research participants.</p>
<p>Chapter Six To analyse the experience of adaptive sport as a tool to bring back meaning of life.</p>	<p>Secondary data from sources including academic writing, reports, company websites and documents.</p> <p>Primary data collected from interviews with research participants.</p>
<p>Chapter Seven To examine the process of normalisation and the way in which individuals use adaptive sport, informed by the following:</p> <ul style="list-style-type: none"> • An understanding of Self-Determination Theory (SDT) (Deci 	<p>Secondary data from sources including academic writing, reports, company websites and documents.</p> <p>Primary data collected from interviews with research participants.</p>

and Ryan, 2002)	
Chapter Eight To analyse positive adaptation to trauma, based on the following: <ul style="list-style-type: none"> • An understanding of Post-Traumatic Growth (PTG) (Tedeschi and Calhoun, 1995; 2004) 	Secondary data from sources including academic writing, reports, company websites and documents. Primary data collected from interviews with research participants.

Table 2. *Objectives and Methods of Data Collection*

Throughout this chapter, I have attempted to outline the chosen methodological foundations of my research as a means of detailing the evolution of the research question and subsequent chosen methods. One thing that became apparent to me throughout this research was that research is not just about the discovery of new knowledge, but a journey of self-discovery. It has been a journey that has enabled me to think differently about myself and my capabilities, as both a researcher and a human being, allowing me to become one step closer to understanding and appreciating the world in which we live. For instance, I feel that I am now able to recognise my own personal strengths and apply these to other areas of my professional and personal life. To conclude, I will now refer to the use of respondent validation as a way to not only place participants at the centre of the research process, but to also act as a mode of empowerment, as well as a brief reflection on the overall research process.

Respondent Validation

In recent years, the development of quality criteria for qualitative research has become a contested area (Bryman, 2008: 380). This largely relates to whether it is appropriate to utilise checklists in order to appraise qualitative research, as it is

recognised that the nature of qualitative research may mean that checklists of quality are deemed inappropriate (Bryman, 2008: 381). Developing this point, Smith and Caddick (2012: 70) question, “how, then, might qualitative researchers make informed judgements on research quality?” Smith and Caddick discuss the ways in which qualitative researchers can make “informed judgements”. In doing so, they detail a “non-foundational approach”, which is described as an approach where researchers do not seek to “propose a set of universal criteria that can be applied to all qualitative research”, as applying such a “universal criteria would mean going against a subjective and constructionist epistemology”. This would therefore mean that innovative or non-conventional research would be excluded due to its inability to ‘fit’ within the confinements of the already-established criteria (Smith and Caddick, 2012: 70). They go on to present a comprehensive list of criteria that may be used by researchers to judge qualitative work, recognising, for example, substantive contribution (whether the research increases understanding of social life), impact, width, coherence, resonance and credibility.

In relation to credibility, Smith and Caddick (2012: 71) refer to Tracy’s (2010: 837) review of what constitutes “excellent qualitative work”. In doing so, they reflect on credibility as a process where the researcher seeks the participants’ reflections of the researchers’ preliminary findings in order to “open up dialogue about fairness, appropriateness and believability of interpretations”. Participants’ comments can then be incorporated into the final analysis. This approach is said to help “shift the balance of power between researcher and researched, and in some respects help to erode the myth of the ‘professional expert’” (Barnes, 1992: 122). I adopted this method within this research because I considered it an important facet of disability studies research.

However, by gaining participants' reflections, it was by no means a test of the research findings, rather, an opportunity for me, the researcher, to enter a further dialogue, which could ultimately provide data for a deeper analysis (Smith, 2013: 112).

As a means of discussing the preliminary findings and, importantly, providing participants with the opportunity to comment and reflect on the results, participants were provided with a report of the preliminary findings. This intended to increase authenticity, as well as aiming to address the issue of differential power relations within disability studies. In order to make the report accessible, it was important for me to write in a clear style. Intelligibility was heightened by the use of a polyphonic interviewing approach, as described earlier, also helping to 'disperse the authority of the writer' (Davis, 2000: 197). In order to best make use of this added data, comments and reflections were noted and incorporated into the final concluding analysis. The majority of participants chose not to add to the preliminary findings. They did however express that they were pleased with the direction of the research and that they were satisfied with the findings. Nevertheless, two participants expressed clear views on their understanding of normalisation and the way in which they were determined to regain some sense of normality through participation in adaptive sport. This interaction enabled me to gain an extra layer of useful data, as well as providing an interesting dialogue with the participants.

Reflections on the Research Process

As a female researcher, researching the experience of members of the British military, an establishment that is considered to be a dominantly male environment (Sasson-

Levy, 2003), it is necessary to briefly reflect upon the influence that this may have had on the data collection process. As nine of the research participants were male, to discuss their experience of traumatic injury and subsequent adult onset disability with a female may have influenced their response. For instance, a number of male participants reflected on and described gun fights, hard extractions (where the operation involved them rescuing casualties or civilians) and other rescue missions. On the one hand, it may be that they recalled such events in order to impress me. On the other hand, reflections of this kind could be common for the research participants and perhaps other military personnel who are proud of their role and the work that it entails.

Nevertheless, all nine male participants spoke openly to me about their experiences and this is reflected in the rich accounts that they have provided. As a female researcher, it may be that participants felt at ease in my company. For instance, it may be that some of the research participants have been through some form of counselling, which may have made them more accustomed to discussing their feelings and experiences. When conducting the interviews with the two female participants, they did not seem to be as comfortable discussing their emotions or feelings. For example, Lucy continually referred to injured personnel as a whole, rather than her own experience. It was as if she required some form of reassurance that all injured military personnel felt the same way, rather than just her. My role as a female, non-disabled researcher may have reminded her of a time before her disability, which may have made her feel that she needed to seek reassurance. Though these specific issues have been raised, I consider that the data collection process was successful, a success that is mirrored in the in-depth accounts provided by the research participants. It is important

to remember that the thoughts raised in this reflection do not seek to provide definitive answers, rather a consideration of possible influences.

It is also significant to recall some of the unexpected and unpredictable experiences of this research. On one occasion, a participant's dog bit me in the first thirty seconds of the meeting. This was a rather unusual icebreaker. As my hand was bleeding, the participant felt extremely embarrassed. I had to make sure that the participant felt comfortable in my company, so I insisted that it was not at all painful. I then proceeded with the interview, during which time the dog that had attacked me some five minutes before, decided that he now liked me and insisted on sitting on my lap. In good spirit, I embraced the situation, allowing the dog to sit on my lap (for the duration of the interview), while trying to stop the bleed. This was a rather unusual experience and one that I will always remember. On another occasion, one participant asked me to meet him at his place of work, a military camp. I arrived, on time, and approached the armed guards at the entrance. It turned out that the participant had not informed security of my arrival. Therefore, in true military style, one guard decided to point a gun in my direction, shouting, "who are you?" and "why are you trying to get into the camp?" Fortunately, I managed to answer his questions and the participant (eventually) arrived to confirm my identity. All was well, in the end!

Chapter Four – British Military Mentality as a Way of Life – Its Relationship to Injury, Adaptive Sport and Beyond

Introduction

Few scholars have written about the importance of understanding military culture, the worldview, and the mind-set of an organisation that is inherently different to civilian life (Hall, 2011: 4). There is even less scholarly contribution surrounding injury within the British military in 21st-century, whether combat-related or otherwise. The characteristics of the British military's approach to injury and recreational therapy are significant, especially when considering the psychological coping mechanisms that are nurtured throughout service, placing this within the many boundaries, rules, regulations and habits that are innate to this unique cultural group (Reger *et al.*, 2008: 22). The main purpose of this chapter is to analyse British military mentality in order to frame the discussions in the rest of this thesis. In this research, I found that participants in this research stress four key themes relating to military mentality, namely fear of injury, gender, identity formation and recreational therapy. Sections of this chapter focus on these themes and I will offer individual examples provided by the participants of this research. I will then provide a conclusion to summarise the discussion.

British Military Mentality

As an underdeveloped concept, military mentality remains an ambiguous term that dates back to Post-World War II. Schweber (2008: 79) reports that in the summer of 1947, Einstein published an article in *The American Scholar* entitled "The Military Mentality". In this article, Einstein discusses the developing spirit of militarism within the USA. He considers this development to be dangerous because he observed, "the individual is degraded to a mere instrument; he becomes human material" (Schweber

2008: 79). Einstein's observation is significant as he draws on aspects of depersonalisation and "deindividuation", where stripping of previous self-definition takes place when individuals join service (Herbert, 1998: 9). This means therefore that military mentality refers to something much deeper than military culture. It is the spirit of the military that becomes all encompassing and a way of life. Throughout this research, I have discovered that British military mentality relates to the 'je ne sais quoi' surrounding their unyielding and inexorable rigour, focus, and determination to 'push on through' - a mind-set that is set within a framework of militant authoritarianism, which is the submission to authority and the distribution of said authority (Dixon, 1994: 256). For this reason, Fennel (2008: 8) points out that although cultural, religious, and ethnic diversities are present within the military, the military is a culture in its own right. The need to examine modern day British military mentality will therefore provide the reader with a point of reference for the discussions that follow.

It would seem that the large numbers of physically injured British personnel returning from Afghanistan, and the recent conflict in Iraq, have brought the plight of the sailor, soldier, or airman to the forefront (Greenberg *et al.*, 2011: 261). The risk associated with warfare sees sailors, soldiers and airmen killed and injured, a risk that has been prominent throughout history (Martone, 2008: 229). Although this risk seems to form a close relationship to the nature of warfare, this research has uncovered that it is common for personnel to believe that they themselves will not receive traumatic injuries or become ill, whether that be in the line of duty or otherwise. Indeed, all participants in this research considered this the case. Tom considered that he was not alone in thinking that he would be okay and return in "one-piece". Lucy also expressed the same opinion and added that exposure to dangerous situations becomes

normal and ought to be considered part of the job. Ben's response reiterates this point and also suggests that there is a lack of acceptance surrounding injury, which will be discussed in the pages that follow:

I didn't think I'd end up like this. I didn't want to end up like this. I'm sure virtually everyone who's going through training was thinking the same thing and that it will never happen to me. I'll be alright. I'll do my full twenty-two years and come out, not a problem, not a scratch or anything.

(Ben)

This point is significant when exploring the concept of military mentality, as a way of understanding the military's culture and their approach to injury and adaptive sport. The response to the risk of injury does not however mean that the majority of personnel consider themselves 'superhuman' or indestructible. Rather, as the interview data suggests, personnel have attained or indeed nurtured a mind-set that has, no matter how stark the reality of injury is, been finely tuned to place personnel in the right frame of mind for warfare. Fundamentally, a mind-set that blocks out the reality of warfare and programmes personnel to a response of fight rather than flight (Griffith, 2009: 52). As Tim claimed:

You're mission focussed, you know, the danger element doesn't hit you and you don't think about the chances of getting injured. You're just thinking about the job that you're doing at the time.

(Tim)

Tim's response is crucial to understanding the military's mind-set of what it means to be mission focussed. Such a mind-set places personnel in response of fight rather than flight and this not only relates to the ways in which personnel conduct themselves on the battlefield or in stressful situations but also the ways in which personnel approach injury. This is because this research data identifies that personnel are encouraged to draw on their fighting spirit in order to move beyond injury. As Tom indicated, "you can't let this beat you. You have to get on with things, just like we do out in Afghan, dig deep and carry on". I will discuss the implications for the need to overcome injury in detail later on. However, as a backdrop to the forthcoming discussion, it is important to notice that the mind-set that is military mentality plays a crucial role here, a mentality that is cultivated and fostered throughout service, a mentality whose mantra states that personnel must 'improvise, adapt and overcome' (Marine Corps, 2012). This mantra originally stems from the United States Marine Corps and relates to their need to improvise, adapt and overcome. This was because they were poorly equipped and had to succeed by drawing on their creativity and robust mental attitude (Marine Corps, 2012). Over time, the usage of this mantra has widened. It now relates to the core values and traditions of the military as a whole, becoming an adopted, yet unofficial, mantra in many units within the British military. As Emma, a research participant explained, "it is understood as the need to 'push on through' and overcome all that is thrown at you, whether that be getting injured or something else you encounter during combat".

Within the British military, the reasons why there is a need to improvise, adapt and overcome injury are complicated and they offer an intricate web of taboos, prejudice, stigma and predispositions that will be discussed in greater depth throughout the

coming pages. It is however, through this very web that the military offers a great insight into the triumph of the human spirit over what the military consider to be, adversity. It is now time to explore other factors that contribute towards the British military mind-set. In this research, I found that there were many fears surrounding injury. These relate to practical, psychological and social implications. The following section will explore these deep-seated fears and refer to relevant literature, as well as individual accounts provided by the participants of this research.

Why is Injury Feared?

Fitness is one of the defining factors that set the military apart from their civilian counterparts, as military personnel tend to be far more active than the general population (Brittain and Green, 2012). This is predominantly by necessity, a cultural requisite that is required to meet the physical demands of the job (MOD, 2012). Levels of fear surrounding injury are however multifaceted in that there are practical, physical, psychological and emotional implications (Brittain, 2004). This research data appears to show that when personnel find themselves injured, they are denounced as being ‘not fit for purpose’, ‘out of duty’, ‘redundant’, ‘defunct’. This denunciation also occurs on a day-to-day basis, through sickness and illness and the British military set up means that there is a fear of being a ‘biff’ or ‘biffed’. As Emma explained the saying goes, ‘biffed, sick, lame and lazy’. Emma continued to clarify that this is a derogatory term used to insult someone who is sick, ill, or injured:

One of the key factors is the culture, if you are biffed, if you are injured or if you are sick, you are not, not at 100% fitness and it comes across that you are a lesser person, you are not as worthy somehow. Due to the cultural demands of fitness and the view of illness and injury, we feel neither worthwhile nor a worthwhile person.

(Emma)

Emma's explanation, in conjunction with the military's motto "to break through the shackles of injury"³, highlights that the military philosophy on rehabilitation is grounded in the medical model of disability. This motto relates to the Defence Medical Rehabilitation Centre's (DMRC) symbol, shown below, which is "a serpent constricting a sword that runs through a pair of shackles" (DMRC, 2006).

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University.

Figure 2. *The Symbol of the Defence Medical Rehabilitation Centre*
(DMRC, 2006)

³ The motto 'to break through the shackles of injury' is used at Headley Court, the main rehabilitation centre for British Service personnel in Surrey, United Kingdom (DMRC, 2006)

DMRC explain that the shackles represent injury and the sword represents the dedication of the injured and the medical professionals to break the shackles of injury. Having a motto of this kind, acting as a motivation for this social group, could mean that personnel are socialised into the medical model of disability and therefore see disability as something negative that needs to be fixed or overcome. The implications of being socialised into the medical model of disability could mean that personnel see disability as abnormal (Barnes and Mercer, 2010: 18). This appeared to be the case for all participants involved in this research. This contributes to the fact that, through injury, personnel feel that they are at the bottom of the pile, the bottom of their society that guides itself on echelons of rank and fitness set against a backdrop of authoritarianism. This is because the research data indicates that personnel who are injured cannot meet the physical demands of their job and role, meaning that they no longer have a place. Moreover, to not have a place and a role that has become your way of life can have a devastating effect on your identity, sense of belonging and purpose in life (Emmons, 2005: 731). Therefore, as this research has established, personnel fight hard against their injury, fighting, and striving to return to peak fitness, which, in their eyes, could mean returning to active duty and their place within their culture:

You know, because I genuinely thought that I, you know, I never appreciated the severity of the injury. I genuinely thought that it would repair itself quickly with all the hard phys I was putting in because I was young and fit and healthy, apart from the injury. Erm, and I thought that, as a result, I'd, I'd get back out very quickly.

(Tim)

However, within the military, returning to active duty is not always an option. Within this research, there were six veterans and five serving military personnel. The veterans all explained that one of the main reasons for their discharge from the military related to the fact that they would no longer be able to fulfil their role. Inability to fulfil one's role was, in part, for four of the veterans, dependant on one's rank before injury, as well as on the types of injury incurred. All six veterans felt that they would not be able to progress through the ranks due to their injury and there was a feeling that they would not be eligible for promotion:

They said, erm, if you want to stay in, we can keep you in. But you will have some restrictions, like you can't go on operations. But I asked, I said to them, 'I don't want to stay in my rank, I want to progress on through,' and I asked them, 'what are my chances?' And because to go through the ranks you've got to do a certain course to go through them and even on a down-graded course, there were still some things which I couldn't do. So that's why I said, 'well, can I retract my statement of wanting to stay in and can I please ask for medical discharge.' And that's what I said to them. So, yeah, because I didn't just want to stay in on my rank, and watch my peer groups go on through and peer groups behind me go on through whilst I'm still stuck there really.

(Tom)

Relating heavily to employment, military medical ethics centres on necessity and the idea of 'salvage' - the notion that military medicine must salvage significant numbers of troops as it is essential to return injured personnel to active duty in order to maintain military capability (Gross, 2008: 3). As Emma explained in her interview:

It is so sad that a lot of guys just can't stay in the military long-term. You know, because their injuries just won't allow them to do the jobs that the military needs them to do. And it's, it's the cold hard fact of the matter, and you can't get away from that. And you know, we need to have deployable people.

(Emma)

Emma identified personnel who have received life-changing injuries to such an extent that they will not be able to return to active duty. This presents a problem, as the rationale behind salvaging lives does not consider the reasons behind saving those who are so severely injured, that they will not be able to return to active duty. Gross (2008: 3) reports that justification regarding salvage now encompasses political and moral obligations, where there remains a question mark over the relationship between 'salvage' and 'quality of life.' As Gross (2008: 4) explained:

In military medical ethics, 'quality of life' is not a patient's own assessment about how he or she may feel and function in the future, but a strict evaluation by others about a soldier's ability to do his or her job.

This may indicate that 'quality of life' is in the hands of the military, rather than the individual in question, which can present difficulties and a sense of lack of control over one's future, as well as significant psychosocial implications. Tim explained just how important military life was to him, "it's not a job, it's a way of life and you've got to, if you're going to be involved with that, you've got to really immerse yourself in it". This research data emphasises this point as each participant highlights his or her own perception of 'quality of life'. It has been discovered that the six veterans found it initially challenging to transition to life outside of the military, to become a civilian. Fundamentally, this was because transition to civilian life was not a direct choice that

they had made, rather, an indirect consequence of their injury. Immediately after injury, the six veterans felt hopeful that they would be able to return to active duty, especially when, in hospital, there were personnel who had done just that. When seeing a military liaison officer who was a single below-knee-amputee during his stay in hospital, Paul explained:

Seeing him walking around as if nothing's happened was great. He had a brilliant walk and he's back in greens. He's doing a job and that's when I started to think, 'oh right', there may be light at the end of the tunnel yet.

(Paul)

Paul's comment signifies many things. Fundamentally, that this is the best outcome, an outcome that he would like for himself. This was echoed throughout other accounts in the research data as it was expressed that it is positive to not be able to tell that you have had an amputation and to have a 'normal' gait is what each person strives to achieve. This generates a feeling that there is a lack of acceptance of disability and a return to 'normal' would be most preferable. As Mike claimed:

Once I got my legs, it kind of opened everything up. It was kind of, one of those things that helps put a sense of normalcy back into things because being in a wheelchair is not, obviously, not normal.

(Mike)

What are the implications of normalcy? Due to the complexity of this, I will discuss issues surrounding normalisation in chapter seven. Placing self-perception of injury aside, a desire to return to active duty could also relate to the fact that the six veterans felt that their role within the military formed such an important part of their identity

and provided them with a great sense of purpose and meaning that primarily increased their ‘quality of life’ (Hall, 2011: 14). Essentially, their ‘quality of life’ has changed because of their injury and the fact that they could no longer fulfil their role within the military. Therefore, injuries present grave practical and social implications for sailors, soldiers, or airmen, implications that are similar to their civilian counterparts through loss of employment and the consequent financial impact (Hernandez *et al.*, 2007: 191). There is an overwhelming feeling, as Tom explained, “the injured are the first ones who go”.

Personnel face significant psychosocial implications when they become injured. This can relate to personnel’s perceived change in social status, as well as the ways in which others perceive them through personal, social and professional relationships (Brittain and Green, 2012: 16-17). It is significant to draw on Gill’s (1997) model of identity development, which contends that when individuals are encouraged to focus solely on what they still can do, there can be a tendency for these individuals to subconsciously view their disability in a negative manner. With this, Gill (1997: 43) presents an argument that individuals are guided, by health professionals and family, to place more concentration on the parts of their body that are not disabled, claiming also that this can then lead to a lack of acceptance concerning the significance of one’s disability in one’s identity formation. Fundamentally, this argument portrays the idea that in trying to construct an identity that does not consider the impact of disability, individuals may develop a negative sense of self, which can then lead to internal conflict or an image of oneself that has significant gaps. Whatever the process, Gill (1997: 43-44) claims that this can cause lack of resilience in terms of one’s own self-

esteem, which can then make it hard for the individual to maintain a sense of worth and sense of belonging within their society.

It is important to consider to what extent the military's "improvise, adapt and overcome" mantra leads injured personnel to develop an identity that is in conflict and cultivate a self-image that has significant gaps (Marine Corps, 2012). This is because this research data shows that personnel are encouraged to improvise by finding solutions to what they consider to be their failings and shortcomings, to adapt to their injury through intensive rehabilitation regimes and to overcome by moving beyond injury. Yet, what impact does this mind-set have? Certainly injured personnel are not encouraged to embrace disability, rather, concentrate on what they still can do by focussing on their strengths in order to overcome their weakness, their weakness being their disability. Considering the work of Gill (1997), this could lead to one direction, that disability is something that individuals need to overcome. This research data suggests that this is the case for the research participants and they chose participation in adaptive sport as a tool to overcome their disability. Recreational therapy is extremely significant in the military rehabilitation model. This may be a given as it has already been stated, fitness is central to the military's way of life and central to military mentality. Therefore, injury can mean that personnel lose the ability to partake in something that is an intrinsic part of their life. It seems appropriate therefore to facilitate individuals to regain a level of fitness and partake in adaptive sport – the rationale behind 'Battle Back', the United Kingdom's military-based initiative, which uses adventurous training and adaptive sport to aid personnel's rehabilitation (British Army, 2011). There are many benefits to recreational therapy, however, in light of this

research data, it may be that individuals push themselves physically to prove in part how 'normal' they are.

The discussion so far has concentrated on important themes set within the British military mentality, such as, risk, fear, mission-focus and salvage. In order to continue the exploration of British military mentality as a way of life, its relationship to injury, adaptive sport and beyond, it is now significant to turn to issues of gender construction. Within this research, gender construction and surrounding issues were brought to the forefront, especially gendered expectations regarding response to injury. It is therefore necessary to analyse these issues in light of previous research as a way to form an evidence-based narrative.

Gender Construction within the British Military

The role of women in the military presents significant debate around culture, reform and policy (Farnell, 2009: 15). Although Woodhead *et al.* (2012: 1) report that interest in women deployed to modern military campaigns is increasing, research specifically into gender differences, in response to injury, is limited. When reviewing current literature in order to explore the role of women in the military, I had to widen the search to include work carried out in USA and Israel. Even so, the prevalence of sexual assault gains a lot of attention, as well as an increasing body of work that looks at the mental health of female personnel and the occurrence of Post-Traumatic-Stress-Disorder (PTSD). There is a need to expand on this knowledge, and it is my intention that this research will make a small contribution towards this. This is because issues relating to gender were exposed throughout this research, especially through personal accounts of how male participants felt female participants would respond to injury and vice versa. This encounter appears to highlight the fact that gender construction

still plays a significant role in the military (Woodhead *et al.*, 2012: 2). This is largely because the military remains an environment that is predominantly male, where the levels of male dominance are often demarcated by physical fitness and strength, as well as the reality that some roles are specifically for male personnel only (Woodhead *et al.*, 2012: 1).

As a result, British female personnel can serve in *all* combat related roles in the Navy and Royal Air Force, but not *all* combat related roles in the Royal Marines (as a Royal Marine Commando) or in the Army. Female personnel cannot serve in the Household Cavalry and Royal Armoured Corps, the Infantry or the RAF Regiment (excluding administrative and support roles) (MOD, 2012). To what extent this influences the presence of gender differences within the military is hard to say. That which is not difficult to identify is the way in which gendered expectations exist within the military and the ways in which female and male personnel strive to overcome them. Farnell (2009: 17) states that western history defines women as emotional, intellectually inferior to men and fundamentally the weaker sex. This has informed stereotypes and cultural views concerning the perception of women and their role within society, forming artificially imposed cultural restrictions. These restrictions are present and somewhat intensified within the military, where female personnel are not yet fully recognised as ‘soldiers’, but ‘female soldiers’ (Farnell, 2009: 21). Within the military, this differentiation strengthens the fact that women form a minority group, a group that is of subordinate status, even for female personnel who have attained high-ranking positions (Haritos-Fatouros *et al.*, 2010: 82). Within this research, although the two female participant’s specific rank and role cannot be disclosed due to risk of identification, it ought to be noted that they hold relatively high-ranking positions

within the military and provided detailed accounts of their experiences as a female. The existing literature, especially social identity theory, reminds us that affiliation to subordinate groups leads to negative self-perception and a need for the individual in question to remedy the situation (Haritos-Fatouros *et al.*, 2010: 82). Within this research, both female participants expressed ways that they had sought to remedy this situation, by resisting the female stereotype. Lucy explained:

I grew up in the country, so I've always been outdoors. And I have two older brothers, so I've never been one for sort of really, being inside and playing with dolls. And I think this has helped me in the Army, girly girls don't get that far.

(Lucy)

From the outset this is relevant, as previous research has identified that women who choose to follow a career in a dominantly male environment often adopt social mobility strategies, de-identifying with the original group that holds a negative social identity (Hogg and Abrams, 1988). As Haritos-Fatouros *et al.* (2010: 82) state, "isn't that what trying to be 'one of the guys' really comes down to?" In relation to this, Lucy repeated the above comment in various instances throughout her interview and this could relate to the fact that the military is historically an organisation, which urges a devaluation of women and femininity (Finlay, 2007). In order for a female to shape their identity within the military, a study of female Israeli soldiers highlighted that this involved three things, (i) adopting 'masculine' practices - mimicry, (ii) creating distance from femininity and (iii) trivialising sexual harassment (Sasson-Levy, 2003: 441). Because of this, it is felt that female military personnel have to adapt and comply as a means to gain membership to the higher status group, which, in reality, is not feasible due to the confines of their femininity (Finlay, 2007: 199). This

can mean that female personnel become fearful of ‘standing out’, with a request that they do not want to receive ‘special treatment’. Both participants expressed this overtly, yet, in doing so, they are in fact indicating how different they are. Taking all of this into account, previous research suggests that women feel the need to be doubly heroic and prove themselves in combat situations (Holmstedt, 2007). This was the case for both Emma and Lucy as they felt a sense of regret that they did not incur their injury during a heroic act:

I’d hate to think that people thought that I was sort of, stealing the limelight; do you know what I mean? Because this injury, it’s not something to be proud of. It’s just something that, you know, unfortunately happened. I was in the wrong place at the wrong time. And there’s certainly nothing heroic about it. It is literally that, just wrong place, wrong time. There are men who have been very seriously injured through, you know, heroic acts. But, I’m not one of them.

(Lucy)

So what do female personnel really face? A feeling that they need to disclaim their femininity, residing in and with an organisation, that devalues them for what they are. Present within the extant literature, this bold concept is somewhat difficult to determine. According to the research data, it is not however difficult to conclude that women who enter a dominantly male environment have to redefine and manage ‘femaleness’ (Herbert, 1998: 21). Herbert proclaimed that female personnel feel the need to either act more feminine, more masculine, or both. In the case of this research, there was a tendency for the two participants to act more masculine, disclaiming the socially constructed idea of femininity and what it is to be feminine through persona and appearance. Creating distance from their femininity was also apparent in their

reflective accounts pre-injury and intensified in their reflective accounts post-injury. This could be because, as Baechtold and De Sawal (2009: 39) claim, fear of appearing weak and refusal to ask for help relate to the fact that female personnel have to move away from their natural expression of gender, to a more forced and conscious one.

According to Woodhead *et al.*'s (2012) scholarly work on whether men and women respond differently to combat exposure, it is stated that women are more likely to seek treatment than men, an occurrence that has also been documented in the civilian world (Wang *et al.*, 2005; Cohen *et al.*, 2009; Visco 2009; Sareen *et al.*, 2010). Within this research, participants highlighted significant gendered differences regarding response to injury, shown in the interpretation of what it must be *like* for either a male or a female. In order to gain a greater perspective, it is noteworthy to draw a comparison between the response of a male participant, Jim, and the response of a female participant, Lucy. Jim's statement highlights his perception of a female's response to injury; drawing on how a female would be treated. His perception could in fact relate to how he would feel if he had a girlfriend who had received the same injury:

You know you're generally much more pleasant than blokes. And much more interested in what's going on inside than erm than the external. Er so, and that's, I mean that is a point worth making I think. I think a girl has a much tougher time dealing with that body image. There's less expected of us men generally. I have subsequently discovered that, of course, that actually the lucky side of it is that I'm a bloke. Erm, if I'd been a girl, my understanding is that a lot more girls are abandoned by their male partners if they're badly injured, than men are by their female partners.

(Jim)

Um, but yeah, as I say, I'm sure it's, you know, something that, that guys do deal with as well. They perhaps don't, it's funny you know, they might think it's harder for a, for a female. But then in some ways you could say it's harder for guys because they're not expected to be so bothered about it. So if they do have concerns then they're perhaps more likely to keep them to themselves, because they might be thought of as a bit of a sort of 'prima donna' otherwise. Whereas of course it, you know, it would be completely natural for me as a girl to be upset about my body image. But the guys might feel they have to hide it, so you could look at it that way I suppose.

(Lucy)

Speaking about body image and the ways in which injury can affect an individual, Lucy highlighted in her interview how she felt that her injury did not affect her a great deal. She overtly stated that it was more of a functional concern rather than a cosmetic one. Analytically speaking, Lucy's above comment could in fact highlight her perception that if she can deal with it in this way, then so should men and that she in fact feels that men would be a 'prima donna'⁴ if they were to act otherwise. A qualitative study exploring the ambiguities of masculinity for ex-military servicemen in the UK found that hegemonic masculinity is embedded in the identity construction of a soldier (Green *et al.*, 2010: 1480). This, in line with Lucy's comment, highlights how expression of emotion could be inappropriate. Lucy also describes a sense of 'toughness' and what she feels it means to 'improvise, adapt and overcome' for male and female personnel alike. In agreement with the extant literature referred to throughout this discussion, this appears to show that living and working in a society that is predominantly male has meant that Lucy may have had to develop a hardened

⁴ This is a colloquial term ensuing that the individual in question is vain and egotistical.

image in order to succeed. Fundamentally, females within the military defy the sexist stereotypes of women as being dependent and vulnerable (Shakespeare, 1996).

This does not mean however that sexist stereotypes do not exist, just that female military personnel strive to overcome them and other various socially constructed concepts about women in the military that are compounded by injury. Both female participants felt that they had to overcome sexist stereotypes, which interacted with their gender as women before they sought to resist the stereotype of a spoilt female identity, post-injury. This is because injured female military personnel are doubly stigmatised and marginalised in that they violate the principal supposition that the military is a domain primarily for men and non-disabled people. Emma identified these issues during her interview:

You know, being a woman, I guess you feel you constantly have to prove yourself, especially through fitness, to make sure that you can keep up and show others that you can keep up. There is an idea that women don't really belong, at least I sometimes feel it, that we are not strong enough, physically and mentally, to do the job. So even before I was injured, things like that were there. So when I was injured, it really affected me, you know. I felt ashamed that it had happened and I didn't want any of my peers to know, especially how it happened. I just wanted to get through it as quickly as possible and get back to normal. But that's the thing, you can't, it's even harder. So I always hide how much it's affected me because I don't want to look weak.

(Emma)

Within this research, both female participants felt that they had to be extremely fit in order to prove that they had a place within the military, to fit in with their peers. Once their injury had compromised their fitness, a need to return to peak fitness became extremely important. For Emma, it was only when she began to run again that she felt she restored a sense of normality. There are however differences between the accounts of the two female participants, Emma and Lucy. Emma, as detailed above, hides how much it affects her, yet did not feel the need to hide this emotion during her interview. Lucy however maintained that her injury has not affected her a great deal. This could be another way that Lucy is resisting the female stereotype. The idea that women would be more concerned about cosmetic appearance and the implications surrounding a body that no longer conforms to societal stereotypes of attractiveness and femininity:

I think again I just look at it purely from a functionality point of view. And um, I think you know, say, say I look at my injury and compare it with somebody else who's got a similar injury, I always think "well, we're in the same boat" and if they can deal with it, so can I.

(Lucy)

Consequently, gender construction within the British military plays a significant role, especially gendered expectations regarding response to injury. As another form of identification and identity formation, set within British military mentality, it is crucial to see whether individuals define themselves as disabled. As another major theme, the participants involved in this research provided their individual accounts, as discussed in the next section.

The Process of Identity Formation – Are we Disabled?

The interview data suggests that some personnel reject their disabled identity entirely, while others define their disability through lack of function. There is therefore a need to explore the process of identity formation and the impact that injury may have within the military. Scholars have recognised that the process of identity formation takes place within a larger cultural context (Bruner, 1990; Onken and Slaten, 2000; Siebers, 2008). With this, Engel and Munger (2003: 41) claim that, “the creation of the self is not an isolated process but involves the society and culture in which the individual lives”. This means that the social construction of an individual’s identity takes place within a larger cultural discourse. In this case, the military discourse plays a significant role as, in short, the culture in which an individual resides influences the process of identity formation. Since the military is, put simply, a way of life, its influence is considerable. In 1968, Erickson propositioned a model of psychosocial development that looks at the ways in which culture and society can generate conflict when an individual is developing their sense of self. Fundamentally, it is a question concerning how one’s autonomous identity fits into one’s group identity. Within the military context, this is somewhat exceptional as one’s group identity acts as a dominant force over one’s autonomy, where it is questionable whether personnel sacrifice their unique identity when they join service. This is purported by Herbert (1998: 9) who discloses that the purpose of basic training, a process that all military personnel have to go through, is one of “depersonalisation” and “deindividuation”, where stripping of previous self-definition takes place.

If therefore the culture in which an individual resides influences the process of identity formation, within the military, it may be that disability is a stigmatised

identity. This is a concept that has already been touched upon in this chapter, albeit briefly, regarding the notion and implications relating to being a ‘biff’ or ‘biffed’. Through derogatory name-calling at one level, we could say that military culture stigmatises those who are injured, proving it difficult for those personnel who receive injuries to develop a positive sense of self. In addition, it may be that the stigmatised and injured population were themselves, before injury, grounded in a mind-set that viewed disability as ‘abnormal’, as Tim claimed:

Erm, yeah it hits you. It hits your self-esteem and your confidence, without any shadow of a doubt because it’s a, yeah, it’s a physical deformity. Erm, and so cosmetically things change and it’s not really how you used to be, not normal really.

(Tim)

The implication of this therefore relates to the dramatic role reversal inherent in this transformation, where personnel now embody the intricate web of taboos, prejudice, stigma and predispositions of their culture. The pioneering work of Goffman (1963) looks at the relationship between stigma and identity. Goffman explains the difference between what is socially ‘normal’ and what is socially ‘abnormal’. Within the military, ‘normal’ would relate to a sailor, soldier, or airman at a level of peak physical fitness, whereas that which is ‘abnormal’ would relate to the blind man and the woman with no legs. This is because, as has already been described, personnel who are injured cannot meet the physical demands of their job and role, meaning that they no longer have a place and do not fit into what is the ‘norm’. The implications of being defined as ‘abnormal’ by one’s own culture and possessing a ‘spoiled’ identity relate to Goffman’s (1963: 11) conclusion that this can cause individuals to develop a negative self-image. This was expressed when Emma felt so strongly about her

‘abnormality’ that she considered herself to be less than human, all in all, a worthless person.

The interview data suggests that personnel felt the need to push themselves physically in a quest to become ‘normal’ again. Analytically speaking, this quest is heightened within the military context as fitness and athletic performance play such a distinct part within their way of life. This was particularly highlighted by Emma, who felt that she was a worthless person post-traumatic injury and reported that it was only when she took part in adaptive sport that she felt that she was a worthwhile person once more. I have identified here that adaptive sport is important, a discussion that will take place in detail later. It is Emma’s transition though between feeling worthless and worthwhile that is also significant and relates heavily to the ways in which the military culture views injured personnel. This cultural predisposition has led Emma to devalue herself, a concept that many scholars consider to be the ways in which the internalisation of negative cultural images transpire a negative and derogatory sense of self (Hahn, 1997; Onken and Slaten, 2000; Siebers, 2008). To internalise stigma to such an extent that it generates a negative impact on an individual’s identity, could often mean that injured personnel consider themselves inferior to their non-disabled counterparts. This can lead to resentment, which often means that individuals form a sense of self that rejects their disability, forming a ‘fractured’ identity (Hahn, 1997; Shakespeare, 2006). As Mike indicated:

I don't ever use my disabled parking badge, I refuse to. I don't think of myself as disabled and I don't think any of my friends that are injured think of themselves as disabled either. It's just, you know, essentially it's just a new normal. Disability kind of implies that you can't do something and that's not the case. It's just something's you do differently and that's kind of why I think about it like that.

(Mike)

Goffman (1963: 11) speaks of categorisation and attributes that are considered ordinary and natural. We are now exploring that the British military, like the civilian world, “establishes the means of categorising persons and the complement of attributes felt to be ordinary and natural for members of each of these categories”. Fundamentally, this involves placing people into categories and deciding what attributes they consider ordinary and natural for the members of such categories, in terms of ability, behaviour, and performance. This however poses a problem for the military where lack of fitness and physical deviance through injury and consequent disability mean that individuals are less able due to the need for physical performance and fitness as a way of being ordinary and natural within military culture. Goffman (1963: 19) questions how the stigmatised respond to their situation. In some cases, as this research data suggests, individuals will strive to make a direct attempt to correct what they consider their failings or shortcomings to be. An individual's medical recovery plan increases this as they can offer countless corrective operations. Within the military, there are a growing number of personnel choosing to be a ‘professional patient’. This was explained to me as those who have not yet been medically discharged and choose to undergo as much corrective surgery as possible, before that time comes. This was the case for Ben who has spent two and a half years actively serving and three and a half years as a ‘professional patient’:

My girlfriend's friend asked me, on a night out when she was drunk, she said, "Why aren't you happy with how far you've got now? If the next set of surgery could make you worse and that and you'll be in more pain, you'll be less better off than now..." And I said, "Well you've got to try, haven't you? You've got to try and do something that's, that's better than you are now, and try and improve yourself in some ways I think". But how, how I'll feel after this next surgery, I'll think, "Okay, what am I going to do to myself to make myself better", I suppose.

(Ben)

Meekosha (1998: 177) indicates that rehabilitative and corrective surgeries may be created to normalise the imperfect body, fundamentally to make the spoilt body fit more easily into the dominant perception of what able-bodiedness ought to be. This, in conjunction with Ben's comment, shows how the medical-rehabilitation norm can become a form of control, a product of normalisation that is entrenched in dominant ableist values. The medical-rehabilitation norm may affect the ways in which individuals approach their rehabilitation and places great importance on participation in adaptive sport. This is particularly reflected in the experiences of research participants, as discussed in the next section.

The Importance of Adaptive Sport

This chapter has already established that fitness is important within military culture, as we have seen that fitness is central to the military's way of life. An example of which can be found in the research data as Tim stated the amount of physical training that takes place:

Some form of physical exercise five days a week, twice a day. Er, once in the morning for two hours and then between ninety minutes and two hours at the end of the day as well.

(Tim)

This transposes to the military's rehabilitation model that centres on adaptive sport and the importance of getting some level of fitness back for all involved (Datta and Nicol, 2006: 105). The military's rationale for this is that injured personnel need to know that they can still do things (British Army, 2011). As this research data suggests, this reflects that participation in adaptive sport makes personnel feel that their injury has not affected them so much. This relates to the fact that sport is so important in military life that it is through active doing that a sense of normality is often restored. The findings of Brittain and Green's (2012) study appear to confirm this, that sport is a central and indeed important component to the rehabilitation of injured military personnel. This was considered to take us once again back to Guttman's⁵ original claims of the physiological and psychological values of sport in the rehabilitation process (McCann, 1996). Their findings are also in agreement with other previous research that acknowledges sport as an important rehabilitative tool (Sakic *et al.*, 2007; Weaver *et al.*, 2009). Fitness is however important for the military on lots of levels, particularly as a necessity for the job, so that personnel can function. Therefore, injured personnel are constantly reminded that there is a need to be fit (Datta and Nicol, 2006: 106). It is due to this and the cultural demands surrounding fitness and the military's view of injury, that personnel feel neither worthwhile nor a worthwhile person immediately post-injury. The concept of military mentality, in tandem with the fact that individuals may have been socialised into the medical model

⁵ Sir Ludwig Guttman, the universally accepted founder of the modern day Paralympic Movement (Brittain and Green, 2012: 2)

of disability before joining the military, for instance, throughout their childhood, seems to increase the ways in which an individual feels worthless. So when personnel begin rehabilitation and participate in adaptive sport, there is a significant positive development in mind-set and they become more confident in their own ability, as well as experiencing increased levels of interaction with others through exercise (Spörner *et al.*, 2009: 414). This builds confidence, esteem and morale, facilitating individuals to gain back camaraderie. As Tim explained:

I've always found that in a mixed environment, you'll push yourself harder because you want to beat your mates ultimately. And they want to beat you and it gets more competitive, so you'll get fitter. Erm and doing it through sport, rather than physical training alone, is much more fun for rehab.

(Tim)

This research has identified that the military rehabilitation model encourages injured personnel to be thankful for what they still can do. Fundamentally, to focus on adaptive sport to realise their full potential, in an attempt to encourage an individual to focus on what they can do rather than that which they cannot. United Kingdom's 'Battle Back' programme recognises that adaptive sport, for many, ameliorates the transition post-injury, since it facilitates individuals to concentrate on what they can do rather than that which they cannot. Nevertheless, could this encourage injured personnel to create a 'fractured' identity? I have already touched upon the process of forming a 'fractured' identity, however, it is significant to consider whether the process of focussing on ability in adaptive sport encourages injured personnel to create an identity that ignores the importance of their disability. Moreover, by ignoring the importance of their disability, some research participants have attempted

to create an unconventional interpretation of their new social identity through adaptive sport. For instance, examples of major sporting endeavours that offer a potential risk to life:

You know, you want it to be bigger and better again and push the boundaries further until you find your limit. You know, but until you know what your limit is, you've got to keep pushing it. Or you'll end up dead, one or the other.

(Tim)

There are many levels of interpretation here and while the present discussion may seem overtly negative, it is merely representing the ways in which injuries are considered to be negative and something that needs to be fixed or overcome through sporting endeavours. For the participants in question, physical endeavours are a chosen tool to motivate them to fight against their disability, as they see the need to move beyond their injury by proving themselves to still be physically able. With this, within the military context, it is significant to look at the psychosocial impact of participation in adaptive sport. In line with Goffman's work on stigma (1963: 20), this research data has highlighted that adaptive sport relates to the ways in which injured personnel, the stigmatised, attempt to correct their condition indirectly through activity associated with their shortcomings. This heavily relates to the ways in which several research participants spoke of 'collecting' activities:

Erm, and funnily enough, that was something that I very much felt was a checklist after I was injured. So, not immediately afterwards, but in the longer term, after I was injured, I very much pursued all the activities that were offered up that I used to do beforehand. Lots of stuff that I would be offered, I didn't take up. I mean I did take up new things like kayaking or canoeing with Battle Back because they seemed appealing and I had done them in my distant past. But there was, a really clear checklist in my mind of things that I wanted to gather up again. And I saw it as that, I saw, you know, I'm gathering up the old activities to know that I could do them again.

(Jim)

Concluding Remarks

Embedded in the medical model discourse, the British military tend to perceive disability as 'abnormal' and something that injured personnel must overcome. This has an effect on the ways in which personnel who are injured react and perceive their newly defined role in their society, feeling that they no longer have a place and are no longer worthwhile. Because of these views, personnel strive to correct what they consider their failings or shortcomings to be through on-going corrective surgery or proving themselves to still be physically able through the means of sport. This chapter has highlighted the ways in which an individual's sense of normalcy can be exacerbated by social environment, the military environment, its mentality, and its culture. This is primarily because, as the work of Goffman (1963) shows, society establishes the means of categorising people and the attributes associated as 'ordinary', 'normal', and 'natural'. In a military environment that defines itself by fitness, as well as mental and physical strength - disability is not 'ordinary', 'normal', or 'natural'.

This can mean that disability can often become the dominant feature of their social identity, as perceived by others. This can then influence an individual's self-perception and self-image within their own identity formation process as disability, set within the medical model, is seen as inherently negative through lack of ability and is something that needs to be fixed or overcome. For the participants in question, this reality does not however impinge their involvement in adaptive sport, rather, this is a chosen tool to motivate individuals to fight against disability, as they see the need to move beyond their injury by proving themselves to still be physically able. That is the case for the participants involved in this research. It is however pertinent to consider that there is little mention of injured personnel who do not 'push hard' and may no longer value the military mentality, having experienced the life-changing impact it can have (Chivers, 2009). With this, it is important to consider to what extent the military's "improvise, adapt and overcome" mantra leads injured personnel in different directions, or to develop an identity that is in conflict and cultivate a self-image that has significant gaps. It is my intention that the examination of British military mentality has provided the reader with a point of reference for the discussions that follow.

Having explored British military mentality as a way of life, I feel it would now be pertinent to discuss the many issues surrounding identity and identity adaptation post-traumatic injury. The next chapter seeks to achieve this, considering previous evidence and related theories to develop a framework, which shows the connections between the emergent themes. Fundamentally developing an evidence-based narrative that guides the reader through each individual theme.

Chapter Five – Identity: A Journey of Adaptation through Adaptive Sport

Introduction

For some time it has been recognised that traumatic, life-changing injuries often require a re-adjustment or adaptation of identity (Wright, 1983). This incorporates the idea that the experience of psychosocial adjustment is an adaptive response to a significant life change (Hamill, Carson and Dorahy, 2010: 729). This research supports the work of Hamill, Carson and Dorahy as participants recognised the impact of self-identity in the adaptation process. Fundamentally, the struggle to come to terms with a new ‘disabled’ identity. Adaptation as a concept is very large and modern day approaches look at its relationship to stress, incorporating discussions on psychological resilience and Post-Traumatic Growth (PTG) (Derevengo, 2009: 4-5). As resilience and PTG are central themes of this research, the relationship between them and the present discussion on adaptation remain at the centre of this thesis. This is primarily because adaptation acknowledges the reactions and coping mechanisms towards the psychological trauma that is traumatic injury within the British military. As a result, the responses to trauma are significant in their own right and deserve their own discussion, provided in chapter eight (page 190).

The main purpose of this chapter is to analyse identity adaptation through participation in adaptive sport post-traumatic injury. In this research, I found that participants stress the importance of this journey and it is necessary therefore for the complex issue of identity adaptation to form a central facet of this thesis. In describing this journey, participants stressed four key themes, namely, modern day British military identity, life course transition, bodily perfection, and the impact of adaptive sport. The main sections of this chapter focus on these key themes and a conclusion summarises the chapter, as well as providing an overview of the findings.

This chapter will begin with an examination of modern day social identity within the British military and the significance of unit cohesion. This is a noteworthy starting point for this chapter, as the discussion will provide context for the themes that follow.

Social Identity in the British Military: Unit Cohesion

Social identity theory offers a significant perspective on modern day British military membership. This is because self-definition is shared with other military personnel who also claim that categorical membership. For example, as a male, as a soldier, as a female, as a Royal Marine. This research shows that military identification is dominant due to the level of commitment each individual places into that particular identity (Griffith, 2009: 41). For this reason, this research identifies that military identification acts as the dominant context for the participants involved. This could relate to the work of Du Preez *et al.* (2012: 47) who state that unit cohesion is the uniting and “keeping together” of a group through emotional bonds and friendship, as a “process that, to varying degrees, unites or keeps together members”. Unit cohesion is an important phenomenon for organisational functioning and is significant in the discussion of social identity in the British military because it relates to the multi-dimensional constructs that form camaraderie and emotional support (Du Preez *et al.*, 2012: 47). The conceptualisation of unit cohesion, in military literature, assesses peer bonding, as well as task and emotional support (Bartone and Adler, 1999; Griffith, 2002; Ahronson and Cameron, 2007). This is significant as participants of this research stressed how important the military was to them, highlighting the military as a way of life, which was described earlier in chapter four (page 79) and the importance of camaraderie. As Jim stated:

My job was, as I think it is for most, the largely defining part of my life, and who I was. The army is not a lifestyle that you can buy into half heartedly, or in any measures other than completely. So I'd put it in those terms really – extremely important because it formed who I was to an enormous extent, I think more so than most professions.

(Jim)

Jim described a strong sense of military identification, as did other research participants. This research suggests that the sense of camaraderie and unit cohesion is defining. Military identification is therefore central and for all participants involved in this research, their response to 'Who am I?' indicated that the military acts as (for the five serving personnel) or still acted as (for the six veterans) their dominant social identity. It is interesting to consider therefore that within the domain of social psychology; social identity is considered to explain the reserve soldiers' motivation to serve (Griffith, 2009: 38). This research proposes that this is also the case for full-time or active duty personnel as those involved defined themselves, placing sole importance on their position within the military and their military identification:

And that was pretty much my mind-set. I need to be in greens, it's who I am. I don't think anything else will ever compare to how my job makes me feel. I live and breathe it and it means so much to me. It's more than an occupation, it forms who you are and is a way of life that I don't want to leave behind.

(Peter)

To add another dimension to this discussion, it has been reported that aspects of identity and identity construction can be one of the reasons why some people choose

to join the military (Griffith, 2009; Hall, 2011). This may be explained in two ways, firstly, that some people, male and female alike, see the military as a way to form their personal identity, allowing them to “become a warrior” and fulfil a purpose. In addition to them seeking to belong to and become part of an extended family. It can be recognised therefore that some participants of this research find it difficult to leave behind and move away from the military post-traumatic injury. As the military has provided a purpose and a sense of camaraderie and unit cohesion that predominantly creates an all-encompassing military identification that forms their dominant social identity. Drawing on the work of Amiot *et al.* (2010: 803) and relating it to the context of the British military, it is recognised that cognitively strong membership and allegiance to the military means that an individual’s own notion of him or herself will be dramatically challenged when injuries occur. This is because injuries challenge an individual’s sense of self and membership to a specific group because of a change in social status (Smedema and Ebener, 2010: 1311). As an overview of British military identification and the significance of unit cohesion are now complete, it is now significant to move onto a discussion of life course transition and the impact that injury and adaptive sport can have.

The life course theory paradigm is relevant in this discussion because it acts as a tool to study the interaction between individual lives and social change, recognising the impact of social change on an individual’s identity. In other words, the individual lives of participants of this research and the social change experienced as a result of their traumatic injury.

Life Course Transition: The Impact of Injury and Adaptive Sport

The reasons as to why life course theory is an appropriate theoretical lens for understanding the role of adaptive sport in the rehabilitation of injured military personnel are twofold. As an approach adopted in this chapter, there are many strengths from which to draw upon. This is firstly due to the fact that life course theory directs the researcher to consider significant events or transitions that have taken place throughout the course of an individual's life (Shanahan, 2000). As a result, it may be that individuals experience feelings that their life is post-traumatic injury, shattered, chaotic and static (Sparkes and Smith, 2005: 84-85). Thus, in this instance, it is important to recognise the impact of traumatic injury on the identity of military personnel, assessing the significance of sudden onset disability. Secondly, life course theory's appropriateness relates to the way in which human lives progress (Kohli and Meyer, 1986). For military personnel, their injury and subsequent change in their life's progression and identity from non-disabled personnel to disabled personnel is, to a certain extent, out of their control. This is due to the nature of their occupation whereby it is necessary to follow orders that may, or may not, put their lives at risk.

Life course theory, therefore, addresses this progression and progression in identity. Since it guides the researcher to take into account the exclusivity of military life and the ways in which military personnel are negotiating multiple social identities, not just as newly disabled, but also their often strong identification to still remain as serving personnel - an identification as a warrior and embodiment of the nation (Hall, 2011: 7). Several participants expressed how their life course and identity had changed post-traumatic injury – a finding that is purported by Sparkes and Smith (2005), albeit in a

civilian context. Their work can however add to the understanding of what the experience of disability is like. It is my intention that this research will complement this current knowledge. That said, in this research, Paul explained, “I want to share with people what it is like going from a twenty-four-year-old fighting in a warzone, to a twenty-four-year-old disabled person”. In addition, Emma detailed the impact that injury has had on what she describes as their life path:

Everything changed. I had to re-learn who I was and what I could be. It was a real shock, especially as I wouldn't accept what had happened at the start. I didn't believe what had happened to me. It was really important for me to come to terms with it all, to recognise how my life had changed in many different ways. I had to re-think my career options and really I wanted to hide away as I didn't want people to treat me differently, especially in social environments and at work.

(Emma)

Within the life course paradigm, the ‘life course’ relates to the sequence of positions of an individual over the course of time. For participants of this research, this relates to time spent in combat, training for operations, rest and recuperation and time spent with friends and family. A life course analysis can study the changes in positions, which are called ‘events’ or ‘transitions’, as a way to understand the impact of these transitions on an individual's life and identity (Elder, 2003: 10). Here, the impact of the ‘events’ or ‘transitions’ relates to the impact of traumatic injury. As Tim explained:

In the early stages of injury, you know, I spent two months in hospital with my injury and you can't do any physical training. Your, your body's been through such trauma that you're, you know. For the first nine days I couldn't even drink for myself. I had to, I was on drips, I had a catheter in. I couldn't wash myself. I had to get a bed bath by the nursing staff. So you lose a lot of dignity because you can't do anything for yourself and you go from being extremely proactive and fully immersed in what you're doing, to someone that can't do anything. And, in my position I went from being in command of over one-hundred people, to suddenly, within twenty-four hours, being one-hundred per cent reliant on people to do everything for you.

(Tim)

This present discussion applies the principles of life course theory to address the transition for participants of this research that have sustained life-changing trauma and are, through participation in adaptive sport, negotiating their status and place within their society, whether that be as serving personnel or as a veteran. The structure of the life course paradigm is becoming more important to sociological and social science research on the ways in which human lives progress, where overall interest in this paradigm has taken a new standing in the early 21st-century (Elder, 2003: 11). In a civilian context, several scholars (Kohli and Meyer, 1986; Shanahan, 2000) argue that the life course is becoming increasingly homogeneous in terms of its order and the timing of life course transitions. In a military context, this is the case for serving personnel who often do not have control over their time and where and when they deploy. For one participant however, Tim, his role within the military was so important to him that he made a conscious decision to deploy, despite the will of his parents and girlfriend:

So it was, it meant everything to me to be honest with you. And I sacrificed a lot. You know, over an eight-year period, I sacrificed three relationships to the military and actively volunteered to go on tours that I didn't necessarily have to do. This was against the will of my family and my girlfriend at the time. You know, I was quite selfish in the, in the career. But that was because I was career focussed and I loved it. And I loved what I did. So, yeah it was a way of life.

(Tim)

Broadly speaking it is also the consequences of particular life course structures that have contributed to life course theory's increasing popularity and importance in the field of social science (Elder, 2003: 12). For instance, there are concerns that a life course that is too structured and individualised could be damaging. This is the case for military personnel who are surrounded by structure and are now faced with a change in tactical warfare that fundamentally places added pressure on their deployment due to the enemy's advances and tactics (Chivers, 2009: 324). It is in this manner that life course theory is an appropriate lens to analyse the transition that injured personnel need make, as the recognition of their temporal roles throughout their life course is relevant. It is from this then that through traumatic injury and adult-onset disability that individuals take on a newly defined role, which is not necessarily their chosen role configuration. This research highlights the impact that this has on an individual's self-identity and dominant social identity. As Paul explained:

Well, if I'd got what I wanted when I first realised what had happened to me, I wouldn't be here today. When I lay there working out what injuries I had, I got really angry. I thought I'd wasted everything and we weren't even in a fight. I kept thinking I'd lost my life. For what? Not even a fight? And my little girl and girlfriend would have to pay for my stupid mistake. I kept thinking turning up at school in a wheelchair, with no legs and stumps. I'd made up my mind, I didn't want that, so I asked my mate to shoot me. He was one of the fittest in our corp so I knew he'd understand what it'd be like to have all that fitness taken away for good. I couldn't stop thinking that my little girl wouldn't want a freak for a Dad and my girlfriend should be with a whole man, not a midget in a wheelchair that can't do anything. I just felt that I couldn't live like it, I didn't want this life. My stumps weren't hurting, I think I was in shock, but I knew my stumps would bring pain if I carried on. I just wanted it to go black, then everything would be ok.

(Paul)

Paul's comment highlighted how his own perception of disability has been challenged by his traumatic injury. In no uncertain terms, he describes how he felt that his life was no longer worth living. Paul's perception of disability challenges his newly defined self-identity and social identity – an identity that he has not chosen and feels 'stuck' with. It is pertinent to see how individuals like Paul move on from these feelings. Several scholars consider that adaptive sport helps this transition (Brittain, 2004; Silver, 2004; Huang and Brittain, 2006; Berger, 2008). As Paul stated:

The injuries I got changed my life, but they do not define it. I want to keep on learning, growing, setting and reaching my goals. Although my ability is different, with all the technology I can still do so much, like I did before. When I started doing sports, it made me realise that my life wasn't over and that I can still do things. My attitude to life changed as soon as I started doing the sports. I could see a future and it wasn't all that bad. I was doing things that even fully-able people don't do in a lifetime. People always seem surprised that I didn't feel sorry for myself, but I always said, what's the use in that? All you can do is move forward.

(Paul)

The difference in how Paul described his feelings towards his injury and newly defined role are apparent, before and after he had taken up adaptive sport as part of his recovery. Paul's life course can also be called his own unique trajectory, which recognises the dramatic discontinuity of his life course by sustaining the life-changing injuries that he did. This highlights how traumatic, life-changing injuries can impact an individual's social role and status. The negative impact that this initially had was, for Paul, lessened as soon as he started to partake in sporting endeavours. This is not uncommon as research into the impact of sport for those with adult-onset disability, within a civilian context, highlights the same findings (Emmons, 2005; Faull and Hills, 2006; Smith and Sparkes, 2008). A number of qualitative studies into the impact of trauma indicate that when faced with life-changing injuries, it is often through partaking in physical actions and active doing, that one re-connects or indeed deepens a connection with the self. This reduces the dominance of injury and helps individuals to realise their full potential (Emmons, 2005; Faull and Hills, 2006; Smith and Sparkes, 2008).

Another dimension of the life course approach is the legitimacy process of role configurations. This is pertinent in this instance, since, it refers to the 'taken for grantedness' of particular life course structures. Do injured military personnel feel that they took their life for granted? Several participants of this research considered that they had taken certain aspects of their life for granted. As John explained:

I think I've taken too much for granted before. When you're able-bodied, I always thought I could run a marathon or I thought you know, skiing doesn't look too hard. You know, anyone can do that. So now everything is a much greater challenge. And that's why I am taking it on as well. I'm also feeling as well that never let any opportunity slip past you. You know, I'm living much more in the moment than I did before. Erm and I think it's the fact of my injuries and the fact that I've come so close to death.

(John)

John's comment indicated that he took his physical ability for granted. This was the case for other participants, who described how they took the ease of completing tasks and day-to-day living for granted. What is pertinent in all of the accounts provided by participants of this research is the attention given to adaptive sport. It is apparent that through a loss of function, research participants now feel that they must partake in physical endeavours. Active doing and sporting activities form a significant part of their life and participants identified that sport provides meaning, purpose and direction that was lost as a result of traumatic injury. A greater exploration of how participation in adaptive sport provides purpose, meaning and direction is provided in the next chapter. As the impact of injury and adaptive sport on the life course of injured personnel is now established, it is now necessary to take a closer look at another aspect of identity, bodily perfection and the implication of the impaired body.

Bodily Perfection of the Warrior and the Implication of the Impaired Body

For a long time in western society, non-disabled figures have been promoted as attractive and the 'norm' to which everyone should aspire (Barnes, 1996; Barnes and Mercer, 2010: 81). In the civilian world, this ideology bombards the public through media images that promote non-disabled/non-disabled-minded perceptions to all generations. In the military setting, participants expressed that these perceptions are heightened as physical fitness and sculpted, muscular bodies form the ultimate fighting machine and mastery of peak performance. As Tim explained, physical appearance forms part of their masculinity:

So cosmetically, you know, the boys hit the weights hard all the time. It is important to look good too you know, part of being a soldier are your muscles. But we hit the gym and weights hard especially before we come back from an operational tour, because we all want to go on a beach holiday and get on the piss.

(Tim)

The previous chapter, chapter four (page 79) highlighted how fitness forms a large part of modern day British military mentality. Here, Tim suggests that fitness, within the British military, is not only about physical performance, but also physical appearance. This research indicates that for male and female personnel alike, there is a massive pressure for personnel to 'look the part' as well as perform to their peak level of fitness. This means therefore that when personnel are faced with traumatic injury, their ideas of bodily perfection are challenged by their own embodiment (Murray, 2005: 426). In other words, participants of this research have had to challenge and face up to their own prejudices and judgments that formed an inherent belief before they themselves were disabled. Several participants said that loss of

muscle definition, “made them feel weak” and “wasn’t good to look at”. As Paul explained:

I was supposed to be one of the best-trained soldiers and I’d done something so stupid. I knew that I would survive it. At the time, I kept thinking that my injuries weren’t hurting enough to kill me. But I couldn’t stop thinking what state I’d be in and if I wanted to go back like this. I felt guilty at how it would be for my little girl, picking her up from school and whether she’d get picked on because of me. And why would my girlfriend want to stay with me looking like this? And it’ll never be the same. Then I didn’t even know if my life was worth fighting for. I just didn’t want to be here in that way, as a midget. I wanted to die. I felt angry that I was like this. Back at that time I felt hate towards my injury, the weakness was the worst bit. The limit of achievement and the pretty much total loss of ability. I just thought I was better off out of here if I had to crawl along the floor inch by inch to get around.

(Paul)

These issues relate to the fact that modern day British military culture and modern day British military mentality is characterised as being explicitly masculine (Green *et al.*, 2010: 1480). In addition, Paul’s use of derogatory terminology, specifically, “midget”, could indicate a form of negative self-perception and degradation. It may be that degradation of this kind is augmented due to the explicitly masculine nature of the British military. In a study on the U.S. Navy, Barrett (1996) reports that the military acts as an establishment that personifies hegemonic masculinity. Hegemonic masculinity is a form of masculine behavior that is influenced by culture and bestows authority, as well as control over the opposite sex and less powerful males (Green *et al.*, 2010: 1481). I would suggest that this is the case for the modern day British military because this research highlights the various constructions of ‘masculinity’

that are embedded in the identity construction of serving personnel. For instance, expression of emotion is considered inappropriate, the need to have a muscular and sculpted physique, issues surrounding gender and stigma about disability.

‘Masculinity’ in the British military is publicly visible and male personnel often feel that they have to constantly prove their ‘masculinity’ by conforming to group norms that enhance their sense of military identity (Paechter, 2003: 70). Bodily perfection of the warrior means therefore a process of internalising an appropriate self-image that is identified as “toughness, aggressiveness, endurance, loyalty” and “the epitome of masculinity” (Hockey, 1986: 34-35). So what happens to an individual’s identity when traumatic, life-changing injuries occur? Participants of this research describe that they “no longer feel normal” and that they “don’t look right”. Under such a cultural obsession of fitness and muscles, injured personnel struggle to come to terms with the changes in their body image and the impact that this has on their identity. As Lucy stated:

I think, you know, as soon as you can start exercising it’s great. As you can lose some of the weight. That made a huge difference for me as I’ve never been plump or chubby in anyway. But because I was non-weight bearing for such a long time, I gained a lot of weight. So it was important for me to lose that, to get some normality back and fit into my clothes again.

(Lucy)

It may be that Lucy is trying to conform, as much as possible, to the stereotyped female body. In comparison, Tim described his experience of how his injury impacted him:

It hits you. It hits your self-esteem and your confidence, without any shadow of a doubt. Because it's a physical deformity. It's not nice. And so cosmetically things change. You know, with a paralysis, all the muscle definition goes. I mean, I'm a lot different to how I was back then. When I was at the peak of my boxing, I used to box light-middle, so I was seventy to seventy-five kilos. But at the time I got hit, I'd got into the gym quite heavily and I was thirteen and a half stone but it was, you know, pure muscle. And now all that has gone.

(Tim)

Tim went onto describe how his injury has impacted his professional and personal identity and how he hides his paralysis:

I think primarily it's got my professional identity, more than my personal identity. Obviously there's a, I mean with me there's a lot of people, even now, you know the arm's paralysed but you wouldn't, until you took a second look at it, you wouldn't necessarily notice at first. If I was walking down the street with my hand in my pockets, you know, people don't necessarily know, especially if I've got clothes on. And the full length sleeves on. So physical identity, yeah, it's changed.

(Tim)

Tim continued to reflect on aspects that he considered 'cool', namely, scars. This could indicate that visible signs of his injury are more acceptable than loss in muscle definition, which could mean that he is an embodiment of an appropriate self-image that is identified as "toughness, aggressiveness, endurance, loyalty" and "the epitome of masculinity" (Hockey, 1986: 34-35). As Tim stated:

When I go on holiday with my top off then it's very obvious. I've got scars all over my chest. And I've got a huge exit wound at my, around my scapula. But again, you know, for a lot of boys, scars are quite cool. So you're not too bothered about that. The fact that you've got muscle loss is, is more of an issue. But it's your professional identity. You know, you go from being in a position of authority and a position of relative importance within your profession. You've got professional pride in what you do and respect as well, to none of that because you're a cripple with no muscle.

(Tim)

Tim's comments highlighted how the implication of the disabled body, for him, discredits his professional identity. It is due to this and the implications of military mentality that participants of this research expressed the need to adapt and embrace a new social identity, as an athlete and not a disabled individual. The themes of unit cohesion, life course transition and the implication of the disabled body have set the scene for the following discussion. This is because, the ideas presented have shown how identity encompasses a wide-range of areas, that are set against a backdrop of stigma and prejudice within the arena of disability in the modern day British military.

It is now significant to take a closer look at adaptive sport and the impact that participation has had on the journey that participants of this research have described. Although the benefits of adaptive sport have been touched upon in the discussion of the life course transition, a deeper analysis will provide clarity on what it actually means for personnel to adapt their identity and the importance of sport in this process.

Interpretation of New Social Identity: The Disabled War Hero and Athlete

Identity, specifically identity adaptation is a complex issue, an issue that has to be considered if we are going to discuss the transitional process injured Service personnel need make from a warrior, to an injured Serviceman or woman, to an athlete. Smedema and Ebener (2010: 1311) state that “when an individual experiences a disabling injury or illness, he or she will invariably go through a process of adjusting to the resulting functional limitations”. Within this research, participants went through a process of adjusting to their functional limitations by testing their ability through sport. As Peter stated:

And that was my life, sport, sport, sport. I needed to see how far I could go. And I am, I wouldn't consider myself disabled but I know I've got limitations. I know that certain things I'll do. I'll fall over for instance, or I'll look like I am drunk because I'm staggering, but that's because I haven't got my balance completely okay. And, but within my disability I knew that I could run and I was doing well and I was improving, so I focussed on that 24/7. I lived and breathed it.

(Peter)

In support of their work, this research appears to concur with Smedema and Ebener's (2010: 1311) comment that “the individual may cope with the disability in an adaptive way, by relying on his or her remaining assets and minimising his or her deficits”. Peter's comment shows how participation in adaptive sport has helped him realise his ability, as well as adapting to his disability and helping him to minimise his balance deficit by improving his awareness of his potential, as he explained:

And my left hand side is my bad side. So, in the two-hundred metre I was good but I wasn't that good. I'd come round the track and I knew that I would have to, rather than nice flowing lines around the track I actually had to turn more into the track because I couldn't cope with the centrifugal forces or whatever it is. With the science of running, you know, my body wasn't as keen to erm, to do it. So I had to learn a strategy, but the more I realised how to do things, the more I went right, I can – I'll do it.

(Peter)

Exploring current literature on psychosocial adaptation to physical disability, Smedema and Ebener (2010: 1312) identify the process that an individual goes through to form acceptance of their disability. Bishop (2005) explains that this relates to the ways in which an individual responds to functional, psychological and social changes that take place as a consequence of adult-onset disability or chronic illness. For the participants involved in this research, this comprises of a change in physical ability, a change in self-esteem and a change in their status within the military. As Tim explained:

The injury got to me enormously in the short-term because you're fully immersed in the job that you're doing and then you can't do that job. It's not as if you can just suddenly do a different job. You know, it's not as if you can rapidly make a transition to another role. The injury is so significant that that is unfeasible. And the nature of employment in the military is such that without being physically able-bodied, you can't do that. As a result of that, you lose a great deal of self-worth and meaning and that takes time to establish again. And, you know, I used sport, adaptive sport and adventure sports to facilitate that.

(Tim)

As Tim indicated, the functional, psychological, and social changes generate a significant and life-changing impact for the individual. It is therefore significant to explore how participants of this research adapt to these changes. For instance, Tim states that after his injury he lost “ a great deal of self-worth and meaning” and that he “used sport, adaptive sport and adventure sports” to establish self-worth and meaning once more. This recognition is crucial as it is through sporting endeavours that the restoration of positive self-esteem and meaning of life takes place. Smedema and Ebener (2010: 1312) claim that when looking at the process of psychosocial adaptation to disability, the goal of adaptation is to accomplish a state of adjustment. This is because when an individual reaches this point, they no longer concentrate on their physical loss and their change in physical ability, but instead develop an appreciation of their existing ability. This was certainly the case for several participants in this research who clearly stated how participation in adaptive sport has aided this process. As Peter explained:

I told Battle Back...when I'm water skiing suddenly all my disabilities fall to the wayside, all the things I can't do fall to the wayside. I just don't think about them because I'm focussing on that moment in time and I don't think about the fact that I can't blink.” Then when you're in the activity, you don't care about anything else. You don't think about, oh I can't do this anymore, I can't do that. You just do it and it feels great.

(Peter)

Peter's comment indicated the impact that participation in adaptive sport has had on his self-esteem, confidence, recognition of ability and self-efficacy. Previous research has identified these qualities when assessing the impact of sport (Brittain, 2004; Huang and Brittain, 2006; Spörner *et al.*, 2009; Brittain and Green, 2012). The benefits of sport relate to the ways in which individuals use sport to adapt to their injury, forming some level of acceptance. Another facet of sport and adaptation relates to the ways in which individuals utilise their skills to manage situations and environments, as well as their day-to-day living conditions (Smedema and Ebner, 2010: 1312). As John explained:

It's just, it's just doing a little bit of research or thinking cleverly and thinking outside of the box. There are actually so many things available to everyone that can make your life much easier. I found that sport has really helped me in my day-to-day living. Learning how to grip things with one hand, for example, has really helped. Sport helped this and I was learning these skills without realising it, through play. So there's a lot of ways to just think a little bit outside of the box. And that will help me with one hand.

(John)

John highlighted how sport has helped his physical adaptation to his injury. It is now time to look more closely, at how sport has helped participants of this research in the psychosocial adaptation process. This chapter has already highlighted how identity, as a social construct, entails two approaches – external, relational identity and internal, spiritual identity (Jenkins, 1996; Scott-Hill, 2004). External identity refers to language as an individual says, “I am”, reflecting how they connect to the world around them and an internal approach looks at the personal nature of an individual and their spiritual consciousness. It is recognised that people consider what links them to the

rest of society as a means of developing a meaning, role and purpose in life (Fontana, 2003: 81). It can be acknowledged that an individual's external, relational identity and internal, spiritual identity can be effected as what links them to the rest of society is, post-traumatic injury, somewhat different to their pre-injury status. As Paul stated:

I was so weak and two weeks before I was six foot one and sixteen stone, the fittest I'd ever been. And then I was a stumpy midget who couldn't even sit up on his own. It is hard to say how it makes you feel when a small thing like getting out of bed becomes so frightening, especially when I was a kickass marine, scared of no man. And now what do people see me as?

(Paul)

It is necessary to look at the ways in which adaptive sport may have the tendency to enhance the experience of injured Service personnel who are in the process of re-defining their position in society. For participants of this research adaptive sport acted as a way for them to move beyond the societal identification of injured personnel, to that of an athlete who is able to achieve and accomplish individual sporting goals. As Tim explained:

And then we started actually racing. And, because of the quality of the tuition that we had and the fact that the guys were fairly motivated and pushed themselves, we started getting competitive. You know and beating able-bodied soldiers. Beating guys who'd been skiing for a long time. So then the GB team took note and before I knew it, we were racing for Great Britain on the international circuit. It was very important because it provided me that focus that I needed to prevent myself from hitting a circle of decline.

(Tim)

Outside of the military, Huang and Brittain's (2006) study can provide an underlying discussion for these central claims. Their research looks at the multiplicity and complexity of identity construction in elite athletes participating in sport. Underlying this theme is a positive realisation that participation in sport, at an international level, can positively increase self-understanding and personal empowerment. As well as health and fitness benefits, Huang and Brittain's (2006) study also demonstrated that participation at this level encouraged athletes to take their dominant identity as that of an elite athlete, rather than a disabled member of society – a grounding to challenge the negative perceptions innate to the medical model of disability. In this instance and in the military context, this recognition may relate to the fact that this research has identified the shared attributes between military and sporting mentalities (Table 1, page 40). This may be able to go some way to explain the importance of adaptive sport for injured Service personnel and the reasons why some may find participation so beneficial, decreasing the dominance of their injury. As a result, participants of this research provided individual narratives that expressed how sport helped them decrease the dominance of their injury. As Jim stated:

I was once asked, “how have you incorporated your injury into your identity?” Well, the proper answer should be, erm, it just forms part of it. Of course, you know, my right leg might be marginally more interesting than the next mans. But, it is just part of my identity. And the truth was, that it was my identity, I was the guy who's lost a leg. And certainly for a couple of years that was the case. Getting past that stage, to actually be able to give the first answer honestly was a really big deal. And sport really helped me with that, reduce the dominance.

(Jim)

Other participants expressed their desire to take their dominant identity as an athlete and not the disabled war hero. This was primarily because they were not comfortable with the “heroic status”. Failure to feel comfortable with a social status as a “hero” could suggest that participants felt that because they were traumatically injured, they have not done their job properly and are therefore not heroic. It has already been explained in chapter four (page 79), that this was the case for both Emma and Lucy as they felt a sense of regret that they did not incur their injury during a heroic act. Analytically speaking, this could in fact relate to the impact of military mentality – that traumatic injury and subsequent disability is negative and something that personnel must strive to overcome. “Identity of the Warrior” – a concept that looks at the psychological reasoning as to why people join the military, in conjunction with the ability to defy death (Hall, 2011: 7), is pertinent to the understanding of and recovery from traumatic injuries received during combat. It is therefore crucial to question to what extent the “Identity of the Warrior” impacts the ways in which people come to terms with their injuries. The previous chapter on military mentality (page 79) indicates that it may be the case that some injured Service personnel feel that they have to prove themselves to still be physically able. It can be concluded that participants of this research choose adaptive sport as a medium to achieve this – an individual therapy to aid their rehabilitation and help them come to terms with their injuries and their often re-adjustment in lifestyle.

Concluding Remarks

This chapter has highlighted that traumatic, life-changing injuries require a re-adjustment or adaptation of identity (Wright, 1983). Participants express that the experience of psychosocial adjustment is an adaptive response to their significant life

change and transition of their life course (Hamill, Carson and Dorahy, 2010: 729). This is because traumatic injuries can impact an individual's identity due to the significance of sudden onset disability. For military personnel, their injury and subsequent change to their life's progression and identity from non-disabled personnel is, to a certain extent, out of their control. In connection to this, there is the recognition that participants struggle to come to terms with their new 'disabled' identity. This is because military personnel are negotiating multiple social identities, not just as newly disabled, but also their strong identification to remain as serving personnel. Participants expressed how they are negotiating their status by participating in adaptive sport. As a result, this chapter has analysed identity adaptation through involvement in adaptive sport post-traumatic injury. It is my intention that the importance of this journey adds to the growing body of work on identity and sport, specifically identity and adaptive sport.

For the participants of this research, adaptive sport has acted as an individual therapy to aid their rehabilitation and help them come to terms with their traumatic injuries. It is also important to recognise that this research indicates that when disabling injuries require a re-adjustment of identity, adaptive-sport-participation is beneficial in a number of ways. This is because adaptive sport helps individuals deal with their traumatic injury by providing focus, as well as helping them to realise their potential and continue with an important facet of their occupation – to maintain peak physical fitness. Under such a cultural obsession of fitness and muscles, the military culture has the tendency to make injured personnel feel devalued and marginalised. This is because disabled people are often regarded as possessing different bodies. Set in a backdrop of non-disabled/non-disabled-minded perceptions that devalue difference,

this means that life-changing disabilities have a significant psycho-social impact (Barnes and Mercer, 2010: 81). Having a disability therefore often becomes a defining identity, an identity that the majority of research participants did not want to ‘accept.’ This related to the fact that, for the participants, the disabled body directly opposes the ‘ideal’. Adaptive sport therefore becomes increasingly important for personnel who have been injured as a way to normalise what has happened. This is because they try to gain back muscle definition and fitness, trying to conform, as much as possible, to the stereotyped male or female body.

It is now pertinent to take a closer look at how adaptive sport provides purpose, meaning and direction. It has already been recognised that meaning, purpose and direction are ultimately lost because of traumatic injury (Brittain and Green, 2012). Therefore, it is now time to add to this discussion and provide new insights into the impact of adaptive sport in the recovery of life-changing injuries.

Chapter Six – The Experience of Adaptive Sport: A Quest to Re-Establish Meaning of Life Post-Traumatic Injury

Introduction

To date, there is an absence of scholarship and empirical research on the spiritual aspects of adaptive sport (Watson, 2011: 126), specifically whether experience can provide meaning to an individual's life. Due to a lack of literature in this area, this research intended to discover if participation in adaptive sport helped British Service personnel who have encountered a traumatic, life-changing injury re-establish their meaning of life. This is because it is recognised that traumatic disability affects an individual's spirituality, which can be thought of as an individual's meaning of life and sense of purpose (Collicutt McGrath, 2011: 84). The fact that this research is set within a military context adds another dimension. This is because, as Hawkins, Cory and Crowe (2011: 309-310) report, "there is paucity of literature" and evidence-based research that documents the effects of adaptive sport for injured Service personnel, noting that previous studies "have focussed on civilian populations who have sustained traumatic injury". Although there is an absence of scholarship concerning the relationship between spirituality and adaptive sport and the impact of sport for injured Service personnel, previous research that is set within a civilian context can inform this discussion. This is because extant literature identifies that physical activity generates positive changes in psychological well-being and quality of life, promoting empowerment (Goodwin, Thurmeier and Gustafson, 2004; Tasiemski *et al.*, 2004). Other studies also report that individuals experience a change in their spirituality and spiritual beliefs post-traumatic injury (McColl *et al.*, 2000; Boswell, Knight and Hamer, 2001; Schulz, 2005; Faull and Hills, 2006; Boswell *et al.*, 2007). These findings are indeed relevant to the present discussion and will be used to inform and

increase understanding of the perceived relationship between the experience of adaptive sport and meaning of life.

The importance of this chapter therefore relates to the need to bring together previous research on trauma and spirituality with the emerging field of spirituality and adaptive sport. Set in a military context, this research seeks to examine this concept through the voices of injured Service personnel, which is pertinent to the findings on the importance of adaptive sport post-traumatic injury. This is because, as the previous chapters on military mentality (page 79) and identity adaptation (page 109) have described, roles within the military and subsequent need to maintain peak physical fitness are defining for many Service personnel, providing meaning and purpose to their life. Therefore, when Service personnel experience a dramatic change in their life-course, loss of physical ability has an increasingly negative impact not only on their self-esteem and confidence, but also on their meaning and purpose in life. It is in this way that traumatically injured personnel gain positive experiences through adaptive sport that “touch them in deep, mysterious and difficult-to-explain ways” (Hoffman, 2007: xi). This could be because this research identifies that the experience of adaptive sport helps injured personnel find purpose and meaning in their life through goal striving and goal attainment. It is due to this that sections of this chapter seek to develop an understanding of the ways in which some injured personnel cultivate a psychological need to fulfil their goals (Bartholomew *et al.*, 2011: 75) goals in the context of adaptive sport.

Therefore, this chapter serves to provide an insight into the quest to re-establish meaning of life. The main purpose of this chapter is to analyse the experience of

spirituality through adaptive sport. As the relationship between spirituality and adaptive sport needs to be better understood, participants of this research identify how participation in adaptive sport has helped bring back meaning to their life. In my research I found that participants stressed three key themes, namely, the meaning of spirituality, how active-doing has brought back meaning to their life and how the relationship between spirituality and adaptive sport can be described as goal striving and goal attainment. The main sections of this chapter focus on these themes and a conclusion summarises the chapter, as well as providing an overview of the relationship between spirituality and adaptive sport. This chapter will begin with an exploration of the meaning of spirituality, which is a significant starting point for the overall discussion.

The Meaning and Relevance of Spirituality

Due to the increased interest in spirituality in 21st-century, spirituality is now an important facet of healthcare (Speck, Higginson and Addington-Hall, 2004). Yet, it is an infamously vague concept due to its historically close connection to religion (Collicutt McGrath, 2011: 84). Watson and Nesti (2005: 229) cite Helminiak (1996) and report “spirituality can be defined from a religious or humanist perspective, where personal meaning is derived from whatever people deem to be ultimate, and valued in and of itself”. This is significant to the meaning of spirituality as it identifies the unique and exclusive nature of its experience. To add to this, psychologists of religion have offered an insight into the many understandings of spirituality and its relevance for secular, postmodern beliefs (Fontana, 2003: 11). This discipline focuses on spirituality being a universal aspect of a human’s psychosocial life (Collicutt McGrath, 2011: 84). For the purpose of this research, I draw on the discipline of psychology of religion, taking a secular, postmodern understanding of spirituality that

takes into account existential understandings (Rowan, 2012: 113). In other words, the ways in which the individual decides how or what gives meaning to their life. For this reason and for the purpose of this research, spirituality is defined as an individual's meaning of life. Understanding of spirituality as a concept and what it means to individuals is central to previous research (McColl *et al.*, 2000: 817), as well as this present discussion. This is again because spirituality is a nebulous term that is historically associated to religion, yet now has a wider significance in 21st-century western society, where there is space for nontheistic spiritualities (King, 2009: 28; Collicutt McGrath 2011). Specifically, there is space for spirituality to have its own standing in 21st-century western society, where spirituality is no longer contained by a theistic, God-orientated understanding. Peter explained his understanding of the relationship between spirituality and religion, reflecting on how events, specifically his experience of a traumatic injury, may have happened for a reason:

I am not a practicing Christian. But I would say that I believe in God. And I believe – yes, I am, but I'm not practicing. And I don't know how to explain that. I'm quite spiritual, you know, I believe things happen for a reason and there's purpose.

(Peter)

Peter indicated that he is not a “practicing Christian” yet he still believes “in God”. Similarly, when asked if he was religious, Jim replied:

Er, that's a very tricky question, yes and no. I was brought up Church of England. I believe that there is more to us than meets the eye, that there is a spiritual dimension to us as humans. But I struggle with the notion of a, the confines of the Church, being, whichever church that is. I think generally those institutions are much more manipulative than, than they ought to be, given their sort of spiritual remit.

(Jim)

Both Peter and Jim indicated the somewhat complex relationship between spirituality and religion. Their comments in fact highlight many of the contemporary debates about Christianity, surrounding the significance of believing without belonging (Davie, 1994). This is the idea that there has been a subjective turn in modern culture, a change in religion in modern day Britain. A growing number of people no longer go to Church, yet still consider themselves Christian and yoga, reiki and other forms of holistic practice are becoming more popular than churchgoing (Heelas and Woodhead, 2005). Heelas and Woodhead claim that spirituality recognises personal experience and is far more popular than a religion that stresses conformity to an institution or a higher truth.

Within this research, it is clear that this is the case for six out of seven of the research participants who declared themselves Christian, where all seven participants did in fact understand spirituality in what would be considered as a secular, postmodern understanding. The other four participants who professed that they have no religious affiliation also felt that spirituality is closely connected to personal experience. For this reason, several key words may be suggested as integral to an embryonic, secular, postmodern, and existential understanding of spirituality. These are, connection and connectedness, well-being, meaning, consciousness, awareness and experience (Hunt,

2001). Considering this, there are three categories of spirituality, God-orientated (a connection to God), world-orientated (a connection to the world), and people-orientated (a connection to others) (Hill *et al.*, 2000: 57).

In relation to this, previous research indicates that spirituality is a nebulous term that is contextual and subjective (Fontana, 2003; Heelas and Woodhead, 2005; Jamison, 2006; Lynch, 2007; King, 2009). With this, there are constant discussions about the connections between spirituality and religion in contemporary discourse (Hoffman, 2007: xi; Collicutt McGrath 2011: 84), a point made by participants of this research. To many followers of western theistic religions, spirituality implies transcendence and connection to the 'spirit' (Emmons, 1999), while others consider spirituality a human quality, an individual's way of being and their relationship with the world (Hoffman, 2007: xii; King, 2009: 2). In a review, Huguelet and Koenig (2009: 1) conclude, "spirituality is concerned with the ultimate questions about life's meaning as it relates to the transcendent, which may or may not arise from formal religious tradition (but usually does)".

Yet, what is the relevance and understanding of meaning of life for traumatically injured British Service personnel in 21st-century? Frankl's (1959) concept of *Logotherapy* recognises that individuals are motivated to find a meaning of life. Throughout his book, *Man's Search for Meaning*, Frankl (1959) considers the term 'spirit' to relate to the will of the individual, placing emphasis on an individual's search for meaning of life, which does not necessarily mean an individual's search for God. His work therefore adds another dimension to this discussion and becomes relevant when considering the impact that traumatic injuries can have on an

individual's meaning of life. This is because it may be that post-traumatic injury, individuals are motivated to find purpose and meaning of life once more as the experience of their trauma may negatively impact their original perceived meaning of life as a non-disabled member of the British military.

This research supports the work of Frankl (1959). This is because, as I have already mentioned, participants of this research expressed an understanding of spirituality that would fall into the category of world-orientated or people-orientated. This is because all research participants, whether religious or not, expressed their understanding of spirituality as closely connected to their meaning of life and relationship with the world and not with conventional theistic understandings of transcendence. This means therefore that participants understood spirituality in a nontheistic sense, i.e. no connection to God, irrespective of the fact that seven of the eleven participants declared themselves Christian. So, the relevance of spirituality as meaning of life relates closely to the longstanding notion of traumatic disability acting as a formative experience that often encourages the individual to question their life purpose and their life meaning (Bowers, 1987: 90). As Peter claimed:

I question the meaning of all of this. But now I feel that it is the way my life was always going to be. It was meant to happen to me. I thought my life was going to be different, yes. And actually I've now realised that's the way my life is and I am happy with it. That's how I – that's my spirituality in the whole thing.

(Peter)

Below, Mike reflected on the significance of his traumatic experience and how he considers “there’s always a reason for it”:

You may not understand why things happen but there’s always a reason for it. So you know, I didn’t know exactly why it’d happened but I knew that through hard work and through faith that everything, pretty much everything was going to be okay. I knew things were going to be different. But I knew that, with those two things, I knew I could pull through the injury and whatever else, whatever other challenges came after that.

(Mike)

The idea of questioning the reasoning behind trauma, as well as meaning and purpose also relate to the idea that disability provides an opportunity for spiritual growth, by making individuals realise that they are not in control and by generating questions about purpose, as well as ideas about God (Ross, 1995: 457; Selway and Ashman, 1998: 429). This is significant as although research participants expressed their understanding of spirituality as closely connected to meaning of life and not with theistic understandings of transcendence, that is not to say that the seven research participants who are Christian did not reflect on the overall importance of religion in their own personal recovery. John explained how his religion has helped him and questioned whether the dramatic change to his life and life-course, due to his injury, was God’s will:

Religion has helped. You know, it has helped a lot. The moment of your injury you can't see how... As a believer you think why did this happen to me? Or why am I in this situation? But you look at it and it's got some meaning to it and it's changed your life. As much as I loved the army it's probably not where my life should have been or where God wanted me to be. So it's changed my life in a different sense. And yes I would say it [religion] probably got stronger after that. So religion does play quite a big part.

(John)

As Ross (1995: 457), as well as Selway and Ashman (1998: 429) have already identified, traumatic injuries remind individuals that they are not in control of the universe and often challenges individuals to ask existential questions. It is clear in his above comment that John has recognised that he is not in control and his injury has generated questions about his meaning and purpose in life, his spirituality, as well as ideas about whether his traumatic injury was indeed God's will. It is common for individuals who have endured some form of trauma to ask the 'big' existential questions – 'Why was I spared?', 'What is my purpose?' and 'How should I live my life?' (Collicutt McGrath, 2011: 86). By reflecting on, what John calls, "God's plan", he repeated how the army may not be where God wanted him to be, "may be God's plan for me was not to stay in the army. And yes, he spared me my life. But it's changed it dramatically".

This is noteworthy as chapter four on military mentality (page 79) indicates the ways in which injured Service personnel, including John, strive to remain in the military post-traumatic injury. What is pertinent here however is the way in which John questions his sense of belonging, which was triggered by him being medically discharged from the army. This is because John was unable to remain in the same role

post-traumatic injury. He was no longer able to maintain a fulfilling and meaningful role that he enjoyed. Momentous existential questions are considered common due to trauma and the sudden onset of disability being recognised as generating a new awareness of the self (Fitzgerald, 1997: 407; Frazee, 1999: 59) that influences a change in meaning and purpose (McColl *et al.*, 2000: 822). Fitzgerald (1997: 407) and Frazee (1999: 59) claim that individuals go through a process of reclaiming the self, as well as a process of redefinition that incorporates an individual's disability, yet does not force the individual to be defined by it. It can be recognised that Fitzgerald and Frazee may be describing the process of identity adaptation that was discussed in the previous chapter (page 109), as this also incorporates the journey that individuals go through in order to come to terms with their disability and find a place for it within their psychosocial being.

The changes and processes that are being described are also relevant to each participant's understanding of spirituality. This is because although participants understand spirituality in a nontheistic sense, i.e. no connection to God, it does not mean that this has always been the case. It could be due to changes in their spirituality, as McColl *et al.* (2000: 817) claim, changes in spirituality over time are apparent, especially after trauma. This has been the case for some time as Young (1993), as well as Soeken and Carson (1987) discuss the idea that spirituality has past, present and future aspects as a means to find reconciliation with the past, find meaning in the present and look forward to the future, both finite and infinite. Collicutt McGrath (2011: 84) claims, "all types of spirituality can be conceived as journeys with a destination". Considering this, it is now time to discuss the ways in which participants of this research understand their spiritual self in the context of their

disability, before moving onto an exploration of how participants describe the ways in which active-doing has brought back meaning to their life.

Understanding of the Spiritual Self in the Context of Disability

Outside of the military arena, previous qualitative research by Boswell *et al.* (2007: 38), who investigated the ways in which people living with a traumatic injury view the relationship between their injury and their spirituality, suggests that loss of identity can impact an individual's spirituality. This is said to be specifically through "dissociation" and "depersonalisation", which can sometimes involve and encompass a loss of purpose and meaning of life. Boswell *et al.* (2007: 38) report that eight out of nine participants with adult onset disabilities stressed that their meaning of life had changed significantly. The previous chapter on identity adaptation (page 109) discussed this fully, however it is significant to consider that the relationship between the spiritual self and an individual's disability appears to be essential in understanding the impact that traumatic injuries can have. This is because the experience of disability is considered to prompt some form of spiritual growth for many individuals (Young, 1993). For two research participants who were recovering from traumatic brain injuries, understanding of their self in the context of their disability was specifically important. This is due to the experience of losing their memory, which left a void in their notion of self, their self-concept (Nochi, 1998: 869). As Emma described:

One of the hardest things was learning who I was. I had to re-learn a lot about myself. That was difficult because I didn't even remember that I had been injured. I wouldn't accept what people were telling me. It was very lonely.

(Emma)

Some time ago, Schmidt (1988: 1) identified that people who acquire a brain injury often feel a loss of self to such an extent that they describe how their old self has died. In this research, Emma explained how she felt the need to “re-invent” herself and “let go” of who she was before her injury. She described this almost like a “grieving process” that she had to go through as a way to re-establish meaning. Emma’s comments highlight how her injury has influenced her meaning of life, as she has had to not only strive to make sense of her injury, but also make sense of herself and re-discover who she is as an individual. Therefore, although Emma’s brain injury means that she experienced a loss of self, it also means that she experienced a greater sense of self-awareness, which she used as a way to adapt to her new life-course. Emma, like other participants, reflects how she has drawn on a formerly unidentified reserve of strength. As Tom explained:

I’ve definitely found out that I’m a lot stronger person than what I previously thought. I’m a lot harder person to crack when it comes to going down the wrong route, i.e. like depression or something like that. I’ve got a lot stronger, I’ve got a brick wall in place before I go down that route. For me to go down that route it’s going to have to take a hell of a lot for me to go down that route. So yeah, I found that I am a lot stronger. Sometimes I did surprise myself about how strong I was.

(Tom)

Fine (1991: 493) named a formerly unidentified reserve of strength as characteristic resilience, claiming it relates to the unknown resources that are present in humans as a way to cope with adversity. Characteristic resilience appeared to be strong in each of the eleven accounts provided by participants of this research. It may be that aspects of military mentality encourage characteristic resilience. Chapter four on military mentality (page 79) explains how personnel are encouraged to overcome adversity and

draw on their fighting spirit. Therefore, it could be that aspects of characteristic resilience are linked closely to military personnel's strength to follow their mantra that states they must 'improvise, adapt, and overcome' (Marine Corps, 2012). This could also have an influence on the significance injured Service personnel place on adaptive sport as part of their recovery, due to the need to gain positive experiences and reclaim meaning and purpose, as well as some sense of normality. As the connections between military mentality and inner personal strength, also called characteristic resilience, have been identified, it is now time to consider the connection between the experience of adaptive sport and meaning of life.

The Experience of Adaptive Sport: The Re-establishment of Meaning of Life

Several studies show that an individual's meaning of life and sense of purpose change because, after trauma, people may establish a greater appreciation of life, where there is an improved quality in relationships and greater sense of self (McColl, 2000: 817; Schulz, 2005: 1283; Collicutt McGrath, 2007: 82). In connection to this, research in the area of trauma and disability identifies the significance of spirituality in adjusting to loss, where spirituality positively contributes to an individual's well-being, coping and adaptation to change (Reed, 1992; Berggren-Thomas and Griggs, 1995; Elsdon, 1995). Coincidentally, when looking at the importance of adaptive sport for injured Service personnel, Brittain and Green (2012) claim that adaptive sport positively contributes to an individual's well-being, coping and adaptation to change. Furthermore, to consider the role of spirituality in sport psychology, Watson and Nesti (2005: 235) assert that sport helps individuals achieve "positive psychological states and self-growth".

The perceived relationship between adaptive sport and spirituality is therefore important on many levels, to add to the understanding of adjusting to loss, to see if it benefits an individual's well-being, coping and adaptation to change and to investigate the possible positive psychological states and growth of the self. This chapter has established that spirituality is central to this research. This is because participants identify how their meaning and purpose in life have changed post-traumatic injury. The change or transformation that participants describe initially had a negative impact on their mental well-being, confidence and self-esteem. It is now time to see how adaptive sport helped their quest to re-establish meaning and an overall sense of spiritual well-being. Ben highlighted his experience as he discussed a specific sporting event that he considered a turning point in his recovery process:

I think it definitely came at the right time. It's really inspired me to apply myself in my studies again. It's given me the confidence to do other things and find things that I enjoy. At the moment I'm studying all the time. That's what I was trying to do, to keep pushing into something else and apply myself more. And that sort of, in a way, once again changed my life. The injury changed my life, and then sport changed my life, in a way. It's showed me that you can achieve something if you put your mind to it. It's been really good that way, I think.

(Ben)

Ben explicitly emphasised the benefits he has taken from adaptive sport. This relates to feelings of empowerment, gaining a sense of freedom and fundamentally realising his potential through adaptive sport and applying this to other areas in his life. It is through this positive sporting experience that Ben has regained meaning in his life and primarily found a source of motivation. As Hawkins, Cory and Crowe (2011:

316) explain, injured personnel find motivation through participation. In connection to this, Brittain and Green (2012: 13) identify that participation in adaptive sport post-traumatic injury provides personnel with feelings of achievement, increased levels of self-actualisation, inspiration, and direction. Simon's comment reinforced these findings:

But I think sport played a massive role in my recovery, like I pointed out to you before. If I didn't play blind football then I probably wouldn't have come on as fast with the orientation and things like that. Do you know what I mean? I wouldn't be in such a good place. I wouldn't have done things like Kilimanjaro. I wouldn't have done things like the marathon, if I didn't play sport. And then sport was a good stress release for me at the time because I felt good. I felt good in myself because I felt fit, which mentally makes you feel good.

(Simon)

Simon highlighted the feelings he gains from adaptive sport, which have also motivated him to take part in other sporting endeavours. As feelings motivate injured Service personnel to take part in adaptive sport, this could indicate the deep-rooted psychological benefit of adaptive sport. This also relates to personnel's need to maintain their competitive drive (Hawkins, Cory and Crowe, 2011: 316). The identification of both competitiveness and motivation relate heavily to the idea of military mentality, which was explored in the first chapter, as well as the shared attributes of military and sporting mentalities that are detailed in Table 1 (page 40). This is because both aspects of competitiveness and motivation are intrinsic to military and sporting life. So, post-traumatic injury, adaptive sport facilitates personnel to maintain certain aspects that are in fact inherent in their mind-set and an important part of their recovery, to recover through the experience of play. Taking

this into account, this is one of the ways in which adaptive sport helps bring back meaning to the lives of traumatically injured personnel. That said, feelings are essential in this research and all participants did in fact reveal that positive feelings and experiences are central in the recovery process. As Lucy indicated:

And so you know, you're, you're getting the physical benefits without really realising it. And you gain positive experiences through sport. But there's, there's always the social, and sort of mental, emotional benefits from it as well.

(Lucy)

Ben, Simon and Lucy, as well as other participants have all expressed some form of emotional gain from adaptive sport. This is significant in understanding exactly how adaptive sport helps individuals, as well as its relationship to spirituality. In 1985, Deci and Ryan described the way in which sport generates inner experiences, distinguishing between sport as an activity and the experience of sport. They recognised that there are three inner states, which can be associated with the experience of sport participation. These are: (i) intrinsic motivation, which relates to freedom and lack of self-consciousness; (ii) qualities that are internally informational, which relate to self-determination and increased focus and (iii) aspects that are internally controlling, which relate to intra-personal pressure to attain a chosen goal - all of which are central to this present discussion (Deci and Ryan, 1985: 32). This is because they show the importance of experience, which relates heavily to each participant's own understanding of how adaptive sport has helped aid their recovery and bring back meaning to their life. As John explained:

Sport, it's got great meaning. It's a meaning for me to wake up in the morning and know that I can go for a bike ride or I can go for a run. So it's almost that start to your day. It's a good reason to get up in the morning and know that whatever you're doing there's some element of sport in there. And that's how, that's honestly how I feel. I probably train between five and six days a week. And I can feel the day when I don't train. It's not the same as the day before. It brings quite a lot of meaning to my life. And sport has given me meaning back to life. If I couldn't play sport then – if I can't be active, then for me there is no meaning to life. I don't think I will be one of those people to cope without sport, to literally go in day-to-day and may be have an office job or whatever it might be. It's definitely got a big meaning to life, being active. And it will give you a sense of achievement. Once you've achieved something, you've run five miles or you've done the marathon, it's that feeling of, it's a great feeling and sport brings all of that together.

(John)

John's comment indicated levels of intrinsic motivation as he reflects on the freedom of choice surrounding his experience of adaptive sport (McLachlan and Hagger, 2011). He also highlights how the experience is internally informational as he is determined to "train between five and six days a week", which indicates aspects of the experience that are internally controlling as he sets himself a target and "can feel the day" when he does not train. It is through this explanation that it becomes clear exactly how the experience of adaptive sport provides meaning, when a traumatic injury has presented life-changing challenges that confront the very meaning of what it is to be a serving member in the modern day British military. This is because, as the chapter on military mentality (page 79) has already explained, this research data appears to show that when personnel find themselves injured, they are denounced as being 'not fit for purpose', 'out of duty', 'redundant', 'defunct'.

To add to the notion of intrinsic aspects surrounding adaptive-sport-participation, Lucy shared her thoughts on the experience of adaptive sport in her recovery process:

I think I've used the phrase 'release' quite a lot, haven't I? It's not until you start talking about something that you really think about what it does. I think it does give you a release. I think, whilst I've talked about it a little bit, a sort of loss of confidence in certain respects, it also, I think helps to build your confidence again. I think the social side of it is really, really important. And again just, allowing you to continue physical rehab without you thinking of it as rehab. Because you know, rehab gets boring. Rehab has certain connotations to the word. You know, it's always associated I think with being a patient and being injured. Whereas as soon as you start talking about sport and participating in sport, well that's just another activity that everybody does, you know. And so, you're getting the physical benefits without really realising it. And there's always the social, and mental, emotional benefits from it as well.

(Lucy)

In comparison to Lucy's comment about sport providing "a release", Peter explained how his experience of adaptive sport has helped him to release pressure and tension, which could relate to intrinsic motivation, generating feelings of freedom through active-doing:

By the time I've done it, come back after about a 40 minute, 60 minute run, you've forgotten about the pain and stress. You've just released all that pressure and the tension. So for me sport is massive. Sport is a way of just letting go, I find. And it has moulded me. It moulded me for a particular moment in time. And it gave me, it gave me a focus.

(Peter)

It is becoming clear that participants of this research highlight many deep-rooted psychological benefits to their participation in adaptive sport that are intrinsically motivated, internally informational and internally controlling (Deci and Ryan 1985: 32), helping them to re-discover meaning in their life. This could be the way in which sport touches people “in deep, mysterious and difficult-to-explain ways” (Hoffman, 2007: xi). As Tim explained, “from what I’ve experienced, sport, it definitely does have a lot of meaning, to the point where it actually gives you purpose”. John supports Tim’s claim as he said, “to participate in sport and making sport quite a big focus in my life now, being active, provides meaning”. This research identifies that the re-establishment of meaning and purpose are central to the rehabilitation and reintegration process. This is because participants need to feel that they belong once more, as traumatic onset disability can generate feelings of loneliness and worthlessness (Schulz, 2005). It has been recognised therefore that participants feel that adaptive sport was central to their journey of recovery, providing a destination that resulted in the re-establishment of meaning and purpose in life. Considering this, it is now time to consider the ways in which goal striving and goal attainment helps participants in the quest to re-establish meaning in their life.

Meaning of Life and Adaptive Sport: Goal Striving and Goal Attainment

Within the sporting arena, the setting of goals is considered a psychological tool that is used by coaches and athletes (Weinberg, Burke and Jackson, 1997). This research identifies how goal striving, a longing to accomplish a goal, and goal attainment, the completion of a goal, provide meaning and purpose to a participant’s life. As Tim explained:

Yeah, for me, without any shadow of a doubt, sport, it gave me purpose. It gave me a new focus. It gave me meaning, you know, because I had a series of goals to achieve in order to, in order to get to where I wanted to be. And over a period of time, using a constructive planned out process and having a support team around me, I got what I wanted. It was actually, beyond what my own goal was. So, yeah, I got meaning back through, through sport.

(Tim)

Tim clearly identified how the process of goal setting and goal attainment is beneficial for him, providing him with purpose and a focus. This is significant as the time in which adaptive sport is introduced to an individual is crucial in their rehabilitation because participants of this research report that traumatic injuries negatively impacted their meaning and purpose in life. Therefore, positive experiences through the means of adaptive sport act as a life-affirming process that encourages psychological well-being. In connection to this, Smith, Ntoumanis and Duda (2007: 763) explain that goal attainment can be closely linked to psychological well-being. With this, Jim considered how the identification of goals, a goal setting process, provides purpose. This is because he felt that this process symbolises a journey, which, when fulfilled, provided satisfaction:

I feel that the single biggest factor in that is putting you back into a position where you're involved in a team, with a goal. And that goal may be winning the game, that goal may be trying to represent sport at the highest level you can. You know, whatever it is, you've got purpose. You've got a mission, you've got a goal. Or you've got goals, you've got

an end state and you're doing it as part of a team. Even if you're an individual athlete, you know, ski racing is an individual sport, but you know, no skier does it on their own. It is very much a team.

(Jim)

Jim's comment resonates with aspects of military mentality, whereby he indicates the importance of teamwork and the need to be mission-focussed. This is pertinent because it is necessary for goal setting and goal attainment to reflect the interests and values of the individual (Smith, Ntoumanis and Duda, 2007: 764). Thus, re-affirming the shared attributes of military and sporting mentalities that are shown in Table 1 (page 40). It could be said therefore that aspects of military mentality play a part in this, where the experience of adaptive sport can resemble and encourage camaraderie and cohesion, which could ultimately increase positive experiences in the recovery process, helping to re-establish an individual's meaning of life. Coincidentally, Smith, Ntoumanis and Duda (2007: 764) consider the importance of personal goal identification, the idea that the individual will gain greater benefit from goals that are "undergirded by autonomous (intrinsic or identified) motivational regulations", in contrast to goals that are externally generated or controlled. This research would suggest therefore that an individual ought to play a significant role in the identification of their goals, in order to attain maximum benefit from their effect. Below, Peter reflected on how his wife became involved in his goal setting process:

My wife always used to say that I need to have a goal. But I also need to know what the plan is to get to it. And that's me, I like to analyse things and plan it. How do I get there? It's like this, I explained it, how do I get to this end result? I need to do this to do that, to do that, to do that. And sport was a purpose, you know.

(Peter)

Peter identified the need for him to be involved and to “analyse” the process. Above, he is considering not only the setting of goals that he finds meaningful, but also the need for him to consider the optimum benefit of goal attainment. In other words, how he can get the most out of the experience. He describes this in a methodical manner, where he is reflecting on the significance of goal setting and goal attainment through adaptive sport in his overall recovery process. He clearly acknowledged that he can make significant gains along the way and the journey that he will take, will provide him with purpose and satisfaction. It is becoming apparent therefore that the practice of goal setting and goal attainment is a somewhat reflective process that not only provides meaning of life through the attainment of goals, but also through the identification and setting of goals, goals that are unique to each individual. To gain a deeper understanding of this process, it is pertinent to look at the emerging connection between the promotion of life meaning through the setting and attainment of intrinsic sporting goals.

Promotion of Life Meaning: Intrinsic Goals

It has briefly been mentioned that this research has pinpointed the significance of intrinsically identified goal setting. A finding that could be in contrast to the nature of the military where personnel must follow a strict regime and obey orders throughout their day-to-day professional life. Nevertheless, the significance of intrinsically identified goal setting relates to the idea that individuals will gain more from the attainment of a goal that they have set themselves, rather than a goal that was predetermined by others or controlled in some way (Smith, Ntoumanis and Duda, 2007: 764). This not only relates to the idea that intrinsically motivated goals are more meaningful, but also to the notion that “goals pursued because of autonomous motives are proposed to lead to sustained effort over the period that the person strives

to meet their goals” (Smith, Ntoumanis and Duda, 2007: 764). This is noteworthy, as effort in the rehabilitation process could be considered crucial to a successful recovery. As Jim explained:

I was discharged from Headley Court and I was back with my unit. I was still on full-time rehabilitation there. I went and said this is my goal, this is where I want to go, and they helped me fantastically. And everyday from 8 till 12, we were in rehabilitation. Every morning we’d go swimming, spinning and running. I ran my first marathon after about two months. After that, I ran my second marathon in Washington with a forty-pound backpack on. It makes you feel fantastic, positive about yourself. And I would say just a general positive outcome on everything you put yourself to. I’m a great believer that as much as it is physical, it’s mental as well. Because it will give you the mental strength that you’ve reached this goal and with all of the motivation and determination that you had to do that, you can continue pushing yourself further.

(Jim)

In connection to this, Emma reflected on how intrinsically motivated goals act as a “yard stick” for her to realise her potential and capability. In her own words “sport helps you believe in yourself a lot more and helps you get your meaning of life back again”. One reason as to why the setting and attainment of intrinsically motivated goals provide more meaning than those that are externally predetermined or controlled could relate to the idea of intrinsic motivation (McLachlan and Hagger, 2011: 273). In contrast to extrinsic goals, for instance, goals that are set by an individual’s physiotherapist, intrinsic goals and intrinsic motivation seem to connect deeply with the determination of the individual. This could mean that in the quest to re-establish meaning of life post-traumatic injury, participants identified a need for autonomy. This relates to their desire to become the initiator and the regulator of their

actions (McLachlan and Hagger, 2011: 274). This is fundamental to the rehabilitation and reintegration process, as traumatic injuries can negatively influence an individual's autonomy. This is because the experience of trauma and sudden onset of disability can generate feelings that relate to lack of control, freedom and inferiority (Fitzgerald, 1997). Therefore, the experience of adaptive sport and the setting of intrinsically motivated goals provide autonomy, where the freedom and choice provide meaning of life.

Concluding Remarks

It is my intention that the findings presented in this chapter broaden current understandings of personnel's experiences of adaptive sport. The findings indicate that injured personnel obtain many benefits from their experience. As a result, this chapter sought to provide an insight into the quest to re-establish meaning of life post-traumatic injury. By exploring the experiences of research participants, this chapter has highlighted the meaning of spirituality, the ways in which active-doing brings back meaning of life, as well as the way in which participants describe the relationship between spirituality and adaptive sport as goal striving and goal attainment. All participants expressed clearly how they use adaptive sport to re-enter their world. This can be understood as the way in which participation in adaptive sport helps individuals find purpose, meaning and a place within their society. Throughout this research, it has been noted that it is sometimes difficult for individuals to re-integrate. This relates heavily to the ideas of military mentality and the realisation that participants feel the need to come to terms with the physical change to their body, which is (initially) an extremely negative change. It has been noted that this is largely due to inherent preconceptions of disability as 'unnatural' and 'abnormal', preconceptions that are exacerbated by military mentality. In order to

overcome this, participants identify how they use adaptive sport as a tool to alter the perception of being disabled and present mediating affects on their newly disabled identity (Tasiemski *et al.*, 2004). It has also been established that participants use adaptive sport as a tool to perceive the world. In other words, adaptive-sport-participation provides individuals with increased levels of self-awareness and understanding that positively contribute to their recovery. Findings such as these relate to a previous study carried out by Cordova *et al.* (1998), who investigated the influence of the national disabled veterans' winter sports clinic on self-concept and leisure satisfaction. Their findings claimed that sport participation increased self-concept and self-satisfaction. The current findings, as well as previous research therefore indicate that adaptive sport has a transformative and liberalising power (Andrews, 1993; Cordova *et al.*, 1998; Ashton-Shaeffer *et al.*, 2001).

In conclusion, participation in and the experience of adaptive sport provide purpose, meaning, direction, post-traumatic injury. It is my intention that this chapter has provided new insights into the impact of adaptive sport in the recovery from life-changing injuries. It is now appropriate to consider the ways in which some injured personnel cultivate a psychological need to fulfil their goals in the context of adaptive sport (Bartholomew *et al.*, 2011: 75), as a tool to not only provide meaning of life, but to also feed their need for normalisation. Underpinned by Self-Determination Theory (SDT), the following chapter seeks to examine how participants achieve normalcy through adaptive sport, a concept that is heavily related to military mentality, identity adaptation and the quest to re-establish meaning of life.

Chapter Seven – Normalisation, Self-Determination and Adaptive Sport

Introduction

Underpinned by Self-Determination Theory (SDT) (Deci and Ryan, 2002), this chapter serves to explore the ways in which some injured personnel cultivate a psychological need to fulfil their goals in the context of adaptive sport. It appears that participants of this research identify their determination and motivation to regain a sense of normality through the experience of adaptive sport. Indeed, this relates to the ways in which injured personnel want to continue with an important part of their occupation, namely, physical endeavours, as well as the recognition that adaptive sport facilitates individuals to realise their potential, focussing on ability rather than inability (British Army, 2011). Chapter six (page 134) reflected upon the experience of adaptive sport and developed an understanding of the ways in which participants use adaptive sport as a tool to bring back meaning to their life. In close connection to this, participants of this research identify how adaptive sport acts as a tool to feed their need for normalisation. This can be understood as the way in which participants seek to restore elements of their life, as well as gaining independence and autonomy post-traumatic injury. Within this research, participants indicate that this is an important step in their rehabilitation and reintegration process. They report that normalisation can be achieved through adaptive sport because of its ability to help them in their identity adaptation process, facilitating them to realise their potential.

With this in mind, findings of this research indicate themes that align with SDT, as well as elements of social comparison theory (Festinger, 1954). That is to say, participants are determined and motivated to regain a sense of normality and this process is encouraged by the way in which participants compare themselves to others

in order to experience a sense of relatedness and social connection (Hawkins, Cory and Crowe, 2011: 316-317). It may be that this is heightened in the military context because of military mentality and the competitive nature that is cultivated within the military. However, this research also uncovers the way in which perceptions of disability, exacerbated by military mentality and “socially imposed feelings of worthlessness” (Brittain, 2004: 439), increase an individual’s self-determination to try to be, in their mind, as ‘normal’ as possible. This is because, as the chapter on military mentality (page 79) describes, disability is considered ‘abnormal’ and something that personnel must strive to overcome. Once again, this research suggests that the impact of the medical model of disability plays a significant part in the recovery, rehabilitation, and reintegration process of traumatically injured personnel as they internalise many of the negative perceptions (Brittain, 2004: 430), as discussed in the chapter four (page 79) on military mentality.

With this in mind, participants of this research cultivate a psychological need to feel ‘normal’ and be perceived by others as ‘normal’. It then transpires that individuals fulfil their goals through adaptive sport because many consider that it is more ‘normal’ to be an athlete with an impairment, than it is to be an individual who is disabled. As a result, participants report increasing levels of self-determination in order to achieve this. To put it more simply, Martin Colclough, head of Physical Development at Help for Heroes, is quoted in an article as saying:

Overcoming adversity by pitting yourself against the elements of land, sea, and air is what many members of our Armed Forces find incredibly helpful when coming to terms with their injuries. For some this will be something simple such as learning to ski or ride a bike again, but many others look for a unique challenge that has not been attempted.

(RAF/MOD, 2013: 2)

Therefore, this chapter highlights some of the reasons why injured personnel are self-determined to “overcome adversity” by taking on “the elements of land, sea and air” in order to achieve normalisation (RAF/MOD, 2013: 2). This chapter firstly seeks to develop an understanding of SDT, after which an exploration of the relationship between traumatic injury, normalisation and military mentality will be developed. This will then be followed by an exploration into the ways in which several participants of this research identify how their motivation to partake in adaptive sport relates heavily to their preferred perception as an athlete, rather than a disabled veteran. After this, a discussion of some of the problems faced by several participants of this research in their pursuit to achieve normalisation through adaptive sport will be presented. This chapter will conclude with the ways in which aspects of social comparison become a way of achieving normalisation through adaptive sport and a conclusion will summarise the findings.

Aspects of Self-Determination

Self-determination and SDT are relevant to this present discussion as a means to identify the types of motivation that are present when injured personnel are in the process of recovery. Relating SDT to adaptive sport, the three psychological needs, autonomy, competence and relatedness, are thought to lead to increased levels of self-determined motivation (Sweet *et al.*, 2012: 319). With this, autonomy “refers to being

the perceived origin or source of one's own behaviour" (Deci and Ryan, 2002: 8). Competence is "feeling effective in one's on-going interactions with the social environment and experiencing opportunities to exercise and express one's capacities" (Deci and Ryan, 2002: 7). Relatedness, as the need to feel connected to others in the domain of physical activity (Deci and Ryan, 2000). As Mike claimed:

I think sport does, because again it's the whole, putting normalcy back into things, you know. And I think especially if you didn't play sport before your injury, and you got involved in it after, it's... Like especially with my hockey team, we're all pretty close and it's all guys who have been through the same stuff that we have, or that I have sorry. You know, so they understand it too. And you can also, in your early stages of injury, you can pull off their experiences of sport too and see that they're doing well. So why can't I?

(Mike)

In comparison to Mike's comment, Jim also indicated how competence is achieved as he expressed his ability:

I think, from the outset, my perception was that, in terms of most physical endeavours, I wouldn't be able to do a lot. And that I wouldn't, I wouldn't be able to pursue them. But, through Battle Back and through being exposed to all sorts of different sports and adventurous training activities, I, feel far more positive about my injury actually. And, you know, I know that I can do pretty much what I want in terms of sports.

(Jim)

Participants of this research identified motivational factors surrounding participation in adaptive sport, indicating that sources of motivation relate heavily to autonomy, competence, and relatedness. This is because post-traumatic injury, personnel (i) feel

the need to regain autonomy and a sense of independence, (ii) feel the need to show their ability and (iii) feel the need to connect or re-connect with others. As Mike stated:

And then also just being part of the team effort again, pretty much like you were when you were serving, is really good. And if you, especially if you play on like an organised team, like our hockey team. We won our league championships and now we're playing in two weeks for the national championships too. So that's like another goal and it's everybody working together towards that one goal again, which is really great especially if you achieve it. Even if you don't, you know, it's working hard as a team through practices and all that stuff. It's just good to have that sense of teamwork again. So I think, I think it does help quite a bit with that. It makes me feel normal.

(Mike)

In relation to this, Hawkins, Cory, and Crowe (2011: 317) report the effects of participation in a U.S. Paralympic military sports camp. Sources of motivation related to “motivation through participation”, “motivation through social comparison” and “relatedness and social connections”. Comparisons can be drawn between the impact of participation and motivational factors. In this case, it is pertinent however to further consider exactly why sources of motivation may be closely connected to military mentality and the ways in which injured personnel are self-determined to achieve normalisation. Specifically, to be able to identify some of the reasons why motivational factors surrounding participation in adaptive sport may be present in the first instance. This relates to elements of social comparison and the way in which adaptive sport fulfils participant's need for normalisation, which is fundamentally augmented by their perception of disability. This can be shown in John's comment:

I was really conscious about my injury in the beginning. But as I grew into the sport, I got better. I learned a lot about the sport as well, and all the other sports. You know, from running to cycling to – and being positive or being conscious about my injury. But in the gym, you know, I had various prosthetics. But it enabled me to do very similar activities or – or exercises that I used to do with an arm. So, yes my confidence grew massively and I seem to have noticed all my injuries less and less and less. That was important for me. And yes, I can see myself now competing and, you know, participating next to normal able bodies. So yes, and I don't see myself any different just because I've, you know, got leg injuries and I've lost an arm.

(John)

Specifically related to SDT, participants of this research experienced relatedness in two ways, namely, shared experiences of traumatic injury, and shared experiences as military personnel. As Jim indicated:

You know it was very tough. Of course, and there were some very difficult moments. But I suppose that's, I suppose if you asked a Serviceman to look back on the toughest periods of their training, whatever that happens to be and look back at the toughest period of their rehab, they will have fairly similar feelings. You know, it's terribly tough at the time and there are lots of, you know, there's lots of heartache and blood and tears. But actually, you know, it's a very positive time in your life, it certainly was for me and the tranche of guys I went through, tremendous.

(Jim)

The findings on relatedness are in accordance with the work carried out by Hawkins, Cory and Crowe (2011: 320). However, Hawkins, Cory and Crowe report that there was limited evidence of autonomy in the accounts provided by their participants. It is

suggested that this is due to the compulsory nature of the U.S. Paralympic training camp. This research suggests that autonomy is an important facet of SDT, due to participants identifying its importance in the recovery from trauma. It may be therefore that compulsory attendance to partake in adaptive sport could have an adverse effect, which could negatively impact an individual's determination and motivation. Lack of involvement in sport does not however 'fit' with the military's rehabilitation model. Since spring 2012, injured Service personnel are now obliged to participate in sport as part of their recovery at the recently established National Sports' Centre (Sport England, 2012). There is a growing concern that the lack of choice to partake in sport will remove feelings of enjoyment and fulfillment, as well as a sense of control at a time when traumatic injuries have done just that.

Leeds Metropolitan University (2012: 12) have advised and assisted in the design and implementation of the National Sports Centre and have completed their own investigation into the "Battle Back Pilot Programmes". The report identified participants' need for autonomy and that "loss of control will undermine the individuals need and self-determination" (Leeds Metropolitan University, 2012: 116). That said a "controlling approach" is supported even though it is reported that participants believed that they were "'quite often' able to make choices within the programme" (Leeds Metropolitan University, 2012: 116). It would seem therefore that the new approach appears somewhat inconsistent. Although the British military feel that the 'Battle Back' programme is building on Guttmann's legacy, it is necessary to question whether his pioneering message has been lost in the mists of time. This is especially the case as Guttmann stressed the importance of enjoyment. He declared that the restorative power of adaptive sport may in fact be lost if participation is not

enjoyable (Brittain and Green, 2012: 246). This is an important finding to consider, especially when the MOD are striving to create a holistic rehabilitation programme that successfully reintegrates traumatically injured personnel (British Army, 2011). This research would suggest that evidence of autonomy is present. This is due to the experiences encountered by the research participants. If adaptive sport and attendance to training camps were made compulsory, this could have a negative impact on the entire recovery process, especially when a traumatic injury initially takes away an individual's freedom. Participants of this research expressed autonomy due to the freedom and independence that they gain from being able to choose their sport. As Tom explained:

It was when I got down to Headley Court and I found out about the Battle Back scheme. There were always posters around saying do you want to do this? Or do you want to do that? The choice was endless. And there were two people down at Headley Court, Martin Colclough being one of them and another chap, Ash Clare. They were based down in Headley Court, basically to try and get the lads and lasses back into sport. And with them I've done scuba diving again. It was only in a swimming pool. But I'm a trained, previously, I had been a trained scuba diver anyway. It was great to do that again and have the choice.

(Tom)

Tom's comment also indicated how connection with previous interests could positively affect autonomy. In relation to this, participants of this research identify how connection with previous interests can increase motivation. This is largely due to the way adaptive sport helps them realise their potential and that they can still partake in activities that they enjoyed before their life-changing injury. This is significant, especially when considering the impact that military mentality can have

on the perception of disability. Self-motivation due to connection with previous interests may be able to challenge the negative perception of disability and aid the recovery process. Moreover, motivation of this kind greatly benefits the identity adaptation process, which, in turn, helps participants of this research choose to partake in adaptive sport and re-establish their life meaning. As Lucy explained:

I would absolutely advocate anybody to get back into sports that they've played before, or indeed try new ones. And skiing has been great actually. I've really enjoyed getting back into skiing. I was never, you know, I hadn't done a lot of skiing before my injury. And so now, I'm probably actually not that far off the level I was at before, because I wasn't at a very high level anyway. So, sort of, conversely, it's almost quite good I suppose. Trying new sports, or at least sports that you weren't particularly adept at, because you haven't got such a level to reach. You know, since being injured.

(Lucy)

Lucy's comment indicated how, for her, it is important to gain some form of a comparison in terms of her physical ability. In this way, adaptive sport acts as a benchmark in order for her to achieve this as she is trying to return to a time when she felt 'normal'. This process may be exacerbated by military mentality, as personnel are encouraged to constantly achieve and perform to the best of their ability. Coincidentally, in relation to military mentality, Lucy considered the fine balance between freedom of choice and the ability to maintain a military environment, which she felt is important to maintain familiarity:

And you're encouraged to be as independent as possible, which is really important. And, you know, there's still a military focus there as well, with the military officers and that's really important to keep as well. Because whilst it might seem to the outside world sort of, I don't know, kind of unnecessary, you know, discipline or whatever. Well actually, that's what, that's what we're all used to. And again, you know, I harp back to what I talked about in terms of that sort of familiarity. It's actually, I think, a really healthy thing. So you know, you have a set routine to your day, you know guys do need to shave in the morning. And obviously activity is important with that. To have routine, yet choice, keeps it familiar and benefits us greatly.

(Lucy)

So, although Hawkins, Cory and Crowe (2011: 320) report that the compulsory nature of the training camp negatively impacted an individual's autonomy, participants of this research indicated that a balance between discipline and independence can be achieved. This is a significant finding as the relationship between the military and autonomy is perhaps, until now, an incongruous one due to the military's authoritarian nature. However, in the recovery process and in light of chapter six (page 134), which discusses the relationship between adaptive sport and meaning of life, this research suggests that autonomy and intrinsic motivation are inextricably linked. This finding is purported by Ryan *et al.* (2009: 107) who claim that the impact of autonomy promotes an individual's intrinsic motivation. Therefore, in terms of best rehabilitation practice, it is important to maintain the intricate relationship between autonomy and motivation in order to augment, what Guttmann recognised, the recreational and psychological value of adaptive sport (Brittain and Green, 2012: 246). Guttmann (1976: 12) claims that an individual must enjoy the experience as a way to facilitate the restorative power of adaptive sport. Therefore, there must be a

balance between strict rehabilitation strategies and the enjoyment derived from playful activity. Fundamentally, the recognition of the importance of autonomy and intrinsic motivation could optimise the chance for injured personnel to re-gain independence and meaning of life through their experience of adaptive sport. Now that a greater understanding of SDT has been developed, it is time to take a closer look at some of the reasons why participants of this research feel the need to achieve normalisation through adaptive sport.

Traumatic Injury, Normalisation, and Military Mentality

The relationship between traumatic injury, normalisation, and military mentality can be explained as the way in which military mentality promotes a negative perception of disability as ‘abnormal’. This research suggests that personnel then strive to overcome this process of categorisation by participating in adaptive sport in order to be seen as ‘normal’. This is because military mentality and the medical model of disability impacts the ways in which individuals prefer to have an identity constructed as an athlete, opposed to a disabled individual. Thus, the process of normalisation is required due to the negative perception of disability that is entrenched in military mentality. This means therefore that many personnel become self-determined to achieve a ‘normal’ identity that they themselves identify as that of an athlete, which may in fact be exacerbated by the similarities between military and sporting mentalities (Table 1, page 40). This point is developed in the next section of this chapter. However, before that discussion, it is pertinent to see how the normalisation process identified relates to military mentality. For instance, the way in which participants of this research are self-motivated to seek athlete identification due to the negative perceptions of disability that are exacerbated by military mentality. Peter

explained the impact that this has had on other areas of his life as he reflected on the impact of seeking athlete identification. Fundamentally, he explained how important it was for him to establish a sporting identity over a disabled identity. In doing so, Peter explained how he went to great lengths to abstain from alcohol as “no athlete is going to wreck their potential for another drink”. He explained that this changed the way he socialised completely to such an extent that his marriage came to an end because of his change in priorities and that he was “a fraction of the person” he “used to be in terms of everything but sport”.

Heavily related to Goffman’s (1963: 4-5) work on stigmatisation, the process of normalisation can be understood as the way in which an individual living with an impairment possesses ‘undesired differentness’ from ‘normals’. In other words, traumatically injured personnel possess attributes that are, according to the medical model of disability, neither desired nor thought to be ‘the norm’. In relation to this, chapter four (page 79) on military mentality established that within the medical model, disability is inherently negative and something that needs to be fixed or overcome. An example of this can be in the form of corrective surgeries that may be carried out to normalise the ‘imperfect’ body (Meekosha, 1998: 7). Fundamentally, to make the ‘spoilt’ body fit more easily into the dominant perception of what non-disabled-bodiedness ought to be. This could indicate the ways in which the medical-rehabilitation norm becomes a form of control and a product of normalisation that is entrenched in dominant ableist values. Hence, within the medical model of disability, becoming disabled is considered a personal tragedy that essentially creates a distinction between the individual with an impairment and their non-disabled counterparts.

In relation to this, participants of this research identify the antagonistic relationship between their change in social status, as an individual who would be considered by society as non-disabled pre-traumatic injury, to an individual who would be considered by society as disabled post-traumatic injury. In connection to this, participants expressed a range of opinions. Examples of which are evident in the difference between Ben and Simon's perception as to whether they define themselves as disabled. Ben claimed:

No I don't see myself as disabled. I probably, I am registered disabled, officially, by law. But I think, no, not at all. I mean, what is disabled?

(Ben)

In contrast to Ben's comment, Simon claimed:

Yes, I have a disability. At the end of the day there's no, there's no getting round it. I'm not the same person because I've had to change. I have got a disability and yes I am, I am disabled. And yes I get Disability Living Allowance. Only people with disabilities get Disability Living Allowance. And yes I've got a disability, I'm disabled.

(Simon)

Both Ben and Simon indicated the impact that the process of labelling and categorisation can have, whether that be, in the words of Ben, "by law", or in the words of Simon, "only people with disabilities get Disability Living Allowance". What is clear are the ways in which an individual's perception of disability is impacted by societal mechanisms of categorisation (Barnes and Mercer, 2010: 45-47). In Ben's case, though he is "registered by law" he does not see himself as disabled. However,

because he ‘fits’ into a certain category of society and receives a specific monetary benefit that is allocated to members of that group, Simon feels that he must be classed as disabled. Simon seems to express a lack of awareness of the effects that societal perceptions of disability can have (Brittain, 2004: 443). It would seem that the relationship between the self and society, along with perceptions of disability are central to the understanding of a participant’s need for normalisation. Tim claimed, “you are disabled because you are not able-bodied”. Tim defined himself as disabled because he considers himself to be in opposition to someone who is, what he has been socialised to consider as able-bodied or non-disabled. This recognition is pertinent to the understanding of the need for normalisation because Tim may be suggesting that he no longer considers himself ‘normal’.

Exacerbated by physical performance and physical ability that is entrenched in the military mentality, many traumatically injured personnel identify adaptive sport as a way to prove that they can still perform physical tasks, which could mean that they can still be considered ‘normal’. This is why many feel the need to overcome their trauma through adaptive sport, proving that they are still ‘normal’ by showing what they still can do. As Ben claimed:

Are people who have done Atlantic Rows disabled? Or those who have gone to the South Pole? Or skied the South Pole? You know, they are not handicapped or disabled.

(Ben)

Ben's viewpoint is reiterated by John's comment and understanding:

I see myself as any normal human being. I don't see myself as disabled. I don't class myself as disabled. I think someone that's disabled needs, you know, needs care. It's someone who really can't look after themselves. And needs someone to look after them and care and help them. I cope perfectly both in activities and in personal life around the house. So yes, I see myself as, as normal as I probably can get to – back to where I was.

(John)

Both Ben and John appear to disassociate themselves with a group of individuals that they consider to be more disabled than themselves (Brittain, 2004: 443). As Peter also implied:

Like Oscar Pistorious, you know, he's missing a leg. In fact, he's missing two isn't he? Is he a double amp? Yes, so you know that is quite an in your face... You know, missing his legs. So, you know, in the way of disability, he ain't got legs. I'm not like him.

(Peter)

Arguably, the societal implication of being labelled as disabled could be why Ben, John and Peter display these views as a way to reject their sense of belonging to that group. Notably, this could be due to fear and the negative implications of group membership. As a result, John's comment indicates how his perception of disability aligns with the medical model. This is because he sees himself "as any normal human being", continuing to clarify that he does not see himself as disabled. This suggests therefore that, in John's mind, disability is not 'normal'. Where there is the suggestion that disabled people are a lesser human being. This mentality implies that disability is

perceived as a lack of some form of physical function or ability. Injured personnel, who align themselves with John's perception, become self-determined to draw on their remaining ability to prove themselves. Fundamentally, to gain normalcy and to be seen as athletes who are able to achieve the extraordinary. Thus detracting from their disabled identity. This means therefore that a relationship develops between a psychological need for adaptive sport and normalisation through participation. As Tom reflected:

I do adaptive skiing because obviously I can't put a pair of skis on and go shooting down mountains, as any normal person can do. So, when I'm on my mono-ski, I know that I can just virtually go anywhere and everywhere on a mountain that a normal person can. So when I'm like that, I can leave the wheelchair at the bottom, get on the chair lift, get on the drag lift, go up and have a full days skiing just like any normal person can. The skiing really helped me, definitely.

(Tom)

Tom's comment presented an interesting dichotomy as he begins by declaring that he is not like a normal person, distinguishing his ability to "go shooting down mountains, as any normal person can do". In the same instance, he then declares that he is like a normal person, as he can "have a full days skiing just like any normal person can". This contradiction indicates the complexity of self-definition and self-perception in the recovery from traumatic injuries. It also indicates how military mentality impacts what he considers a 'normal' person can do and should be able to do. As a result, he is self-determined to achieve normalisation through adaptive sport, so that he can achieve what "any normal person can do". Therefore, his source of motivation is closely linked to military mentality due to the fact that his perception of disability aligns with the dominant, medical model, which encourages him to test his physical

limits in order to achieve. Underpinned by military mentality and SDT, it is now time to explore how several participants of this research prefer to be viewed as an athlete as they considered it more ‘normal’, than an individual who is disabled.

Motivational Regulations and Self-Perception as an Athlete

Chapter five (page 109) on identity adaptation uncovered some of the reasons why an athlete status is so important due to the way in which participants of this research interpreted their new social identity. In view of this, it is significant to consider the motivational regulations behind the need for athlete identification in relation to the normalisation process. This is because, “when an individual experiences a disabling injury or illness, he or she will invariably go through a process of adjusting to the resulting functional limitations” (Smedema and Ebener, 2010: 1311). This research suggests that some injured personnel adjust to their functional limitations through the experience of adaptive sport. They become determined to physically excel in order to change perceptions of disability and prove that they are still physically able. As Peter claimed:

I don’t think of myself as disabled and I don’t think any of my friends that are injured think of themselves as disabled either. It’s just, you know, essentially it’s just a new normal. Disability kind of implies that you can’t do something and that’s not the case, it’s just something’s you do differently and that’s kind of why I think about it like that.

(Peter)

In connection to this, Mike expressed his opinion that to not be physically able is not ‘normal’, where, in his view, it is not ‘normal’ to have to use a wheelchair:

It was really good to be able to walk again. It opened up, as far as sports go, being able to do other sports like I did before. And once I got my legs, without prosthetics you can't really play lots of sports, so it kind of opened up that stuff too. And it just, it was great to be out of a wheelchair. It was kind of, it was one of those things that helps put a sense of normalcy back into things. Because being in a wheelchair is not, obviously, not normal. So it was good to be out of the wheelchair again and up walking. It put a sense of normalcy back into things too, or an extra sense of normalcy back into things.

(Mike)

Moreover, when asked about the impact of adaptive sport, Mike reflected on how he felt once he had taken up adaptive sport, indicating how participation acted as a tool to feed his need for normalisation:

I think as time goes on it always gets better because things become more normal. And, if you do things long enough, it just kind of becomes a habit. So it's, now it's like, it's just normal for me. You know, almost. Well, essentially I'm completely used to it now so I don't really think about it as much as I used to. For me, it's just the way things are now. It's just a normal life. So, I don't feel any differently about in that sense. But, as time goes on, it does become more normal. You don't think about it as much just because you've dealt with it for so long and you're so used to it now that it just becomes everyday living.

(Mike)

With this in mind, it may be that injured personnel are not only challenging societal perceptions of disability, but also their own prejudices that they have had to come to terms with. This is because, as chapter four (page 79) on military mentality claimed, injured personnel embody the intricate web of taboos, prejudice, stigma and predispositions of their culture. These findings may suggest that this is why

motivational regulations relate heavily to the reasons behind athlete identification becoming so important. As Paul claimed:

Yes, I am always thinking what's next. I signed up for a marathon challenge before I could even walk half a mile. But it gave me something to focus on and work towards. It was also a huge learning experience as I'd never ran up or downhill before. So it helped me learn more about my prosthetics too. I'm now doing a 3000-mile cycle ride, proving again that my disability prevents me from doing very little. It'll be hard at first, but like with any of my goals, I'll build up to it with training and putting my mind to it.

(Paul)

That said it is important to consider that not all injured personnel will want to embrace athlete identification. This research uncovered how this was the case because an individual's own perception of what they considered an athlete ought to be greatly influenced the rejection process. This is, of course, dependent on how the term athlete is defined and understood. For this present discussion however, participants speak of the rejection of an athlete identification that is encouraged in the current military rehabilitation initiatives. With this, it is also imperative to ascertain the influence that military mentality can have on this process. As this research uncovers, traumatically injured personnel are encouraged to break through the "shackles of injury" (DMRC, 2006) and embrace athlete identification, which becomes increasingly important due to the fact that disability is seen as 'abnormal'.

Rejection of Athlete Identification

However, it is important to reflect on those who do not want to become athletes and do not consider themselves an athlete. Jim clarified this point as he reveals his perception of what an athlete meant to him:

The term athlete has always sat a bit uncomfortably to me. This notion of the athlete. So I took part and very briefly captained the combined services disabled ski team. And they used to refer to the athletes. It never really sat very comfortably with me, this notion of the athletes. Athletes to me are, you know, your Fatima Whitbreads and Daley Thompsons. Rather than a bunch of hooligans trying to ski competitively.

(Jim)

Jim's comment indicated that, for him, he does not want to draw on athlete identification, as he did not feel that it was right for him or that he was good enough:

And if you ever watch any Paralympic skiing, the downhill skiers, and that's what I would've been, downhill or Super G, are just phenomenal. I wouldn't have, you know, I was a dis-, I was an absolutely appalling skier before I was injured. I'm very good now because I've had lots of training, but I'm nowhere near those guys. I mean, they're just a completely, a complete world apart. And my, our coach, made all the right encouraging noises suggesting that he thought I could get there. But I'm mid-thirties, and the next Paralympic skiing event would have been when I'm nigh on forty. And coming from my background of dismal skiing, it was just completely unrealistic.

(Jim)

Here, it is significant to identify the importance of confidence and self-belief. Jim appears to question his ability, which may influence his self-determination and

motivation to partake in some sporting endeavours. Furthermore, in relation to this, it is also significant to consider the implications of athlete identification being imposed on individuals and the impact that this can have on not only their identity, but also the setting of unrealistic goals. As Emma explained:

Sadly I've known a couple of guys who have really gone for it with various sporting endeavours. And I've sat there and thought, god, that's completely unrealistic. I mean great, go for it, and have it as a goal, a big sporting goal. But, you know, be realistic about it. And unfortunately they've sort of crashed and burned in a sense. And it's been a valuable experience for them, I'm sure. But, at the same time, you know, I set goals, yes, but realistic ones.

(Emma)

While Emma suggested that some individuals express a lack of realism in relation to their sporting endeavours, it may be that she has a lack of confidence in her own ability post-traumatic injury, which has negatively influenced her self-belief. These findings suggest that it is important not to impose athletic identity on injured personnel. It could be that because of military mentality and the negative perception of disability, that personnel are guided to take on this newly defined position as it appears to 'fit' and be considered 'normal' in the realms of an ableist organisation such as the modern day British military. However, this research would suggest that even when an athlete identity has been established, individuals could face problems. As Ben described his friend's experience:

He's absolutely stuck in the moment of the fact that he's missing a leg. And can't get past that and it's quite tragic to see. And that's a classic example of somebody who's done lots of sporting endeavours, massively

driven to push himself and his boundaries of physical endeavour, which is all great and good. But, he's completely stuck in the moment of his injury. And in the defining of his existence, or his existence is defined by his injury.

(Ben)

In view of this, it could be that athlete identification does not benefit all individuals. Primarily this could indicate the way in which the medical model of disability forces injured personnel to try to achieve normalisation through adaptive sport yet does not facilitate some level of acceptance of the life-changing nature of their experience. It follows that it is necessary to discuss some of the problems encountered when participants of this research tried to achieve normalisation through adaptive sport.

Problems with Achieving Normalisation through Adaptive Sport

Chapter six (page 134) on adaptive sport and meaning of life indicated that participants of this research highlighted many deep-rooted psychological benefits to participation in adaptive sport that are intrinsically motivated, internally informational and internally controlling (Deci and Ryan, 1985: 32). This could be the way in which sport touches people “in deep, mysterious and difficult-to-explain ways” (Hoffman, 2007: xi). However, it is important to consider that the experience of adaptive sport can also generate negative feelings. Two participants reported that although their experience was extremely positive most of the time, they each experienced a particular occasion that was negative. They both indicated that it was at a time when they felt increasingly self-conscious about their injury and this was due to the environment in which the experience of adaptive sport took place. Jim explained the way in which a particular sporting environment made him feel that his disability became his dominant social identity:

Just to reiterate the point there are two sides. There's a very beneficial side to sport. And of course in terms of your identity, a very beneficial side. Because it allows you to realise that things haven't changed beyond all recognition. And actually lots can still go on as it was before. But it is in that context of being just who I am, with my injury as just part of who I am, rather than it defining me. And of course, when I'm skiing with a prosthetic leg that is on display by virtue of the fact that that's how it's designed, inevitably everybody who sees me that does not know me, will only see me as the bloke with one leg. And they may look very positively. But, at the same time, it re-affirms that notion of my injury overwhelming my identity, rather than actually just being, forming part of it.

(Jim)

It is significant to consider how prosthetic limbs can impact the normalisation process when taking part in adaptive sport. This is because technological aids are designed to restore functional ability, as well as fulfil aesthetic needs (Murray, 2004: 963). However, Jim's comment indicates how having "a prosthetic leg that is on display" negatively impacted his experience. Research suggests however that the impact of negative body image can influence an individual's psychological adjustment to amputation, forming psychological maladjustment (Noble, Price and Gilder, 1954; Rybarczyk *et al.*, 1995; Breakey, 1997). There is therefore a need to understand the embodied nature of prosthesis use and the impact that this could have on an individual's determination and motivation to participate in adaptive sport. The social meaning of prosthesis use (Murray, 2005) is, for Jim, augmenting his identity as a disabled veteran. This seems to be a dominant identity that he does not choose for himself. Therefore, issues surrounding body image and perceived social stigma are present. In relation to this, on a separate occasion, Jim explained how adaptive

sport made his injury become increasingly dominant. An occasion where social-environmental factors played a significant part:

I mean, if anything, actually sport exacerbated the problem. I'd turn up for a Battalion PT session and we'd do a circuit session in the gym. And, of course, I was the bloke with one leg. And anybody who was flaking on a run that I overtook, had been overtaken by the guy with one leg. And so, actually that's a very good point. It exacerbates the problem because it's particularly during those sporting moments when you are wearing shorts when an injury like mine becomes so apparent to everybody else.

(Jim)

Indeed, this can show how social-environmental factors heavily influence an individual's successful achievement of normalisation through adaptive sport. Relating this notion to SDT, it may be that an experience of this kind makes personnel less determined to partake in adaptive sport. In other words, their self-perception affects their involvement in adaptive sport (Brittain, 2004: 439). Self-perception therefore plays a significant role in not only the recovery process, but also the impact that adaptive sport can have. For Jim, he was "the guy with one leg", which becomes more apparent when wearing shorts to partake in sporting endeavours. This is in contrast to a U.S. perspective where it is reported that some individuals wear shorts in order to show their prosthetic limb as they consider it to be a "badge of honour" (Wolff, 2011: 50). The difference in self-perception is therefore apparent, it is up to the individual whether they feel the need to be self-conscious or indeed hide their prosthetic limb, dependant on their social-environmental surroundings. In this case, Jim expressed the impact that social-environmental factors have had on his self-image and self-confidence:

And so whilst sport has so many benefits, I guess that it's one moment where you're much more likely to be perceived because of your injury rather than by, the general person that you are. That's quite interesting actually. I hadn't considered that before. But I think that's probably quite valid, that as much as it's affirming in terms of your capacity to get on with stuff, actually, it does hold you in that status of being the guy with one leg.

(Jim)

Jim's comment, "I hadn't considered that before", indicated elements of self-emancipation, whereby he has raised and increased his awareness by taking part in this research. This is important, as he is able to reflect on significant aspects of his identity construction, which have influenced his emotions and response to certain situations. His statement indicates how this specific event has impacted his self-image and self-confidence. This is because society constantly bombards people with figures of physical perfection that are not a true representation of the general population (Hargreaves, 2000). In connection to this, Tim highlighted how sometimes the experience of adaptive sport can present negative experiences:

I think that, well there are potential negatives yeah and that is that you realise that there are limitations on what you can do. You know, you are disadvantaged as a result. And yeah people argue that you can, you can get other qualities that will compensate for that disadvantage, which will overcome it and enhance you further. But that's, you know, that's fluff talk in my opinion. You know a physical disability is a physical disability. You are, you're disabled because you're not able-bodied. So, and that is very much highlighted when you're playing sport, because of its physical nature. But it also puts you in a position where you can realise that you can adapt and you can still do a great deal.

(Tim)

These findings suggest that although military mentality influences the ways in which injured personnel strive to achieve normalisation through adaptive sport, it is not completely beneficial for all. This is compounded by the fact that many personnel feel that normalisation needs to be achieved in the first instance. If, for example, personnel were grounded in the social model of disability, they may not feel the need to seek normalisation post-traumatic injury because of the very fact that their change in social status and relationship to society remains 'normal'. In other words, it is not 'abnormal' to be living with an impairment and it is not something that individuals must strive to overcome and fix. In relation to this, participants described the ways in which sources of motivation relate heavily to the need for normalisation, which is achieved through social comparison.

Adaptive Sport, Psychological Need Satisfaction and Social Comparison

Closely linked to the process of identity formation, social comparison theory postulates that individuals evaluate their capacity and ability by comparing themselves to others (Festinger, 1954). The connection between identity formation and social comparison can be thought of as the way in which individuals develop their sense of belonging and their in-group identification, concepts that were explored in chapter five (page 109) on identity adaptation. As a result, participants of this research often detailed how they would compare themselves to others in order to push themselves physically as a way to attain the same sporting goals and achievements. As indicated by Paul:

I even watched a man in the gym who had two arms and I set myself a target to press with my one arm what he did with his two. I suppose I didn't want people making allowances for me and wanted to do the same, if not more than the others.

(Paul)

Paul's comment indicated that through social comparison, he has developed increased levels of self-determination and self-motivation, which was fundamentally fuelled by a need to feel 'normal'. This is a central finding and connects closely to military mentality, which recognises the impact that competitive spirit can have. As Ben claimed:

I think it's just like, just keep going, I suppose. And try and beat their friend, beat someone else. Mass competition. They don't want to lose against someone else, an American or something. And I think it's also personal pride, isn't it, as well?

(Ben)

Hawkins, Cory and Crowe (2011: 320) also found that a "competition-like atmosphere" motivated injured Service members to participate, noting the connection between SDT and social comparison theory. However, it is important to develop a deeper understanding of this notion as a means to inform rehabilitation practice. This research would suggest that it is pertinent to recognise to what extent injured personnel have a competitive nature and how this can increase self-motivation. As Tim stated:

So, I thought the best way of doing that would be to enter sport because of its competitive nature. You've got to push yourself. Training, physical training in the gym is all well and good, or cardiovascular training outside. But I've always found that in a mixed environment, you'll push yourself harder because you want to beat your mates ultimately. And they want to beat you and it gets more competitive, so you'll get fitter. And doing it through sport, rather than physical training alone is, makes it much more fun.

(Tim)

Tim highlighted a key argument presented by Guttmann, that participation must be fun in order to benefit from the restorative power that adaptive sport can provide (Brittain and Green, 2012: 246). And although Tim described significant levels of motivation and enjoyment through competition and social comparison, this may not be the case for all injured personnel. It is therefore important to understand and appreciate what each individual enjoys. That said, participants of this research identify that a competitive nature is nurtured within the military and it may be beneficial to encourage and draw on an individual's competitive spirit to increase levels of enjoyment in the recovery process. As Tim explained:

You know, it's not a job, it's a way of life. And you've got to, if you're going to be involved with that, you've got to really immerse yourself in it. Especially if you want to excel in it and have a career out of it. Because, again, it's quite a competitive environment. And everyone's fighting for promotion. I mean you want to be successful in your career, so you've got to put the hours in to excel.

(Tim)

It is interesting how possessing a competitive nature within the military impacts the ways in which individuals wish to compete during their rehabilitation, an attribute and characteristic that is shared with many athletes. This is highlighted in Table 1 (page 40), which details the connections between sporting and military mentalities – another framework that indicates why military personnel may find adaptive-sport-rehabilitation so beneficial. This can be considered in connection to the idea that they need to prove that they are still physically able. As John stated:

So yes, I think sometimes it is a bit unfair to be always labelled as disabled. And it does, it is a little bit frustrating. But we can just hopefully prove or keep proving to them that we're still on the top level, or sometimes even better than them. And we can compete against them in all forms and ways. So hopefully in the future we can compete against guys that are abled.

(John)

John insinuated that he no longer considers himself as one of “them” anymore, also known as ‘othering’ (Huang, 2005: 208) as he disassociated himself from “them”. He not only shows how elements of social comparison impact his self-determination, but also the ways in which his self-perception plays a significant role in his need for normalisation. This can be understood as the way in which a psychological need is developed throughout this multi-dimensional process. This recognition seeks to cultivate an understanding of the psychological need for satisfaction that takes place when individuals seek to achieve normalisation through adaptive sport. That is to say some individuals are extremely self-determined to develop a psychological need to achieve normalisation through adaptive sport, which, if their psychological need is fulfilled, leads to increased satisfaction. Increased satisfaction also relates to the ways

in which participation can aid overall recovery and rehabilitation, which, in turn, impacts the normalisation process. As described by Ben:

The first time I was six foot again since the explosion felt amazing. Then trying to walk like that was tough. But the effort then, compared to the crawling along the floor. It felt so different. I wasn't on my arse, but standing tall, taller than some of the men in the room and walking with no help. I kept a plan to get me focussed and this really helped. I set myself sport related goals and targets that were ahead of where the physios wanted me to be, so we were all happy.

(Ben)

Above, Ben recognised how the setting of sporting goals has helped him in his rehabilitation. Fundamentally, enabling him to use prosthetic limbs and facilitating him to achieve his desired sense of normality as he compares himself to others. This epitomises the relationship between adaptive sport, psychological need satisfaction, and social comparison.

Concluding Remarks

This chapter has developed an understanding of the ways in which participants of this research are self-determined to achieve normalisation through adaptive sport. It would seem that adaptive sport is central to the normalisation process because it facilitates individuals to continue with an important part of their occupation, maintaining peak physical fitness, as well as its ability to establish a connection with sources of motivation. With this, an important finding in this chapter is the fact that SDT has encouraged an exploration into sources of motivation. This has uncovered that participants of this research are motivated through autonomy, competence, relatedness and social comparison. However, it is significant to discover that the process of

normalisation is entrenched in “discriminatory and disablist” viewpoints (Brittain, 2004: 443). This is because participants of this research identify how their need for normalisation, their self-determination and self-motivation, are based on their negative perceptions of disability. In light of this and the identity adaptation process, participants strive to overcome the fact that their dominant social identity is, in the medical model discourse, that of a disabled individual. So, because disability is considered ‘abnormal’ and inherently negative, with strong societal connections to incapability and incompetence, participants choose to prove themselves through the domain of physical activity. It may be therefore that the normalisation process does, in fact, reinforce “negative perceptions of disability and their continued use within society” (Brittain, 2004: 443) and the modern day British military as a whole.

The next chapter explores the impact of traumatic injury, specifically relating it to the concept of Post-Traumatic Growth (PTG). This closely ties in with the concept of meaning of life and adaptive sport as PTG looks at the ways in which suffering can bring benefits to individuals in terms of a greater appreciation of life, improved quality in inter-personal relationships and a deepened sense of spirituality and purpose (Tedeschi and Calhoun, 1996). Several participants of this research identify the ways in which they have changed priorities in their life and have a greater sense of personal strength, both of which have been augmented by the experience of adaptive sport. As participants have identified aspects that align with PTG, it is pertinent to consider the impact that a life-changing injury can have as a positive adaptation to trauma.

Chapter Eight – Positive Adaptation to Trauma: Post-Traumatic Growth and the Impact of Adaptive Sport

Introduction

This chapter introduces the concept of Post-Traumatic Growth (PTG) in order to highlight how the impact of a traumatic injury can have positive affects, especially when individuals experience PTG - a concept that recognises that “undergoing suffering can bring benefits as well as costs to individuals” (Collicutt McGrath, 2011: 82). As an important finding of this research, participants describe a state of personal resilience in which they were able to transform their “suffering into flourishing” (Fosha, 2009: 252). In combining the concept of PTG, with Fosha’s (2009) work on human resilience, this research identifies central mechanisms that can be nurtured in order to restore self-confidence, self-dignity, and overall psychological well-being. This idea is based on the recognition that research on resilience and human flourishing acknowledges that individuals have qualities, intrinsic properties, which are connected to the healing and recovery from trauma. It is considered that if intrinsic properties are fostered in the right conditions, they have the tendency to generate positive phenomena and beneficial transformations (Fosha, 2009: 252). In line with this, participants of this research identified the way in which adaptive sport acts as a tool to set the right conditions for positive phenomena. This may be because adaptive sport forms a medium to foster beneficial transformations through the experience of play and the generation of positive emotion, which encourage healing transformational processes and PTG.

Set within this framework, this chapter highlights key findings that are in line with results associated with people who have experienced PTG (Tedeschi and Calhoun, 1996). These are: the development of a greater appreciation of life; a greater sense of

personal growth and inner personal strength and the development of a new life path. All of the aforementioned findings are grounded in the concept of PTG (Tedeschi and Calhoun, 1996) and were identified by participants of this research. Yet, upon reflection, participants also indicated how, before their trauma, they took aspects of their life for granted. Furthermore, several participants explained that their traumatic injury acted as a 'wake-up' call. These findings can be added to the concept of PTG in order to increase awareness and understanding of the impact trauma can have for British Service personnel, to not only increase understandings of the progression in their life course, but to also highlight elements of self-emancipation. Fundamentally, participants expressed that they have increased their awareness by taking part in this research. This is important, as participants are able to reflect on significant aspects of their trauma and how they have progressed in their recovery. In addition, the recognition of how participants took aspects of their life for granted and how trauma can act as a 'wake-up' call can add to the theoretical concept of PTG as a means to increase understanding on the process of recovering from traumatic, life-changing events.

This chapter emphasises the way in which positive experiences and personal developments are fostered and cultivated through the experience of adaptive sport. This process fundamentally recognises the transformation of suffering into flourishing. As the British military seek to ensure that the aftercare of its injured is of the highest possible standard, these findings suggest that the therapeutic powers of adaptive sport need to be celebrated. This recognition takes us back to Guttman's (1976: 12) claim that adaptive sport has psychological value as it restores "that passion for playful activity and the desire to experience joy and pleasure in life, so

deeply inherent in any human being”. However, just because participants of this research identify the psychological value of adaptive sport, it is also important to recognise that this may not be the case for all traumatically injured Service personnel. Here, it is imperative to recognise the work of Guttmann who emphasised just how important it was for individuals to enjoy participation in adaptive sport. In doing so, he asserted that the restorative power of adaptive sport may be lost if participation is not enjoyable:

Guttmann also points out that much of the restorative power of sport is lost if the person with the disability does not enjoy their participation in it. As long as enjoyment is derived from the activity, then sport can help develop an active mind, self-confidence, self-dignity, self-discipline, competitive spirit and camaraderie, all of which are essential in helping to overcome the all-consuming depression that can occur with sudden traumatic disability.

(Brittain and Green, 2012: 246)

Considering this, this chapter highlights how enjoyment of adaptive sport is crucial in order for the transformational healing process to occur, a process that considers how the role of positive emotions are able to transform human suffering into flourishing. This chapter firstly seeks to develop an understanding of PTG, after which an exploration of the relationship between adaptive sport, positive emotions, and the transformation of human suffering will be provided. This will be underpinned by a discussion of key concepts of PTG and a conclusion will summarise the chapter.

Post-Traumatic Growth (PTG)

It is important to explain that Post-Traumatic Growth (PTG) does not occur as a direct result of the traumatic event, but when an individual comes to terms with their new reality. This is relevant in this case as injured personnel have identified that adaptive sport helps them come to terms with their new reality, acting as a tool to encourage PTG. PTG is however individualistic in that people may or may not experience it. In other words, just because someone experiences trauma, it does not mean that the person will also experience positive adaptation and PTG. The transformational process is therefore crucial in order to determine to what extent PTG occurs (Tedeschi and Calhoun, 2004). It is considered that there are personality traits that can affect the likelihood of an individual making positive adaptations and experiencing PTG. The personality traits are extraversion, openness to experience (Costa and McCrae, 1992; Linley and Joseph, 2004) and resiliency as an individual's ability to "bounce back" and achieve "flexible adaptation to the changing demands" (Wiechman Askay and Magyar-Russell, 2009: 571). In light of this, human personality theories suggest that possessing the trait of extraversion means that an individual is outgoing, energetic and takes pleasure in belonging to and taking part in community activities (Costa and McCrae, 1992).

In this manner, it is interesting to consider therefore that extraverts tend to enjoy human interaction, which would coincide with the cohesion and interaction necessary within a military unit. The importance of cohesion has already been identified within this research and was explored in chapter four (page 79) on military mentality. Yet, it is pertinent to consider to what extent military personnel possess such personality traits. For instance, the trait of an individual being 'open to experience' would also

relate to the way in which British military personnel are required to be flexible and adapt to all manner of situations - a practical demand of their military role that encompasses the need to be willing to follow orders and be open to experience, especially due to the uncertainty of military operations. With this in mind, resiliency is also a characteristic that is required within the military, a characteristic that is nurtured and continuously tested (Marine Corps, 2012). It could be that the majority of military personnel possess some level of these characteristics and this may be why so many excel in their rehabilitation. As an area for future research and a means to develop this idea further, it would be necessary to compare these findings with a civilian sample in order to show to what extent personality traits impact an individual's chance of rehabilitation, positive adaptation and psychological well-being.

PTG is relevant as it recognises the way in which individuals attempt to adapt to negative circumstances caused by trauma. Rather, the reason why suffering and trauma can potentially produce positive changes for the individual, relates to the ways in which traumatic events encourage the individual to draw upon their adaptive resources (Tedeschi and Calhoun, 2004). This therefore relates to other findings of this research. Firstly, military mentality, because of the ways in which the British military encourages personnel to be resilient and overcome adversity – a finding that impacts the way in which participants attempt to overcome their disability and what is considered to be a negative circumstance caused by trauma. Secondly, identity adaptation, because of the way participants are made to feel inferior to their non-disabled counterparts and therefore must adapt their identity to one that is considered to be more acceptable, to that of an athlete. Thirdly, meaning of life, because

participants recognise the extent to which adaptive sport generates positive changes in psychological well-being and quality of life, promoting empowerment. Fourthly, normalisation, as participants are influenced by socio-environmental factors when adapting to their circumstances. This forces them to consider what is 'normal' as they express their self-determination to regain a sense of normality through the experience of adaptive sport.

In sum, participants of this research do describe positive adaptation to trauma that has fundamentally been encouraged and fostered through the military as they encourage participation in adaptive sport through their initiative 'Battle Back'. This research suggests that adaptive sport ought to be recognised as a tool to set the right condition for positive phenomena. In this manner, adaptive sport acts as a tool to foster beneficial transformations through the experience of play and the generation of positive emotion, which encourage healing transformational processes, as well as PTG. So although this research suggests that negative perceptions of disability are present in the modern day British military and these perceptions directly impact their rehabilitation initiatives, it could also be said that the military are setting the right conditions for traumatically injured personnel to experience PTG. Fundamentally, this research highlights how the military are grounded in the medical model of disability and the implications of this for injured personnel need to be revised, whilst at the same time it also indicates how research participants have benefitted from their rehabilitation experience and transformed their suffering into flourishing. Therefore, once again it can be recognised that the therapeutic and transformative powers of adaptive sport do in fact relate to an individual's intrinsic motivation, their meaning and purpose in life. With this in mind, it is now time to take a closer look at the

accounts of PTG discovered in this research to develop a greater understanding of the impact of and recovery from traumatic injury.

Personal Growth and Positive Adaptation

One of the emergent themes detailed in the lived experiences of traumatically injured personnel was their change in perception. This involved a change in self-perception and perception of the world in which they live. This finding is supported by the research carried out by Hawkins, Cory and Crowe (2011), who also discovered that participants reported an improvement in their well-being once they had taken up adaptive sport, as it enabled them to see beyond their physical injuries. They report that participants of their research explained how adaptive sport aided the recovery process by encouraging self-acceptance, where the overall experience of traumatic injury forced participants to re-consider what they value in their lives (Hawkins, Cory and Crowe, 2011: 316). Although it is not declared, the process that is being described by Hawkins, Cory and Crowe relates to the concept of PTG and how trauma can encourage personal growth. In researching PTG and spirituality in burn recovery, Wiechman Askay and Magyar-Russell (2009: 572) report that once an individual is able to accept their situation, they are then able to “use a more problem-focused active way of coping throughout the long rehabilitation process”. Acceptance is therefore central to the discussion on trauma; in order to achieve positive adaptation and personal growth, individuals must be able to come to terms with their situation. Participants of this research identify that finding acceptance is difficult. Yet, through the experience of adaptive sport and its restorative power, many report that they have been able to achieve some form of acceptance. This involved acceptance of their body image and their change in physical ability, as John explained:

I am happy with how I am now and what I can do. And that was done by taking on different sports and doing different activities. It has really helped in how I look now and what I can still do. So, I'm pretty pleased, yes, with where I am now and with what I am doing.

(John)

John indicated the relationship between achievement and acceptance as he explained how sporting achievements have benefitted his body image and overall acceptance of his injury. In connection to this, Tom explained how gaining some form of acceptance is difficult and can be frustrating:

Yeah, I've fully accepted my situation and what I can and can't do. Sometimes it can be frustrating and sometimes I get frustrated. And sometimes my fiancée, she gets frustrated because I'm getting frustrated! Because I know I can't do things or if I...I'm a bugger to ask for help sometimes, unless I'm really, really struggling. I had to go through the frustration stage to get to where I am. Sport helped me get rid of the frustration and accept what I can do today.

(Tom)

Tom's comment highlighted how frustration is an emotion that individuals may have to experience in order to achieve some level of acceptance. Feelings of frustration and anger may in fact be beneficial in this process (Fosha, 2009: 256). Taking this into account, it is pertinent to recognise the impact that trauma can have on an individual's inter-personal relationships. Participants identify that it is often the case that those closest to them are, as Tom says, in the 'firing line' when anger and frustration are present. However, support from others is considered a central part of an individual's recovery. This involves good social support, which Wiechman Askay and Magyar-Russell (2009: 572) claim may help individuals experience PTG. In light of this,

participants describe how their relationships were strengthened as a result of participating in adaptive sport. Paul explained “things improved for me with my girlfriend once I knew I could still do things. I knew that I could still do things by doing sport. I felt at ease with myself and others”. This finding is also reported by the work carried out by Hawkins, Cory and Crowe (2011: 317), who explain how participants identified that their relationships were strengthened once they took part in adaptive sport. Thus, adaptive sport helps individuals overcome feelings of frustration, enabling acceptance.

In order to gain a clearer perspective, Figure 7 shows a six-stage process described by participants of this research. It indicates the process participants have gone through in order to achieve positive adaptation to trauma, recognising the impact of adaptive sport. Stage (i) signifies the self before traumatic injury, where personnel’s role within the military is defining and provides them with meaning and purpose; stage (ii) shows how trauma acts as a major life event. Individuals experience feelings of anger, frustration and loss, as they are no longer able to fulfill their role within the military; stage (iii) identifies significant implications after traumatic injury. These relate to physical, psychological, social and spiritual changes to a person’s being and the impact to their day-to-day life; stage (iv) signifies a process of healing through the experience of adaptive sport, which acts as a tool for individuals to realise their potential and restore feelings of self-worth, confidence, meaning and purpose; stage (v) highlights PTG and the way in which adaptive sport acts as a healthy coping resource for individuals to overcome feelings of anger and frustration, to form a state of increased self-awareness and a greater appreciation of life and stage (vi) indicates

the 'new' self, recognising an individual's change in priorities and the need for things to feel 'right'.

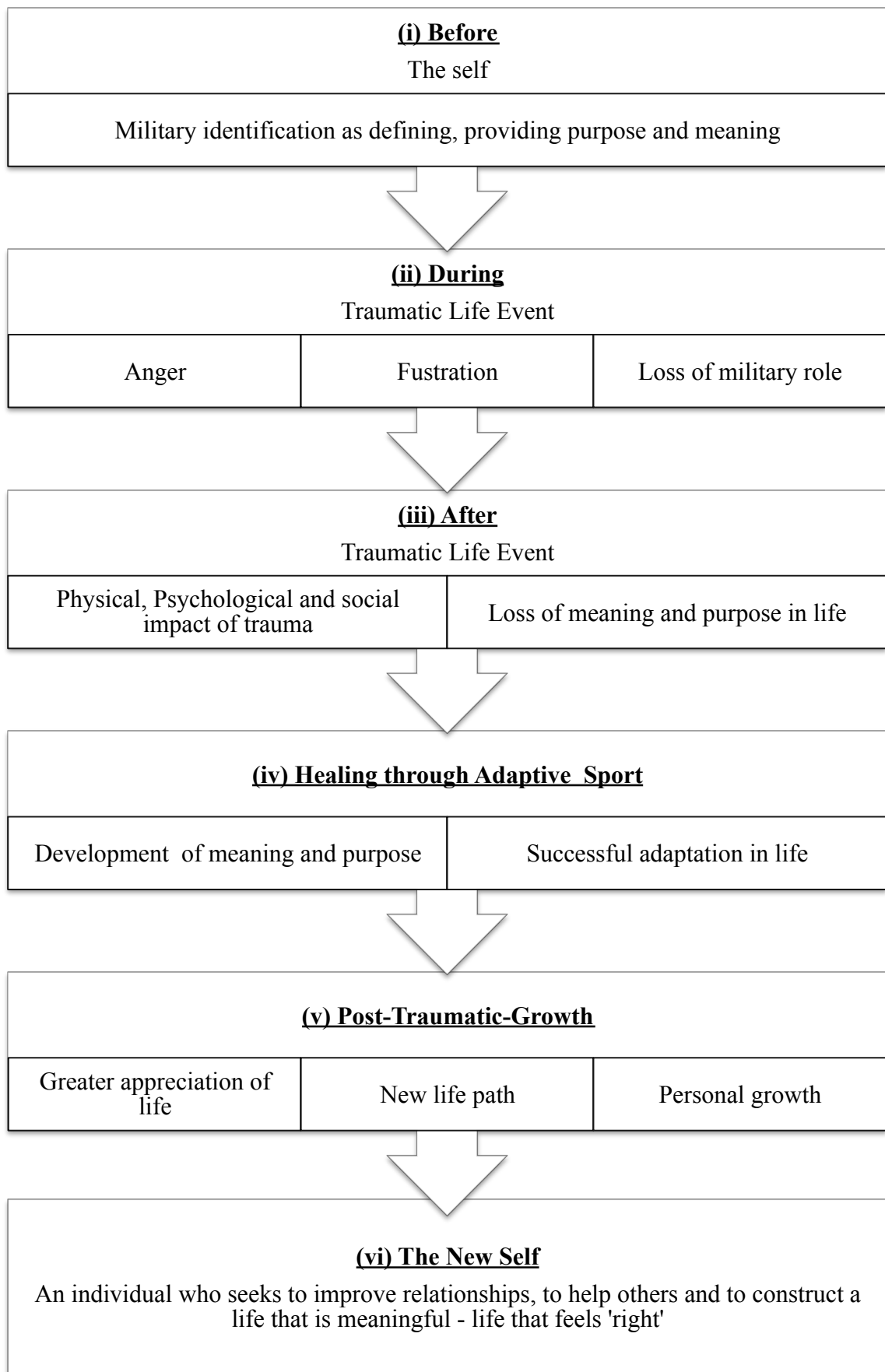


Figure 3. *Positive Adaptation to Trauma: The Impact of Adaptive Sport*

As participants identified experiences that are in line with PTG, it is now time to take a closer look at the findings in order to develop the discussion and the understanding of positive adaptation to trauma and the impact of adaptive sport. What will unfold is the realisation that participant's lived experiences of PTG are in fact influenced by their military mentality and the mindset that was described in chapter four (page 79).

Adaptive Sport: A Tool to generate Positive Emotions in the Transformation of Human Suffering

In order to consider how adaptive sport is a tool to generate positive emotions in the transformation of human suffering, the following discussion will entail a detailed examination of central concepts of PTG, as identified by participants of this research. This section will begin with an account on how participants have developed a greater appreciation of life, post-traumatic injury.

Greater Appreciation of Life

In describing the experience of trauma, participants explained how they have developed a greater appreciation of life. This related to their inter-personal relationships, as well as a greater appreciation of aspects of their life in general. Participants described how they felt lucky to have survived the trauma, as Mike explained:

Yeah, you definitely learn to appreciate life more. And when an injury like that happens, you know, you really appreciate all the things that you have. I think you appreciate stuff more because you've had that experience. You know, you never know when you're going to lose something. You never know when you're not going to be able to do something anymore. So you just appreciate everything else that you have and learn to take nothing for granted. So you appreciate things a lot more

and appreciate things in your life a lot more, at least I did. You're more aware of essentially how good you have it because even in my situation, you know, if you think about really any situation, it could always be worse. There are people worse off than me. Even being above the knee is, is much more difficult than a below the knee. And I think about that. You know, I'm pretty grateful that, as crazy as it sounds, my injuries were not as significant as they could've been. So you just, you just appreciate that stuff more and realise that it could always be worse and just be thankful for how good things are.

(Mike)

Mike's comment indicated the impact of loss through trauma. This does in fact relate to the work carried out in this research, specifically the work on identity adaptation in chapter five (page 109) and meaning of life in chapter six (page 134). This is because previous research suggests that the loss of, in this case, a functional ability, generates a loss to an individual's identity that can also encompass a loss of purpose and meaning of life (Boswell *et al.*, 2007). It is through this experience that participants describe the need to adapt their identity and they choose to do so through the experience of adaptive sport. As a key finding of this research, identity adaptation through participation, is also central to the understanding of trauma. This is because it once again highlights how adaptive sport helps individuals deal with their traumatic experience by providing focus, as well as helping them realise their potential. Participation in adaptive sport therefore aids the recovery process to such an extent that individuals are able to experience positive changes in their life. This is due to its crucial part in the overall recovery process, providing participants of this research with positive experiences that fundamentally foster a positive psychological change – a change that is also described as a transformational process (Fosha, 2002). As a result, participants explained that they have developed a greater appreciation of life

and that they have been able to turn their suffering into something positive, which was fundamentally encouraged by their experience of adaptive sport.

Upon reflection, Mike also explained the uncertainty of life's events, a finding that is in line with research carried out on the impact of trauma. This is because life-changing events often force individuals to question life's events and the meaning behind certain experiences (Fournier, 2002; Fosha, 2009; Wiechman Askay and Magyar-Russell, 2009). This leads onto Mike considering how his injury "could have been worse" – a reflection shared by all participants of this research. This reflection indicates a coping mechanism that is central to the transformational process, where individuals are said to be in the process of adaptive tendencies that fundamentally present the emergence of resilience (Fosha, 2002: 256). Fosha reports that this is a "post-breakthrough affect", which fundamentally acknowledges feelings of relief that an individual's situation is as it stands, rather than their imagined alternative. In fact, participants of this research identified that participation was central to the recognition and acceptance of their situation, due to it providing them with pleasurable and relational experiences. It was through the experience of play, participants described that they were able to experience a sense of relief, as they were able to realise their potential. It is from this experience that adaptive sport provides individuals with an opportunity to develop their authentic self (Fosha, 2002: 256), as they are able to come to terms with their trauma and form some level of acceptance. Firstly, this greatly influences their resilience, confidence, and well-being, again highlighting the restorative power of adaptive sport. Secondly, this highlights the developing relationship between adaptive sport and PTG as this research indicates the ways in which participation acts as a vehicle for individuals to experience such growth.

Recognising this, participants of this research also identify how they have developed a new life path. The following discussion seeks to develop the theoretical understanding of PTG, as well as providing insights into the role of adaptive sport.

A New Life Path

As a traumatic and life-changing event alters the life of an individual, participants reflected on how they have developed a new life path, post-traumatic injury. This related to specific changes in their life course. For instance, several participants had to face medical discharge from the military, which meant a change in their occupation that would not have been the case if traumatic injury did not occur. In relation to this, Jim described his feelings about having to leave the military:

I have fundamentally changed my life path. And it's fundamentally the business about leaving the army, which I wouldn't have done. I think I would've, I think I would've trundled on. My view on it was always, I'll continue serving until I'm not enjoying it anymore. And there was no hint that I wasn't going to enjoy it anymore. And so the path into Civvy Street is, is one that I hadn't necessarily chosen. But, on the same hand, it has changed my perception of what's important in life, I think.

(Jim)

By reflecting on his life path, Jim's comment indicated the uncertainty of life's events as he felt that he would have continued to serve in the military had he not been injured. It is pertinent to appreciate how the discontinuity in Jim's life course has forced him to adapt and change his life path. In doing so, Jim's reflection also indicates how he recognised that the change in his life path has generated positive changes because he now considers other aspects of his life to be more important. He may in fact be suggesting that his role within the military, a role that has previously

been described as all encompassing and a way of life, is no longer as important as it once was. On the one hand this could be due to the fact that he can no longer fulfil his role, so has detached himself from feelings of enjoyment and fulfilment that he once gained. On the other hand, the impact of traumatic injury could have led Jim to consider that his occupation should not be the sole focus in his life. This is interesting as it is through the loss associated with his trauma (the loss of his leg and the loss of his role within the military) that Jim feels he has in fact gained a greater outlook on life, which he considers to have positively influenced his life path.

When considering changes to their life course, other participants also detailed their change in mind-set, especially when they considered what they thought their life should now be like and what it ought to entail. In other words, the experience of trauma has challenged individuals to question their purpose and meaning. Moreover, as survivors of a traumatic injury, many participants felt that they were on a quest to develop a life with more meaning. This ranged from an increasing desire to help others, to changing their priorities in life. This does in fact relate to the findings of Sparkes and Smith (2005: 85) who found that participants of their research detailed the need for something to be gained from their experience. Fundamentally, they described how they were living in quest for meaning. In this research, for Jim, this involved the ending of his relationship with his long-term girlfriend because “she was living very much a London existence, gathering enormous wealth. And my view of what’s important in life has changed fundamentally. That drive to go and earn money, is much diminished”. In his comment, Jim indicated how his priorities have changed dramatically, which has meant that he seeks to find other characteristics in those he is close to. Thus, trauma has changed his outlook and mind-set, as well as how he

perceives others. In this instance, Jim therefore highlighted how trauma can affect and change an individual's self-concept, as well as their philosophy and priorities in life.

It is considered that these feelings align with PTG and often have the tendency to influence an individual's life path (Haidt, 2006). In connection to this, the near-death experience and subsequent feelings associated with such an event challenges individuals to question their meaning of life and its importance (Fournier, 2002). As a result, participants describe a process of sense making, questioning the purpose of their trauma. It is reported that this essentially helps individuals come to terms with the traumatic event (Pennebaker, 1990). In doing so, Emma explained how she has become stronger since her injury. Yet, the sense making process has, for her, lead to an element of uncertainty:

I've become stronger since injury. Some of it's mind, you get on and push through. But when you try to work out why something has happened, and the meaning of it, you can come to all sorts of conclusions. But fundamentally my life has changed and I have changed because of the trauma and what it does to you.

(Emma)

Emma's comment indicated that, for her, sense making is not an easy process. Although she recognised that she has become mentally and emotionally stronger since her injury, there is a sense that she is not necessarily at ease with the fundamental questions, such as, "why did this happen to me?" So although she recognises that her life has changed and her life path has changed, her choice of words indicate that she has sustained a lot of suffering because of the trauma and she does not necessarily see it as a positive development in her life, as did other participants. Jim however

described his trauma as “far more positive than negative”. It would appear, therefore, that positivity appears to occur on a spectrum and is not the same for each individual. To add to the discussion on relevant aspects of PTG, many participants explained, in detail, the ways in which traumatic injury has influenced their life path – a path that has changed profoundly as a result. Subsequently, Jim explained how he has developed an all-together different direction in life:

I have fundamentally developed a new life path. And actually it's interesting because I found myself, eighteen months ago, very much, not on my, what I felt to be my right path in life. I was very much pursuing a wrong path. I was with the girl that had been with me when I was injured, who I'll never say a bad word about and is a tremendous person. But just not the right person for me. And for all manner of reasons, largely because of my injury, we stuck together. I think because of my injury, because it was a very big thing to have gone through together. And it took a while to make that realisation that actually that's not the basis for a relationship. And I suddenly found myself feeling that I was listening again to the universe, to myself. And found myself much more on my path, on the right path, following my dream. So, my life path is a fundamentally different one. But it was meant...was it meant to be? I don't buy into the notion that it's all pre-determined. What I will say is that my injury has had its purpose in my life. It takes time to understand that something traumatic or overtly very negative can actually have extremely positive outcomes for you, much more positive than if they hadn't, if this trauma hadn't occurred. Everybody would immediately assume that losing my leg would be a very negative thing and in many respects it is, but in the context of my wider life, it's been far more positive than it has been negative.

(Jim)

Above, Jim suggested that aspects of his life did not “feel right” after his traumatic injury, which may be due to him questioning how he now ought to live his life as a survivor. Fosha’s (2009: 256) research on “four-states” and “three-state transformations” of the transformational process would suggest that this would refer to Jim developing “core state and the truth sense”. This is explained as the way in which individuals make changes to their life in order to make things “feel right” (Fosha, 2009: 256). By reflecting on this, Jim again discloses the way in which trauma can affect inter-personal relationships as he fundamentally recognises that he has changed because of his injury. He suggests that his personality has changed and his self-concept has changed. This does in fact correspond with other areas developed in this research, specifically military mentality, identity adaptation, and normalisation, where participants identify specific changes to their life because of their disability. In addition, individuals identify how they seek to overcome such changes through the experience of adaptive sport. In particular, the way in which military mentality influences their recovery and the importance for them to restore some sense of normality.

This is significant, especially when participants reveal the affect on their inter-personal relationships. On the one hand, they describe the need to restore normality, as they know it. Yet, on the other hand, several participants describe how they ended their relationship with their long-term partners. In fact, out of the eleven participants, eight were in a relationship before their traumatic injury and only one of those relationships survived. A common theme emerged throughout the accounts that participants ended their relationships because of changes in the way they felt. This related to changes in their priorities, their self-understanding, and their meaning of life. For instance, Jim

stated that he stayed with his girlfriend because of his injury, yet it no longer “felt right”. He reflected that his life path only “felt right” once he had ended the relationship. It seems that there are no definitive answers as to why this is the case. However, this research would suggest that individuals change significantly because of traumatic injury, which influences other areas of their life. Essentially, participants identify PTG through their descriptions of appreciation and personal growth, which alter their life path and the decisions they now make.

Fundamentally, participants expressed how participation in adaptive sport plays an important role in this process, as a tool to encourage them to express their emotions. Pennebaker (1990) recognises the healing power of expressing emotions, especially after trauma. This research suggests that the power of adaptive sport therefore becomes more apparent because it enables individuals to express their emotions, which essentially promotes some form of healing. Jim highlights this as he claimed, “everybody would immediately assume that losing my leg would be a very negative thing and in many respects it is, but in the context of my wider life, it’s been far more positive than it has been negative”. Therefore, through the experience of adaptive sport as a tool to bring back meaning to his life, Jim has been able to go through a transformational process, which he feels has fundamentally enabled him to develop and make positive changes to his new life path. In connection to this, participants disclosed how they feel that they have benefitted from their traumatic experience, in terms of personal growth. The following section will develop this understanding, specifically recognising the ability of adaptive sport to encourage psychological strength.

Personal Growth

As a positive change in their life, participants identify how they feel that they have grown as an individual and have become a lot stronger because of their experience. This research identifies therefore that the experience of trauma can have positive outcomes, especially in terms of positive adaptations that are part of the transformational process that has been described. It is pertinent to remember however that it is only through the restorative power of adaptive sport that participants have expressed that such growth can occur. By combining the concept of PTG, with Fosha's (2009) research on human resilience, this research identifies central mechanisms that can be nurtured in order to restore self-confidence, self-dignity, and overall psychological well-being. This is based on the recognition that research on resilience and human flourishing acknowledges that individuals have qualities, intrinsic properties, which are connected to the healing and recovery from trauma. As a result, participants of this research identified the way in which participation acts as a tool to set the right conditions for positive phenomena. This is because adaptive sport forms a medium to foster beneficial transformations through the experience of play and the generation of positive emotion, which encourage healing transformational processes and PTG. As John explained:

I do feel actually that I've grown as a person, especially in terms of mental strength. I'm much stronger than I was even before my injury. It was just too easy to give up beforehand. And now, both mentally and physically, I'm much stronger. I apply that to my sporting endeavours, it really helps. And to keep going and not give up is – it's much more apparent now. And that enables you to become stronger. So, I'd say I've grown as a person because I don't give up and you learn to push yourself even more. Because you've always got, I wouldn't say pressure in a sense, but you feel you know you have to do stuff. Of course due to my

injury, I will not get down, I would not let it get me down. And yes, that enables you to become much more stronger in all other activities.

(John)

Above, John described how he has grown as an individual. He specifically identifies how he has developed mental strength and in doing so he chooses to apply his newly found strength to other areas of his life. It is interesting to consider that many participants felt the same way, explaining it in John's terms, as "it was just too easy to give up beforehand". When considering the findings of this research that specifically relate to military mentality, for example, the extent to which military personnel are encouraged to not give up, participants describe a personal development that almost seems 'super human'. That said, personal growth of this kind could be related to personal resilience, which aids what Fosha (2009: 256) terms the "third state transformation". Within this process, it is considered that individuals develop a "positive valuation of the self" and the ability to recognise their "core state" (Fosha, 2009: 256), as well as the capacity to identify newly found strengths and apply them to other areas of their life. Yet, John also explains how he pushes himself. The underlying need for him to do so may relate to military mentality. This research suggests that negative perceptions of disability are rooted in the modern day British military and such perceptions impact the way in which traumatically injured personnel strive to overcome such negativity and they choose to do so through adaptive sport. However, John does describe this in a relatively positive manner, he strives to excel and continues to push his physical and psychological boundaries. Moreover, this research highlights the importance of questioning the reasons why John's determination is replicated in so many other accounts. The findings suggest that this is due to a myriad of reasons that relate to: (i) negative perceptions of disability

exacerbated by military mentality; (ii) issues of psycho-social adjustment, which encourages individuals to adapt their identity; (iii) loss of meaning and purpose in life so that individuals seek to re-establish self-worth and (iv) a need to regain some sense of normality.

It is significant to question the extent of personal growth that John describes. In practical terms he has lost an arm, yet he declares that post-injury he feels stronger “both mentally and physically”. Thus, John declared that he feels physically stronger because of his injury and the subsequent loss of his arm. It may be therefore that he has, through the power of adaptive sport, developed other areas of his physical being in order to compensate for his loss. At the same time, the mental strength and courage that he now feels has overtaken any feelings of loss post-traumatic injury to such an extent that he experiences increasing strength in his physical and mental ability. This finding presents another example of the ways in which individuals experience growth in the aftermath of loss. In addition, this recognition highlights the power of adaptive sport as a tool to enable individuals to experience growth and be able to apply their positive adaptations to other areas of their life. In order to complete this discussion, participants’ narratives will now be provided to show how they felt that they took certain aspects of their life for granted and how they felt that their trauma was a ‘wake-up’ call.

To Take Things for Granted

Throughout this research participants indicated that they took certain things for granted. Upon reflection, participants detailed how they have made positive changes to aspects of their life that they took for granted, specifically inter-personal relationships. As Tim described:

I took my relationship and everything that my parents had done for me for granted, which I think a lot of siblings do and kids do. And yeah I undervalued everything that they'd done for me. Because, you know, mates are great and everything and the regimental support is great, but it's your family that are affected by these things and it's your family that are there to pick up the pieces when something like this happens. And as a result, you know, since I've been hit I've, I like to think that I do more for my family than I used to.

(Tim)

Tim may have sought some reassurance when he claims that “a lot of siblings do and kids do”, take their parents for granted. This may indicate the impact that this realisation has had for him personally. It is through the experience of trauma that Tim has developed a greater appreciation of others. In light of the importance of the military for all participants involved, it is interesting that Tim reflects on the impact to his family. He is exhibiting “compassion and self-compassion” as he clarifies what not to take for granted (Fosha, 2009: 256). Tim's comment details a sense of reality, a realisation that he has experienced as a result of his trauma. In contrast, Jim described how he took his physical ability for granted:

I've never thought this before, but I think I took certain things for granted. But there's nothing wrong with that. I think taking for granted that you get up in the night and go and have a pee, without having to think about it, is perfectly reasonable. You know, you just, why not take that for granted? Taking your mobility for granted is pretty reasonable actually. I don't think that's an unreasonable thing to do. What happens post-injury is you suddenly realise that you can't get up in the night and go for a pee. And having a nightmare and jumping out of bed is catastrophic. As has happened and thundering in on your stump, at that stage, meant a week in hospital and another centimetre off. You know

that was, that's bad news. And so, you know, I had taken for granted that I could go to bed at night without risk of serious injury through a nightmare and suddenly that wasn't a reality anymore.

(Jim)

As a newly developed theme of PTG, the two accounts indicated how taking things for granted could be significantly different from one person to the next. Tim explicitly described a sense of growth and positivity, yet Jim indicated a strong sense of nostalgia. Although Jim's comment does not seem overtly positive, it is relevant in that it highlights how individuals need to realise their ability. This can be in the form of mourning what once was and detailing the pain associated with such a process (Fosha, 2009: 256). However, in doing so, the individual is able to process their reality, a reality that can be encouraged by participating in adaptive sport as individuals realise their potential, as well as their physical boundaries. As Tim claimed, "you realise that there are limitations on what you can do". As a crucial part of the transformational process, individuals are able to become more resilient and develop a greater understanding of the self. So although this process may seem initially negative, it is crucial in order for individuals to gain some form of acceptance. When considering how they took aspects of their life for granted, participants also described that they consider their trauma to be a 'wake-up' call. Participants' narratives will support the following discussion as a way to highlight the impact of traumatic injury.

Trauma as a 'Wake-up' Call

Many participants expressed the feeling that the dramatic change in their life-course transition acted as a 'wake-up' call. As a result, individuals felt the need to make changes to their life decisions. This related to the way in which they felt that their life,

as a survivor, ought to hold more meaning to such an extent that they made changes to their life path, as has already been noted. Participants describe the need to make the most of their life, what many consider their second chance in life. Some identified the need to “seize the day” and, as Ben explained, his injury has “kicked” his “arse into gear”:

I think the experience was a wake-up call. It must have been, I think. Yes. Before, I was just plodding along in the armed forces, a career soldier. I can do so much more now, in a way. There’s more to life than the armed forces and being in the army I suppose as a young man. There’s loads more in life. I think that’s definitely kicked my arse into gear, and I’ve said, “Right, I’ll start working harder again”. Just really applying myself in life.

(Ben)

A common theme has emerged throughout the accounts provided by the participants who are veterans. Like Ben, they all described a realisation that their life has more meaning than just the military. It is possible that this is a coping mechanism as many of them were medically discharged from the military. However, it is also significant to consider that PTG may positively influence their outlook. This is because they are able to freely appreciate other aspects of their life and the world in which they live. There is a sense that veterans are free to develop and challenge their priorities and philosophies, making positive changes to their life.

Concluding Remarks

The notion that people can experience positive effects in the aftermath of a traumatic event has been discussed in this chapter. As a result, it has been established that there may be a positive association between PTG and well-being, in terms of improved psychological growth, which can also impact an individual's physical health. In reflecting on their traumatic experiences, participants of this research have indicated that PTG is a process that they have gone through, rather than an outcome of their trauma. This is because it is a process that is influenced by the experience of adaptive sport as it leads to positive outcomes. Thus, this recognition highlights how adaptive sport is central to this relationship, acting as a medium that has empowering and restorative powers.

Importantly, this chapter has provided suggestions as to why many traumatically injured personnel do so well in their rehabilitation. This is because it is considered that there are personality traits that can affect the likelihood of an individual making positive adaptations and experiencing PTG. The personality traits detailed are extraversion, openness to experience (Costa and McCrae, 1992; Linley and Joseph, 2004) and resiliency as an individual's ability to "bounce back" and achieve "flexible adaptation to the changing demands" (Wiechman Askay and Magyar-Russell, 2009: 571). Therefore, this research suggests that many military personnel possess, by nature, the trait of extraversion. This means that an individual is outgoing, energetic and takes pleasure in belonging to and taking part in community activities (Costa and McCrae, 1992). In conjunction, participants describe that they have enjoyed their rehabilitation. As a positive experience, this research suggests that this relates to the fact that sport was important in their life before their injury. Thus, sport played a

crucial role and continues to do so by providing restorative and healing properties. It is therefore an easy process for participants to draw on their enjoyment of sport in order to encourage intrinsic properties that consequently promote healing and the transformational processes described in this chapter.

The following chapter will provide a conclusion of the research findings and make recommendations for future research. It will summarise the preceding chapters, as well as identifying the overall problems faced by traumatically injured British military personnel. The chapter will stipulate final reflections and a possible way forward in order to improve the psychological recovery from traumatic, life-changing events.

Chapter Nine – Conclusion

Throughout the preceding chapters, I have sought to highlight the restorative power of adaptive sport based on the experiences of traumatically injured British military personnel in order to investigate how participation may help them adapt their identity and re-establish their meaning of life. I have also highlighted the kinds of problems and issues that can arise for injured British Service personnel with a disability. It has been impossible for me to report every single issue raised by the research participants during their interviews. Instead, I have attempted to highlight the major themes that emerged from the data, citing individual examples. In accordance with current research on disability, my research has adopted a social construction approach. The results and analyses are therefore set within the social model of disability as a means of trying to highlight the impacts and perceptions of disability, embedded in the dominant medical model discourse, on the participants' lives. In addition, in line with the emancipatory framework, which I adopted for this research, the injured Service personnel are not the objects of the research but active participants telling their own stories. They are the 'experts' who articulate their experiences as people and military personnel with disabilities, whose voices are central to the analysis throughout this thesis. Their oral narratives and testimonies highlight the restorative power of adaptive sport but also raise a wide range of issues such as, military mentality, prejudice, identity, bodily perfection, autonomy, motivation, notions of normality and positive adaptations.

I have provided unedited accounts from all eleven research participants, as well as providing participants the opportunity to comment on my findings. I am however aware that the final analysis is my own interpretation and, as a result, can only ever be

a partial representation of the restorative power of adaptive sport for traumatically injured British Service personnel. The aim of this final chapter is to make it clear to the reader the key points that have arisen from this research, suggestions for future research, the major outcomes of this research and final reflections.

To begin, it is necessary to detail the key points, from my perspective, in terms of the objectives detailed in the methodology chapter (Table 2, page 73). In order to achieve this, Table 3 sets out the achievement of the research objectives:

Objectives	Evaluation of Achievements
<p>Chapter Four To analyse and explain British military mentality and their approach to injury in order to frame the discussions that follow.</p>	<p>The analysis of primary and secondary data elucidated the complex nature of British military mentality, including the influence of the medical model of disability, fear of injury, gender construction, identity formation and the importance of adaptive sport.</p>
<p>Chapter Five To examine the process of identity adaptation post-traumatic injury, recognising the impact of adaptive sport, based on the following:</p> <ul style="list-style-type: none"> • An understanding of Social Identity Theory (SIT) (Tajfel and Turner, 1986) • The current knowledge on the link between traumatic injury and the impact on military personnel's life course transition (Brittain and Green, 2012) <p>The implication of the impaired body in a western society where non-disabled figures are promoted as attractive (Barnes and Mercer, 2010: 81)</p>	<p>The examination of primary and secondary data illustrated that life-changing injuries may require individuals to adapt their identity, recognising the process that individuals go through to come to terms with their new 'disabled' identity.</p> <p>It identified the impact of participation in adaptive sport in the overall identity adaptation process as a medium to aid rehabilitation and provide focus.</p> <p>It also recognised that the impaired body directly opposes the 'ideal' and adaptive sport becomes increasingly important as a way for individuals to normalise what has happened.</p>
<p>Chapter Six To analyse the experience of adaptive sport as a tool to bring back meaning of life.</p>	<p>The analysis of primary and secondary data demonstrated how participation in adaptive sport can bring back an individual's meaning of life through goal striving and goal attainment. This is</p>

	<p>because it explained how intrinsically motivated goals provide meaning, increased levels of autonomy and self-satisfaction.</p> <p>It also explained how individuals may use adaptive sport to re-enter their world as participation helped participants find purpose, meaning, and a place within their society.</p>
<p>Chapter Seven</p> <p>To examine the process of normalisation and the way in which individuals use adaptive sport, informed by the following:</p> <p>An understanding of Self-Determination Theory (SDT) (Deci and Ryan, 2002)</p>	<p>The evaluation of the normalisation process, through primary and secondary data, demonstrated that individuals are self-determined and motivated to regain a sense of normality through the experience of adaptive sport.</p> <p>It also identified that military mentality and the medical model of disability may influence the normalisation process.</p> <p>On the one hand, normalisation may be achieved through participation in adaptive sport as it helped individuals in their identity adaptation process, facilitating them to realise their potential.</p> <p>On the other hand, it recognised that there may be problems with achieving normalisation through participation in adaptive sport because of the influence of social-environmental factors and self-perception.</p>
<p>Chapter Eight</p> <p>To analyse positive adaptation to trauma, based on the following:</p> <p>An understanding of Post-Traumatic Growth (PTG) (Tedeschi and Calhoun, 1995; 2004)</p>	<p>The analysis of primary and secondary data demonstrated how trauma can have positive affects, an experience that can be augmented by participation in adaptive sport.</p> <p>It also identified that adaptive sport may act as a tool to set the right conditions for positive phenomena because it can foster beneficial transformations through the experience of play.</p>

Table 3. *Achievement of the Research Objectives*

In light of this evaluation, my research questions were exactly how do traumatic personal injuries affect the identity and the meaning of life for traumatically injured British Servicemen and women and to what extent can adaptive sport play a role in the adaptation of self-identity and the re-establishment of meaning of life during the rehabilitation process? The data and arguments have, I believe, answered these questions and shown that there is evidence to support that adaptive sport can play a role in an individual's identity-adaptation-process and the re-establishment of their meaning of life, as well as providing insight into the ways in which traumatic personal injuries may affect an individual's identity. While this research provided a level of insight and has answered these questions, this research does have a limitation. This relates to the fact that it used adaptive sport as an umbrella term. As participants recalled the experience of various sporting endeavours, this research did not specify the category to which they belong. For instance, a particular sporting experience may fall under the category of adaptive sport, adventure training, physical activity, physical exercise, or indeed recreational therapy. From the outset however, I decided that although this may be the case, it was important not to distinguish between each activity. This was because I did not want this to impinge on participants' narratives. And, at the data analysis stage, it emerged that the super-ordinate themes, as detailed in chapters four to eight, such as military mentality, identity adaptation etcetera, were dominant over the type of activity that participants were describing. As a result, the restorative power of adaptive sport is presented as a common theme, which is discussed in each chapter and the way in which it interacts with the super-ordinate themes is described. Although this limitation has been identified, this research does provide a level of understanding on the restorative power of adaptive sport. That said the findings stimulate avenues for future research, as they are illuminative instead of

being definitive. In this manner, it is now time to reflect upon recommendations for future research.

Recommendations for Future Research

As it has already been mentioned, it would be beneficial to determine exactly what type of sporting endeavour benefits an individual's identity adaptation process and their re-establishment of meaning of life the most. In this manner, it may be that wilderness therapy, through adventure training, increases an individual's lived experience as the nature of the activity means that individuals are once again exposed to risk and feelings of fear, which could fundamentally augment their sense of belonging (Russell, 2001: 70). Another avenue for potential research would be to compare and contrast the experiences of traumatically injured military personnel with traumatically injured members of the civilian population in order to determine to what extent military mentality impacts an individual's recovery process. Moreover, to determine whether traumatically injured civilians find participation in adaptive sport as beneficial as their military counterparts. This would go some way to assess whether the relationship between military and sporting mentalities is one that could be described as exclusive. This is not an exhaustive list and this research therefore has the potential to enhance future understandings and developments by stimulating further investigation. In relation to this, this research has specific outcomes, which I will now outline.

Major Outcomes of this Research

There are two major outcomes of this research, which may benefit future research in the arena of disability studies and rehabilitation practice. It is firstly appropriate to

consider the benefits of combining the emancipatory approach with Interpretative Phenomenological Analysis (IPA) to form Emancipatory Interpretative Phenomenological Analysis (EIPA). The following section will then detail the development of Adaptive-Sport-Rehabilitation-Theory (ASRT) as an evidence-informed theoretical construct that emerged as a result of the findings of this research.

Reflection on Emancipatory Interpretative Phenomenological Analysis (EIPA)

A major endeavour of this research approach was to consider what additionality the emancipatory approach brings to IPA. The addition of the emancipatory approach/element to IPA sought to place disability at the forefront of this research, as a way to facilitate participants taking a small step towards an increased level of self-awareness that could potentially complement their recovery. Thus, forming a powerful tool to increase awareness of disability in this context, address inequality and disablist attitudes, whilst placing the experience of each participant at the centre of the investigation. Smith, Flowers and Larkin (2009: 204) claimed “we expect to see some studies which expand IPA’s connections to other qualitative approaches”, stating that they “welcome these developments as working towards a more mature, synthesized, qualitative psychology”. The findings of this research indicate that the addition of the emancipatory approach to IPA can bring great benefits. This is because, on numerous occasions, participants highlighted elements of self-emancipation that were deemed positive. For instance, Jim’s comment, “I hadn’t considered that before” indicated elements of self-emancipation, whereby he has raised and increased his awareness by taking part in this research. This indicates that, in this research, EIPA has been successful in its aim of facilitating participants to take a small step towards an increased level of self-awareness that could complement their

recovery. It may therefore be beneficial for both participants and researchers themselves if EIPA were to be used for future research endeavours. However, it is significant to identify that emancipation may bring potential risks. This is because, when talking about the past or difficult events, individuals may experience some negative feelings. It was therefore necessary for me to relay these potential risks to participants and put measures in place if these were to occur, specifically a free ‘hot-line’ where participants could talk to a health professional. I openly communicated these concerns in the participant information leaflet (Appendix 1, page 233) and reiterated them at the beginning of each interview. It turned out that each participant expressed that their involvement was a positive experience. Nevertheless, when researching sensitive topics, it is important for both researchers and participants to bear this in mind and have precautionary measures in-place. In relation to major outcomes of this research, I will now discuss the development of ASRT.

The New Development of Adaptive-Sport-Rehabilitation-Theory (ASRT)

At the interpretation phase of this research, key theories emerged. These were Social Identity Theory (SIT), Self-Determination Theory (SDT), and Post-traumatic Growth (PTG). As a way to develop the analytical framework and show the connections between the emergent themes, this was a central step in the research process. Moreover, in light of the research findings, it is now appropriate to highlight the ways in which the aforementioned theories interact and provided direction for the development of a new theoretical concept. This section therefore seeks to develop an understanding and explanation of the ways in which the combination of SIT, SDT and PTG inform the new theory termed Adaptive-Sport-Rehabilitation-Theory (ASRT) - a recognition that comes from the appreciation of the ways in which this research has

investigated the experience of adaptive sport post-traumatic injury. It is firstly appropriate to provide a brief description of the three theories that underpin ASRT.

Social Identity Theory (SIT)

Throughout this thesis, the term ‘social identity’ indicated the aspects of an individual that are defined by his or her group membership. Tajfel and Turner (1986) first introduced SIT, claiming that the individual has more than one identity. They claimed that the individual draws on a certain identity depending on the environment or situation that they find themselves. In the case of this research, it was the participant’s response to ‘Who am I?’ derived from perceived membership of social groups. For instance, for participants of this research, their membership as part of the British military formed their dominant social identity. Social identity therefore relates to the individual’s self-concept that comes from his or her membership of a social group or groups, as well as the way in which the individual values and places emotional importance on such membership. Although most people belong to a number of social groups, only some of them are meaningful when they define themselves. SIT therefore offered a significant perspective on modern day British military membership. This is because self-definition is shared with other military personnel who also claim that categorical membership, for example, as a male, as a female and as a soldier. This research showed that military identification is dominant due to the level of commitment each individual placed into that particular identity. Therefore, traumatic injuries and sudden onset of disability dramatically affect an individual’s identity and this research sought to examine how individuals overcome such challenges. As a result, chapter five (page 109) examined the process of identity adaptation post-traumatic injury and recognised the impact of adaptive sport. It

identified that participation in adaptive sport, in the overall identity adaptation process, acts as a medium to aid participants' rehabilitation and provide focus. It also recognised that the impaired body directly opposes the 'ideal' and adaptive sport became increasingly important as a way for individuals to normalise what has happened. It is now time to refer to the second theory that underpinned this research.

Self-Determination Theory (SDT)

Self-Determination Theory (SDT) explains motivational behaviour (Hagger and Chatzisarantis 2008: 79). Deci and Ryan (1985: 31) claim, "self-determination refers to the experience of freedom in initiating one's behaviour". That is to say, the extent a person has freedom to be self-motivated, which, in turn, influences their behaviour. This research identified the constructs that contributed to the experience of self-determination are the need for autonomy, competence, and relatedness. SDT is extremely pertinent for this research because it considered the multiple constructs that, in this case, can be part of the motivational experience to participate in adaptive sport. As a result, chapter seven (page 159) examined the process of normalisation and the way in which participants used adaptive sport as a tool to feed their need for normalisation. This can be understood as the way in which participants sought to restore elements of their life, as well as gaining independence and autonomy post-traumatic injury. As this acted as an important step in their rehabilitation and reintegration process, participants reported that normalisation can be achieved through adaptive-sport-participation because of its ability to help them in their identity adaptation process, facilitating them to realise their potential. Consequently, the third theory will now be discussed, which was used to highlight positive adaptations to trauma.

Post-Traumatic Growth (PTG)

Post-Traumatic Growth (PTG) considers how positive psychological changes can be experienced in the aftermath of a highly challenging traumatic life event or circumstance. Tedeschi and Calhoun (1995; 2004) claim that the traumatic event presents the individual with significant challenges to their adaptive resources, where the individual often questions their understanding of the world and their place within it. This does in fact relate to other areas of this research, as participants identified how their understanding of the world had changed, as well as their place within it. This has meant that their life course has changed and they have adapted their identity as a means to find a place within their society. In light of chapter five on identity adaptation (page 109) and the process that this involves, PTG does not mean that an individual undergoes a transformational process in order to return them to their life before their trauma. PTG refers to a process that individuals explained as being deeply meaningful due to an improvement in their outlook on life (Tedeschi and Calhoun, 2004). This recognition draws on a longstanding history of the way in which suffering can yield positive change.

The three theoretical concepts, detailed above, underpin the findings of this research. This research suggests that when these three theoretical constructs interact and combine through the experience of adaptive sport, new theoretical understandings can be uncovered. This research indicates that participants adapted their identity to incorporate their disability, became self-determined to regain a sense of normality and experienced positive adaptations and PTG. The involvement and connections detailed above are all influenced by participation in and the experience of adaptive sport. This is because, throughout this research, participants have described how the experience

of adaptive sport fundamentally helps them to re-establish their meaning of life. Analytically speaking, this relates to the ways in which participation in adaptive sport connects with intrinsically motivated factors. Figure 8 shows the three theoretical concepts combining, to inform and develop the new theoretical understanding of ASRT.

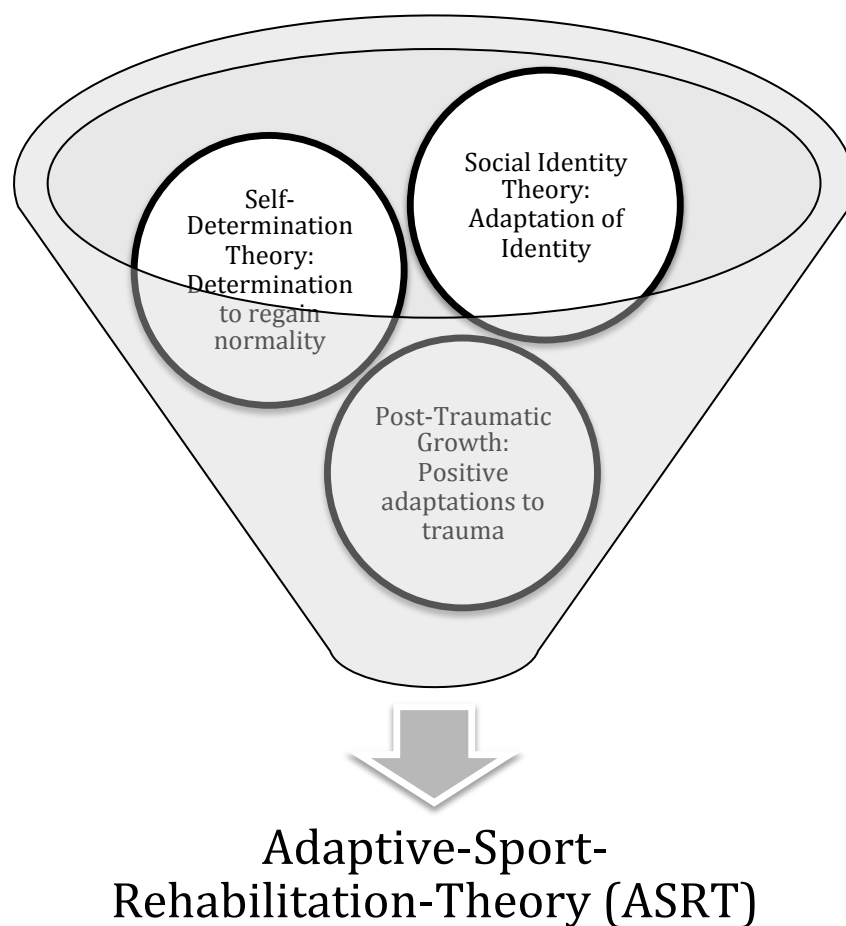


Figure 4. *An Evidence-Informed Theoretical Model of Adaptive-Sport-Rehabilitation*

As a newly developed theoretical concept, ASRT seeks to recognise and understand the restorative power of adaptive sport through identity adaptation, self-determination, and positive adaptations. This is because, in line with this research, ASRT recognises the social implications of becoming disabled, why they might be feared, and the ways in which individuals may use adaptive sport to overcome them. It also identifies an individual's determination to regain a sense of normality and the ways in which they may use adaptive sport to do so. In addition to recognising positive adaptations, whereby individuals may find participation in adaptive sport beneficial in order to set the right conditions for positive phenomena. This is because adaptive sport may foster beneficial transformations through the experience of play. It is my belief therefore, that ASRT could be beneficial for researchers, as well as research participants. This is because it recognises the reasons why adaptive sport has restorative powers, forming a deeper analysis. ASRT might therefore have the potential to guide researchers to question the deeper meaning of an individual's experience, as well as benefitting research participants as a means to enhance their self-emancipation.

Final Reflections

This research adopted a social construction approach and was set within the social model of disability. As a point of departure, it is pertinent to briefly reflect upon why the social model remained the most suitable approach. For instance, more recent models could have been used that are variants of the social model, namely, the social-relational (Thomas, 1999) or biopsychosocial models (Barnes and Mercer, 2010: 37). The biopsychosocial model has already been discussed (see page 21). The social-relational model takes into account the social-relational processes, which can undermine “the emotional and psychological well-being of disabled people” (Haydon,

2009: 6). As a result, the social-relational model, like the social model, considers disability as “a form of social oppression involving the social imposition of restrictions of activity on people with impairments” (Thomas, 1999: 60). That said, the social-relational model considers how these restrictions undermine an individual’s psycho-emotional well-being (Thomas, 1999: 60). When researching the varying models, it became apparent that the social model of disability was the most common placed. I therefore considered that a commitment to the social model would broaden the impact of this research. I believe that the chosen approach makes this research more accessible to rehabilitation practitioners and others alike, who are attuned to understanding the social model approach because of its long-standing heritage.

In addition, the social model focuses upon the areas of life that can be changed for the better, rather than focusing on the impact of an individual’s bodily capabilities, which, in fact, cannot be changed that easily. It is therefore the social model approach that is used and understood by governments and policy makers. In line with this, Priestley (1998) cites the Northern Officer Group Report of 1996, which states:

The social model does not deny the existence of impairments and physiological differences...rather, it addresses them without attaching value judgements such as ‘normality’ and shifts emphasis towards those aspects of our world that can be changed.

(Northern Officer Group (1996) cited in Priestley, 1998: 85)

Purists may say that there are conceptual tensions between social constructionism and SDT, namely tensions between inductive and deductive reasoning (Bryman, 2008: 4). This research does not seek to resolve these tensions. Nonetheless, there is evidence to suggest that it is somewhat improbable for a researcher to be able to separate the two processes of induction and deduction entirely, as “both are always involved, often simultaneously and it is impossible to go theory-free into any study” (Richards, 1993: 40). For example, Miles and Huberman (1994: 17) state that induction and deduction are, in fact, linked research approaches. That is, some knowledge of prior theory can act as a crucial function in research design (Parkhe, 1993). As a result, pure induction with no prior theory could stop the researcher benefitting from existing theory, while pure deduction could stop the researcher developing new and useful theories. In the case of this research, the adoption of a social construction approach meant that participants were able to speak freely about their motivation to participate in adaptive sport. In doing so, they expressed their self-determination to restore some sense of normality by participating in adaptive sport. This finding then informed the development of ASRT, a new theoretical concept that seeks to recognise and understand the restorative power of adaptive sport through identity adaptation, self-determination, and positive adaptations. This therefore contributes to new understandings and theory development in this area.

In relation to this, the implicit definition of well-being (page 72), which has been used throughout this thesis was grounded in the lived experience described by the research participants. Well-being therefore related to “an individual’s state of happiness, influencing their quality of life and ability to flourish as a human being”. Having arrived at the end of this thesis, this definition remains firm. This is because, in

relation to adaptive-sport-participation, this research has identified how an individual's well-being may be increased. It is in this manner that through adaptive-sport-participation, participants described an increased sense of happiness, which influenced their quality of life (QOL) and their ability to flourish. According to the research participants, they were able to realise their potential and apply their newfound confidence to other areas of their life, which ultimately provided meaning.

The three-year period of PhD research has been a valuable experience of self-discovery. It is my intention that this thesis will go some way towards raising consciousness about the experiences of traumatically injured Service personnel and their journey of recovery. By concentrating on their lived experiences, this thesis provides an insight into the restorative power of adaptive sport. In doing so, I hope that this information will be beneficial to assist future developments to rehabilitation practice and beyond.

Appendix 1

PARTICIPANT INFORMATION LEAFLET

Overall purpose of the research

The focus this research is:

1. To assess the role of adaptive sport in the rehabilitation of injured Service personnel
2. To assess whether adaptive sport can help injured Service personnel adapt to their injury
3. To analyse the impact of adaptive sport as a tool for injured Service personnel to re-establish their meaning of life

Why have I been contacted?

You have been contacted because it was felt that this area of research might be of interest to you.

Do I have to take part?

No - taking part in this research is entirely a matter of choice. There is no obligation to take part and if you choose not to do so, then this will be treated in the strictest confidence.

If you choose to take part, all information gathered will be treated confidentially and reported in an anonymous way where you will not be able to be identified (further details are provided below).

What do I have to do?

1. If you agree to take part, I will arrange a time with you for an interview to take place. This will, of course, take place at a time and location that suits you. The interview will last approximately one and a half hours. However, if it is more convenient for you, this could take part in two 45-minute sessions.
2. Before the interview takes place, you will be asked to sign a form giving your consent to take part in the research and, if it is okay with you, provide consent for an audio recording of the interview to be made. If you do not agree to this, I will ask your permission to make a written record of the interview. After the interview, you will be provided with the interview transcript and asked to check for factual accuracy.
3. During the interview, we will discuss the role of sport in your rehabilitation. At no point is there a need for us to discuss specific events about your injury.

Can I stop the interview?

Yes, you can stop or pause the interview at any time you wish.

Do I have to answer all of the questions?

No, you do not have to answer questions if you do not want to.

What are the risks associated with the research?

Sometimes when people talk about the past, or about difficult events, they may experience some feelings that are related to the past. This is normal, so please don't worry. If you feel that you would like to speak to a health professional that is used to helping with these kinds of feelings, then I can provide you with their details. They have a free 'hot-line'. Although this is not the intention of the research, due to the sensitive nature of the topic, please keep this in mind.

What are the benefits of taking part?

By taking part in this research you will have the opportunity to contribute to the development of the research and to knowledge that seeks to improve rehabilitation practices.

Withdrawal Options

You are free to withdraw from this research whilst it is being carried out. You have a right to withdraw up until the completion of the analysis of the interview transcripts.

Data Protection and Confidentiality

- No personal information, in compliance with the Data Protection Act (1998) will be collected or stored. Participants are not required to disclose protected information that could hinder national security.
- Information obtained from the interviews will only be used for research purposes and will not be shared with any other individual/organisation. The identity of all who participate will remain anonymous.
- All information gathered during the interviews will be kept in a secure, locked cabinet, away from participant's contact details.
- All information gathered will be destroyed one year after the completion of the final report.

Should you need to Complain

If you have any concerns regarding my conduct then please feel free to discuss these with me as soon as possible. Alternatively, you are welcome to contact my Director of Studies.

Name:

Dr. Ian Brittain

Address:

Centre for Peace and Reconciliation Studies (CPRS)
Coventry University
ECG.2, The Enterprise Centre
Coventry
CV12TT, UK

Email:

aa8550@coventry.ac.uk

What will happen with the Results of the Research?

The results will form part of the final research report, which will contribute towards my PhD degree. The findings may also be used for the purposes of academic journal articles and conference papers.

Who Oversees the Research?

I am a full-time PhD candidate at Coventry University. Therefore, the appropriate authorities within the University have carefully examined the proposed research and have ensured that correct ethical protocol has been maintained.

Please Feel Free to Contact Me

If you would like any further information, or would like to discuss your involvement in this project, then please feel free to contact me, Sarah Green, at:
fayles@coventry.ac.uk

Appendix 2

Summary of Participant Characteristics

Participant Pseudonym	Age Category / Gender	Injury	Time since Injury	Religious Affiliation
Tim	30-40 / Male	SCI	5 years	Atheist
Simon	20-30 / Male	SI	5 years	Atheist
Mike	20-30 / Male	Right BKA	2 years	Roman Catholic
Peter	40-50 / Male	TBI	4 years	Christian (did not specify)
John	20-30 / Male	Left TEA	3 years	Church of England
Ben	20-30 / Male	SCI	3 years	Atheist
Lucy	30-40 / Female	Left BKA	4 years	Christian (did not specify)
Emma	30-40 / Female	TBI	3 years	Christian (did not specify)
Paul	20-30 / Male	Right AKA, left AKA, right AEA	5 years	Atheist
Jim	30-40 / Male	Right BKA	4 years	Church of England
Tom	20-30 / Male	Right BKA, left TKA	3 years	Roman Catholic
<p><i>Note.</i> AEA = above elbow amputation; AKA = above knee amputation; BKA = below knee amputation; SCI = spinal cord injury; SI = sensory impairment; TBI = traumatic brain injury; TEA = through elbow amputation; TKA = through knee amputation</p>				

Appendix 3

INTERVIEW SCHEDULE

DEMOGRAPHIC INFORMATION

Gender, age, disability, education, marital status

STARTING POINTS

Before trauma

How much sport did you play?

How important was sport to you before injury?

Role within military

TOPICS / AREAS

Immediately after trauma

Views of impairment and body image

Introduction of adaptive sport

Once taken up adaptive sport

Views of impairment and body image

Self-identity: How do you define yourself?

Experiences of rehabilitation

Experiences of discrimination

Physical and psychological impact of adaptive sport

Setting of sporting goals

The meaning of adaptive sport

The experience of adaptive sport in relation to life meaning

QUESTION TO END ALL INTERVIEWS

Are there any other comments about the role of adaptive sport in your rehabilitation that you would like to make?

Appendix 4

Disability sport is going back to its roots: rehabilitation of military personnel receiving sudden traumatic disabilities in the twenty-first century

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(Received 1 August 2011; final version received 12 December 2011)

The aim of this paper is to investigate the recently forged links between the military and the National Paralympic Committees in Australia, Canada, Great Britain and the USA. To date there has been no published academic material on the explicit link between the Paralympic Games/disability sport and conflict situations. This is despite the fact that the Paralympic Games and their forebears the Stoke Mandeville Games grew out of the rehabilitation of spinally injured military personnel at Stoke Mandeville Hospital, UK. Therefore, using a life course analysis approach, this paper will investigate this link using secondary data sources and quotations from military personnel from the four countries mentioned above. This paper aims to serve three key purposes: (i) to provide the context for the evolution (and re-emergence) of these military-paralympic links; (ii) to provide a critical review of the historical link between the military and the Paralympic Games/disability sport that includes references to secondary qualitative and quantitative data and (iii) to provide an over-arching narrative of the importance of sport for injured military personnel who are attempting to rebuild their lives. In doing so, this paper will highlight the role of sport as a vehicle for military personnel who have endured life-changing trauma and are negotiating their transition within society.

Keywords: military; sport; Paralympic; life course; identity; rehabilitation

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The role of spirituality through adaptive sport in the identity adaptation of wounded Service personnel

Sarah Green

Background: Traumatic, life-changing injuries often require a re-adjustment of identity, but we have yet to explore the impact that adaptive sport may have on the identity adaptation and the meaning of life for wounded Service personnel post traumatic injury.

Content: By presenting an analysis of adaptive sport as a tool for dealing with post-traumatic injury, this article will focus on some of the reasons why participation in adaptive sport may benefit identity adaptation and have spiritual, existential meaning.

Conclusion: It is clear that more work needs to be done to assess the impact of traumatic injuries and how they affect the identity and the meaning of life for wounded Service personnel. The spiritual, existential experience of adaptive-sport-rehabilitation can be recognised as a therapy to bring back meaning to the lives of the wounded and help them adjust to their newly defined identity by providing purpose and achievement.

Key words: ■ spirituality ■ identity ■ adaptive sport ■ military ■ rehabilitation

Submitted 23 April 2012, sent back for revisions 10 July 2012; accepted for publication following double-blind peer review 31 July 2012

The full paper has been removed due to third party copyright. The unabridged version of the thesis can be viewed at the Lanchester Library, Coventry University.

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