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Considering how athletic identity assists adjustment to spinal cord injury: a qualitative study

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Abstract

Objectives To establish how sport, and access to an athletic identity, has been used when adjusting to a spinal cord injury.
Design Qualitative study using semi-structured interviews.
Setting Private athletic club.
Participants Eight (six males and two females) athletes from a wheelchair badminton club participated in the study. The individuals had finished rehabilitation, and were aged between 20 and 50 years.
Main outcome measures A single semi-structured interview was undertaken with each participant.
Results Following the thematic analysis, two final themes were presented: (1) adjustment and paradox of chronic illness; and (2) the role and value of an athletic identity.
Conclusions Badminton provided participants with an opportunity to continue and develop a positive athletic identity. Identity may be used as a factor that can promote recovery, and is considered as a way to encourage and maintain positive long-term adjustment to disability.

Keywords: Qualitative; Sport; Identity; Adjustment

Introduction

Worldwide, the annual incidence rate of spinal cord injury (SCI) is between 5 and 59 cases per million [1,2]. In Europe, approximately 252 people per million inhabitants have an SCI [3], and approximately 40,000 people live with an SCI in the UK [4]. In Australia, it has been estimated that the mean patient healthcare costs (>6 years post SCI) range between $139,427 (moderate SCI) and $297,453 (quadriplegia) [5]. In the UK, the annual cost of care exceeds £500 million [4].

An individual's identity can be severely affected by loss resulting from a chronic illness [6], such as an SCI. One particular identity that can be affected following an SCI is an individual's athletic identity [7]. The athletic identity for those previously involved in sport can represent the apex of identities in the identity hierarchy. Cases have been reported where a strong athletic identity before the SCI made adaptation difficult [8] or 'life not worth living' [9]. However, there are also examples of individuals with a strong athletic identity who are able to embrace and accept their disability [10]. This is important because accepting the disability that accompanies the SCI is a significant barrier to overcome to achieve positive adjustment [11]. As such, exploring how individuals who have a strong athletic identity can adapt and adjust to their SCI may be valuable in detailing how to facilitate positive adjustment.

Social identity has been defined as 'an individual's knowledge that he or she belongs to certain social groups together with some emotional and value significance to him or her of this group membership' [12]. As such, people's classification of themselves into various social categories or groups (e.g. I am a disabled-bodied sportsperson, or I am a badminton player) initiates a process of self-stereotyping, whereby one embodies the meaning associated with that category [13]. With regard to sport and for the purposes of this article, athletic identity represents the degree to which an individual feels that they belong to the athletic group of choice,

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and the significance of this. Further, it is important to consider that our group memberships, and sensitivities to them, form the lens through which we interpret and respond to others' behaviours, and how we evaluate and justify our own behaviours. Thus, changes in our social identities (memberships of new categories and/or changes in the meaning of existing group memberships) will be accompanied with changes in our behaviour. With this in mind, the meaning and value of group memberships for individuals who have suffered an SCI could be associated with, or determine, the potential for positive adjustment. Indeed, recent quantitative research has provided evidence that supports this hypothesis [14], although further in-depth research using a participant's own words is required to explore and clarify this relationship.

Past qualitative research has not been able to demonstrate how post-SCI identity is associated with and expressed alongside the adjustment process [7,8]. Individuals with an SCI may not simply consider and use one distinct identity to represent themselves. One reason for this is that individuals with chronic illness often express the paradox of chronic illness [15–17]. The paradox suggests that individuals are simultaneously impelled to accept and defy the limitations of their disability. Further, the expression of which limitations individuals can accept or defy is likely to vary, change and evolve. One consistency in this experience may be the sport group with which individuals associate; that is, their athletic identity as a badminton player may help the process of acceptance and act as a factor that can support and facilitate adjustment. Further research needs to consider the association between athletic identity and individual's adjustment and hope following the onset of an SCI.

Methods

Design

A qualitative design was selected in order to obtain an in-depth description of athletic identity and the other psychosocial constructs under consideration. Semi-structured interviews were chosen as they allow flexibility and some spontaneity/adaption during the interaction. The final interview schedule consisted of eight categories around the topics of identity, adjustment and the paradox of chronic illness (see Appendix A, online supplementary material). Not all questions were asked. These topics were based on previous research findings [16,17]. The corresponding author's expertise will have influenced the choice of topic.

Participants

A convenience sample [18] of eight (six males and two females) athletes who were members of a wheelchair badminton club agreed to participate in this project. The data generated from the interviews may not be representative of the SCI population as a whole because of the athletes' commitment to sport and their resulting athletic identity. The inclusion criteria were: (1) outpatients, post inpatient rehabilitation who had an ability to reflect on their experiences; (2) individuals who were at a stage of their adjustment where they felt happy and able to talk about the injury; and (3) age between 20 and 50 years (i.e. the typical range of young adults affected by an SCI). Individuals were excluded if their SCI was identified as a birth defect.

Ethics

Ethical approval was gained following ethical review at the University of Birmingham. Potential participants received an information letter and were given 48 hours to consider participation. Following this period, the individuals who provided written consent were interviewed. Participants were informed of the right to withdraw from the study at any time without giving a reason. No adverse effects occurred.

Procedure

Interviews took place in a familiar environment chosen by the participant in order to make them feel relaxed, such as their home or in a private room at a sports centre where they trained for wheelchair badminton. The interviews were conducted by the primary author. All interviews were recorded on a digital voice recorder and transcribed verbatim, whilst removing any personal information in order to ensure complete anonymity. Data were stored and accessed by AS and CH on a password-protected computer.

Analysis

A thematic analysis [18] was undertaken. Two authors (CH and AS) met initially to discuss how to conduct the analysis. Following this, CH began to analyse the transcripts (Phase 1). Findings were presented to AS who, acting as a critical friend, developed a conceptual map, the purpose of which was to re-name and associate themes (Phase 2). Next, CH reviewed the analysis to consider if the new categories could be supported from transcripts (Phase 3), looking for negative cases [19]. The findings from Phase 3 were presented to AS, who developed another conceptual map and a final summary table (Phase 4). During this process, saturation was achieved using a constant comparison method through Phases 1 to 3, where the revision of codes and the need for replication of categories from newly obtained data was essential [20]. A summary audit trail [21] was examined and approved by PC, who acted as the auditor for the process. The audit trail is available from the corresponding author.

Results

Table 1 provides the demographic details of the eight participants. The mean age was 36.3 [standard deviation (SD)

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