



An examination of post-traumatic growth in Canadian and American ParaSport athletes with acquired spinal cord injury



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ABSTRACT

Objectives: The study was guided by two research questions: (1) Does participation in ParaSport following acquired spinal cord injury (SCI) influence people's perceptions of post traumatic growth (PTG)? (2) What specific dimensions of PTG, if any, do ParaSport athletes report experiencing?

Design: A phenomenological approach was adopted to understand ParaSport athletes' perceptions and experiences of PTG and sport participation following acquired SCI.

Method: Twelve participants with acquired SCI who integrated, reintegrated, or attempted to integrate into sport completed a survey and participated in a semi-structured interview to assess their perceptions of acquired SCI, involvement in ParaSport, and PTG.

Results: Five general dimensions of growth emerged from the data including: (a) injury relevant processing; (b) appreciation for life; (c) reactive behavior as a result of attempted integration into ParaSport; (d) relating to others and (e) health and well-being. Participants reported increased physical functioning and independence related to their involvement in sport. Emotional and psychological gains were also associated with ParaSport including re-establishment of self-identity, improved clarity and perception of life, changed priorities, greater confidence, and enhanced social relationships.

Conclusions: Participation in ParaSport following acquired SCI may provide physical, emotional, and psychological health benefits, which should be considered in the development and implementation of sport related interventions to encourage PTG. Clinicians and rehabilitation specialists may use information from the present study to help individuals improve their identity, build relationships, and develop an appreciation for life after incurring a SCI.

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A spinal cord injury (SCI) is one of the most debilitating injuries an individual may experience (Glass, 1993; van Leeuwen, Kraaijeveld, Lindeman, & Post, 2012). Those who have acquired a SCI not only contend with physical and psychosocial challenges leading up to and associated with the trauma of injury, they may encounter further trauma as losses related to the consequences of injury become evident during rehabilitation (Bonanno, Kennedy, Galatzer-Levy, & Lude, 2012; Pollard & Kennedy, 2007; Trieschmann, 1988). The loss of physical and functional ability, health related complications, financial stress due to employment loss, social isolation, negative reactions from others, and/or psychological adjustments have been cited as negative outcomes of SCI (Bonanno et al., 2012; Chun & Lee, 2008; Weitzner et al., 2011). Such sources of

stress may lead to mental health issues including depression, anxiety, post-traumatic stress, suicide, and substance abuse (Evans & Gontkovsky, 2008; Migliorini, Tonge, & Taleporos, 2008).

There are a number of psychological benefits derived from participation in physical activity and sport for individuals with a disability such as improved mood state and psychosocial well-being, reduced anxiety and depression, and increased self-esteem and life satisfaction (Martin Ginis & Hicks, 2007; Martin Ginis, Jetha, Mack, & Hetz, 2010; Martin Ginis, Jørgensen, & Stapleton, 2012; Slater & Meade, 2004). Research has also acknowledged that participation in sport and exercise can result in positive physical health outcomes for people with SCI including the prevention of chronic disease, improved physical fitness, and enhanced pain management. (see Martin Ginis & Hicks, 2007; Martin Ginis et al., 2012 for a review). Furthermore, involvement in physical activity and sport following SCI may provide meaningful experiences, resulting in psychosocial and physical benefits that could potentially facilitate positive psychological growth (Day, 2013).

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A growing body of literature has indicated that those subjected to traumatic events including SCI, may experience growth from dealing with such events. Post-traumatic growth (PTG) is defined as “the experience of positive change that occurs as a result of the struggle with highly challenging life crises” (Tedeschi & Calhoun, 2004a, p. 1). The experience of trauma may not encourage PTG per se, but rather, the cognitive processing and affective engagement that occur following the experience that lead to perceptions of positive change and/or learning that challenges individuals’ adaptive resources and fundamental assumptions (Tedeschi & Calhoun, 2004b). Individuals who experience this phenomenon have advanced beyond their initial level of adaptation, psychological functioning, or life awareness (Tedeschi & Calhoun, 1996). Growth outcomes are characterized by changes in: perception of self, interpersonal relationships, and philosophy of life (Tedeschi & Calhoun, 1996). PTG is recognized as a significant positive change in cognitive and emotional life and may have behavioral change implications. PTG is not inevitable following a traumatic event. The construct of post traumatic depreciation (PTD) was developed after reported decreased behaviors and attitudes following a traumatic event. Post traumatic depreciation (PTD) is defined as any negative change that occurs as a result of experiencing a trauma (Cann, Calhoun, Tedeschi, & Solomon, 2010). Individuals who face a major life crisis may experience a number of distressing emotions such as anxiety, stress, sadness and depression, which may catalyze the development or exacerbate significant psychiatric difficulties such as depression, anxiety and post-traumatic stress disorder (PTSD) (Gould, Udry, Bridges, & Beck, 1997; Hobfoll, Tracy, & Galea, 2006; Laufer & Solomon, 2006). While traumatic events are not necessarily precursors to growth, findings have indicated personal distress (post traumatic depreciation; PTD) and growth (PTG) can coexist (Calhoun & Tedeschi, 2001; Cann et al., 2010).

PTG has been studied in a number of populations including injured athletes (Wadey, Evans, Evans, & Mitchell, 2011); cancer survivors (Barakat, Alderfer, & Kazak, 2005; Burke & Sabiston, 2010; McDonough, Sabiston, & Crocker, 2008); emergency response personnel (Shakespeare-Finch, Smith, Gow, Embelton, & Baird, 2003); and victims of road traffic accidents (Salter & Stallard, 2004). The experience of PTG has also been examined in people living with SCI. Pollard and Kennedy (2007), for instance, conducted a longitudinal study including an assessment of PTG using Tedeschi and Calhoun’s (1996) Post Traumatic Growth Inventory (PTGI). Although there was a wide range of responses, positive growth was highest for Personal Strength and lowest for Spiritual Change. However, the authors acknowledged the PTGI scores in their sample were lower than those of breast cancer survivors and suggested living with the ongoing trauma of SCI may challenge positive growth over time in this population.

A qualitative analysis by Chun and Lee (2008) also found support for PTG following acquired SCI. Fifteen individuals who exhibited signs of PTG were assessed to gain insight into their life experiences before and after SCI. PTG was related to changes in family relationships, personal appreciation for life, and engagement in meaningful activities. Of particular interest, was the importance of meaningful engagement following SCI to the experience of PTG. Meaningful engagement was described as “involvement in personally important activities that allow people to demonstrate personal strengths, strengthen social relationships, and experience positive emotions” (Chun & Lee, 2008, p. 886). Participation in leisure activity following SCI may provide opportunities to: discover unique abilities, experience success and achievement, strengthen family relationships, broaden and/or maintain existing social networks, foster a sense of belonging and acceptance, and experience enjoyment (Chun & Lee, 2008).

ParaSport is sport for individuals with a physical disability. All sports have adapted equipment or rules to ensure the sport is fun and accessible for everyone. Regional clubs will introduce ParaSport and teach basic skills, movements, and rules of the game. In Canada and the United States, opportunities to participate in ParaSport exist at local, provincial/state, and national levels through many sport governing organizations (e.g., Canadian Paralympic Committee; United States Paralympics). Day (2013) recently examined the lived experiences of Paralympic athletes with an acquired disability to better understand the influence of becoming physical active on the development of PTG. Although participation in physical activity and sport was deemed important to personal health and well-being, participants emphasized the *context* of sport and exercise settings, which was seen to facilitate PTG by providing opportunities for meaningful experiences. The physical activity environment allowed participants’ to test their physical limitations and in turn, gain awareness of their capabilities and future opportunities by accepting manageable risks, responsibility, and personal control. Participation in sport also helped participants re-establish and enhance life meanings.

While participation in sport and physical activity offers a wide variety of both physical and psychological benefits, there is limited research examining PTG in individuals with SCI and/or those involved in sport for individuals with disabilities specifically. The role of participation in sport on PTG with individuals with acquired SCI is under-examined. Therefore, the purpose of the study was to examine the perceptions and experiences of PTG in ParaSport athletes with acquired SCI. The study was guided by two specific research questions: (1) Does participation in ParaSport following acquired SCI influence people’s perceptions of PTG? (2) What specific dimensions of PTG, if any, do ParaSport athletes report experiencing?

Method

Participants

Twelve participants who acquired a SCI and integrated, reintegrated, or attempted to integrate into sport completed a survey and participated in a semi-structured phone interview. Participants ranged in age from 24 to 55 with a mean age of 40.67 (SD = 9.96). The mean age at which participants acquired a SCI was 23 (SD = 7.24) and the mean time passed since acquiring a SCI was 18.83 (SD = 9.54) years. All but one participant were currently involved in one or more ParaSport events (e.g., wheelchair racing, basketball, rowing, alpine ski racing, paracycling, rugby, water-skiing, sledge hockey, baseball, sailing, and tennis) in Canada or the United States (US) at regional, provincial, national, and international levels. One participant attempted to reintegrate into ParaSport but withdrew from sport at the time of the interview. All participants had acquired a spinal cord injury through motor vehicle accidents ($n = 5$), sporting events ($n = 4$), falls ($n = 1$), boat accidents ($n = 1$), or combat exposure ($n = 1$).

Survey and interview guide

A survey was developed (in conjunction with the authors, a ParaSport coach, and a ParaSport physiotherapist) to gain information related to participants’ demographics (e.g., age, gender, level of education), SCI characteristics (e.g., level, complete/incomplete, and comorbidities, age at the time of injury, how the injury occurred), and sport involvement (e.g., type of activity, level of participation prior to and post SCI). The survey also included open-ended questions assessing the benefits associated with participation in ParaSport as well as lessons learned following the SCI. The interview guide was developed based on relevant literature on the psychology of injury (e.g., Bianco, 2001; Gould, Eklund, &

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