Disability sport, particularly at the highest levels (e.g., Paralympics), is becoming increasingly competitive. Athletes with disabilities, like able-bodied athletes, may benefit from working with sport psychologists by learning mental and life skills applicable to sport and everyday life. Researchers have determined that many athletes with disabilities already use psychological skills (Perreault & Vallerand, 2007), desire to learn more about psychological skills (Kirkby, 1995), and have positive attitudes toward sport psychologists (Page, Martin, & Wayda, 2001). Reviewing the role of psychological skills for performance-enhancement purposes, however, is just one goal of the current chapter. Consistent with the major focus of this text, the athlete’s quality of life, health, and happiness are also central considerations that should also be a focus of a sport psychologist’s work. Numerous researchers examining the sport experiences of youth and adults have indicated that sport can provide multiple benefits to individuals with disabilities (Hutzler & Bar-Eli, 1993). The ability to reduce loneliness by developing friendships with other athletes with disabilities is a particularly important quality of life benefit of sport participation.

Building on the personal development model advocated by Danish and Hale (1981) and elaborated on by Vealey (1988), Martin (1999; 2005) adapted it to disability sport. Martin urged sport psychologists to employ it with their clients to enhance their quality of life and to help them achieve in their sports. Specifically, Martin indicated that sport psychologists should help athletes with disabilities develop the three foundation skills of self-esteem, self-determination, and self-awareness. Given that many individuals with disabilities report feelings of powerlessness, exploring issues related to self-determination may be particularly relevant.

The purpose of this chapter is to explore significant issues for practitioners who choose to work with athletes with physical disabilities. In particular, my goal is to help sport psychologists understand both the disability world and the world of disability sport, and the challenges athletes face in these overlapping worlds. Although practitioners are sure to learn much from reflective hands-on experiences, my hope is that I can provide a modest head-start to their efforts by concisely illustrating some unique considerations present when working with athletes with physical disabilities.
The athlete, the person

It is important to view athletes with disabilities as people first and to focus on their lives and athletic pursuits in a realistic manner. One of the difficulties individuals with disabilities often face from others in society is being equated with their disabilities, stigmatized, and having other qualities (e.g., athletic skill, intelligence, social competence, sense of humor) minimized, or go unacknowledged. In contrast to the above negative view is the “supercrip” perspective that is often framed as a positive portrayal of athletes with disabilities. The supercrip image suggests that people with disabilities are heroes by engaging in regular activities such as going to school and participating in sport. The supercrip image also implies that accomplishing significant goals (e.g., wheeling a marathon) is a sign of overcoming the disability.

Disability scholars tend to see the supercrip image as a patronizing consumer-driven media image. Furthermore, the problem with the supercrip stereotype is that most people with disabilities do not view themselves as heroes or their achievements as overcoming their disabilities. Although some athletes with disabilities view the supercrip model as inspiring, others see the heroic label as inaccurate because they view their sport successes as normal athletic achievements (Hardin & Hardin, 2004). Elite wheelchair athletes routinely became frustrated when labeled as courageous and strong for successfully managing simple activities of daily living. For example, one athlete in a recent study (Hardin & Hardin, 2004) reported that he had been praised countless times for doing various things that he considered mundane (i.e., going to a nightclub). From the athlete’s perspective, there was nothing heroic about accomplishing such tasks. A clear source of the athlete’s frustration was the perception that being viewed as brave for being disabled and an athlete was patronizing.

Berger (2008) suggested that the supercrip stereotype can simultaneously be both a disempowering and empowering model for individuals with disabilities. Hardin and Hardin (2004) offered a similar perspective when they noted that one athlete in their study felt that people viewed him as both helpless and a hero. Most elite-level athletes with disabilities do not want to be reduced to a “supercrip” stereotype and would rather be recognized for their legitimate athletic accomplishments (Berger). Sport psychologists working with athletes with disabilities should avoid inadvertently replicating common societal perspectives that serve to unrealistically minimize or glorify athletes with disabilities. In other words, sport psychologists should treat athletes with disabilities as people who play sport and happen to have disabilities, and focus on their abilities, not their disabilities.

The disability

Approximately 15% of athletes have lived with their disabilities since birth (i.e., they have congenital disabilities) and have not experienced life without a disability. Most athletes with disabilities (i.e., 85%), however, have acquired disabilities, which means they have endured a progressive disease over time or had a serious traumatic injury. One major ramification of experiencing a sudden and permanent injury is a serious disruption of psychological equilibrium.

Tremendous, and usually psychologically and physically painful, adjustment demands land on individuals when they go from running and playing catch one day to, in cases of people with quadriplegia, being unable to move their arms or legs the very next day. Indicating the severity of how some athletes feel, one athlete stated, “Now I am nothing. Life moves on, without me. That is how it is. How it will always be. I just survive. No ambitions. Nothing … Sometimes I don’t think I can go on.” (Smith & Sparkes, 2005, p. 1101).
Although many people eventually adjust to an acquired disability, this quote illustrates how devastating a disability can be. Not only is a loss of function an obvious and far-reaching ramification of acquiring a disability, but it often becomes the most dominating feature of the disability experience. In brief, a primary characteristic of experiencing a significant and permanent injury is a loss of function, and people often become defined as their disabilities in their own eyes and in the eyes of others.

A second major area of disruption is relational. For example, Lyons, Ritvo, and Sullivan (1995) interviewed a 43-year-old woman with a spinal cord injury (SCI) who stated, “Your friendships are greatly affected by your disability. I don’t have any friends except maybe two from the pre-disability days” (p. 38). Lyons et al. found that people with disabilities see their friends less, have more difficulty relating to old friends, and often experience rejection by old friends. For married individuals, the marital union is often disrupted and disability is a risk factor for divorce. For adult athletes with disabilities who are parents, parent–child relationships are also affected.

One of Kleiber, Brock, Lee, Dattilo, and Caldwell’s (1995) participants, Donald, stated “another thing that makes it hard is the fact that I can’t run with them [his children]” (p. 293). Young children’s inability to understand exacerbates the difficulty parents have in managing the change in the parent–child relationship. For example, Donald reflected on his daughter and reported that, “She’s not accepting the fact, I don’t think, that I can’t walk, she’ll tell me to put on my shoes, and I can walk. So, see that makes it hard on me.” (p. 293).

Sparkes and Smith (2002) and Smith and Sparkes (2005) described men’s SCI-related experiences. For able-bodied male athletes who had strong masculine athletic identities and who derived substantial self-worth from sport, both of these critical aspects of their self-concepts were severely damaged when they became disabled. One participant indicated, “Your masculinity is gone, broken, you just struggle to live up to it [being a man]” (Sparkes & Smith, 2002, p. 269). Some athletes may completely disregard disability sport as an option. One man, for example, stated, “How can you play sports like that? I mean I can understand people using sport for rehabilitation and everything. For me though, they aren’t real sports, not really” (Sparkes & Smith, 2002, p. 270). A related sentiment was expressed by a former able-bodied basketball player who noted, “No way would I settle for less with a sport I had excelled in on my feet. So in the hospital I set my mind on the triathlon” (Hutchinson & Kleiber, 2000, p. 50).

In sum, experiencing an acquired disability has far-reaching ramifications. Athletes heavily invested in sports and struggling with disruptions to their athletic identities may face particularly difficult times. What makes the preceding information particularly relevant is that some elite athletes start sport shortly after their acquired injuries and then have short careers (e.g., lasting less than two years). Furthermore, adjusting to a major trauma may take as long as two years, and adjusting one’s self-concept may take as long as four years (Trieschmann, 1988). Sport psychologists may find themselves working with athletes adjusting to significant trauma, getting ready for a major competition, managing a secondary disability such as a chronic injury, and possibly leaving high-level disability sport in the near future.

The disability world

The picture I paint in this section is one of generalizations. My suggestion is to use the following information as a general guide to understanding athletes’ lives early in the consulting
relationship given that there is no substitution for first-hand knowledge obtained directly from athletes. My premise for this section is that athletes with disabilities live in a world that is quite different from the able-bodied world, and their life experiences will indirectly, and directly, influence their sporting aspirations.

The effect of a disability is felt across virtually all life dimensions such as employment, education, friendships, and health. Children without disabilities, for example, may view children with disabilities as less attractive compared to children without disabilities. Adolescents and young adults with disabilities in sport settings have reported that they commonly were recipients of pitying “poor you” looks (Goodwin, Thurmeier, & Gustafson, 2004). Individuals with disabilities often receive negative evaluative judgments about their appearances from others, making it difficult to construct positive body images.

People with disabilities tend to have lower levels of income and live in homes with less income compared to people with no disabilities. Similarly, based on data from the USA, a greater percentage of individuals with disabilities live in poverty and live alone, compared to people with no disabilities. A far greater percentage of people without disabilities also graduate from high school and college compared to individuals with disabilities. Individuals with disabilities are also more likely to be the victims of crime. Women with disabilities, for example, have a 40% greater chance of being physically or sexually assaulted compared to women without disabilities. Even simple tasks such as hailing a taxi can be problematic because some taxi drivers do not want to deal with storing a wheelchair in the trunk. In brief, an athlete with a disability, with whom a sport psychologist might work, lives in a world that can be profoundly different from the one in which an able-bodied person lives.

Coaching issues

Many athletes with disabilities lack coaches, or have coaches who lack a sport science foundation and are volunteers. Even elite athletes (e.g., Kenyans competing in the Paralympic Games) may have no coaches (Crawford & Stodolska, 2008). Although athletes from countries with strong support systems (e.g., Canada) may have access to the same high level coaches as non-disabled athletes (Cregan, Bloom, & Reid, 2007), there may still be a shortage of coaches in some wealthy countries (e.g., USA). For example, in 1996 only 58% of 319 elite adult athletes from the USA (Ferrara & Buckley, 1996) and 33% of a diverse group of international athletes (e.g., Australian, Dutch, Japanese; Liow & Hopkins, 1996) reported having coaches who directed their training sessions. Even wheelchair racers from Britain, a country with a strong history in disability sport, have limited access to coaches.

Because of limited coaching, athletes often end up training inconsistently, in non-sport-specific ways, do not taper for major competitions (Liow & Hopkins, 1996), and overtrain when they should be resting. When attempting to self-coach, athletes have difficulty locating reputable material. In brief, sport psychologists may have to consider helping their clients find a coach. Ignoring counterproductive physical training is tantamount to sport psychologists sabotaging their own efforts at helping athletes develop their mental and life skills. Assuming a non-traditional sport psychology role, in addition to mental and life skill development, is not without precedent. For example, at the Paralympics Brooks (2007) explained his role as a “gofer” (e.g., shopping, doing odd jobs) and Jackson (2007) was the video analyst. Furthermore, Jackson incorporated knowledge
from the video analysis in his sport psychology services (e.g., feedback, team role clarification) and in the process gained credibility with his athletes. Ethical issues (e.g., conflicts of interest) related to dual relationships, however, contraindicate sport psychologists acting as coaches. To summarize, sport psychologists working with athletes with disabilities should be cognizant of the potential to at least consider broadening the range of services they provide.

**Injury/illness and pain/fatigue**

Compared to able-bodied performers, athletes with disabilities lose more training time due to injury. The disability condition, sport-specific stressors, and the use of any adaptive, assistive, or guidance aids (e.g., prosthetic devices) often interact, leading to increased likelihood of injury. Athletes with unilateral leg amputations (i.e., one leg) experience a high incidence of injury in the joints of the contralateral whole limb. Shoulder injuries are quite common among wheelchair athletes and often occur from wheeling for both training and everyday activities of living in combination with inadequate rest and recovery time. Because athletes with SCIs have difficulty regulating body temperature, especially in hot weather, there is also an increased risk of heat exhaustion and heat stroke.

For athletes with disabilities, fatigue, discomfort, and pain are a significant aspect of the sport experience. Pain may be particularly relevant for athletes with SCIs because up to 94% of people with SCIs indicate that they experience daily chronic pain. Although limited research on pain has been conducted with athletes with disabilities, it is clear that pain and fatigue are common barriers limiting physical activity in children and adults with disabilities (Martin Ginis et al., 2003). Pain and fatigue related to both disability and sport can affect training (e.g., missing practice) and performance. Simply put, managing pain, fatigue, and training; avoiding injury, illness, and overtraining; and effectively tapering for major competitions may be difficult for athletes with disabilities.

In summary, practitioners should remind athletes and coaches to be aware of their training loads in order to avoid overtraining, injury, and illness. The additional consideration of pain in the equation may make sport psychologists’ and athletes’ tasks particularly challenging. For example, discerning between pain that is temporary and fatigue-related versus pain that is serious and indicative of further injury is often difficult.

**Classification**

Although able-bodied athletes are classified by gender and sometimes by weight (e.g., wrestling, rowing), most athletes know their classifications or can reasonably predict or control them. Athletes with disabilities are also classified based on their functional abilities. In the functional classification system, athletes are graded based on their abilities to perform physical tests. Athletes with different disabilities may compete against each other if they have the same functional classification. For example, swimmers with SCIs, cerebral palsy, or amputations may all compete in one race.

The classification process can be stressful. First, the process itself might be stressful, irrespective of the outcome, if athletes fear being reclassified at a different level than they have historically been rated at. Second, if athletes are reclassified at a more functional level they will compete against athletes who can, presumably, perform better (e.g., faster times).
than their previous competitors. The idea of facing more accomplished athletes can impair confidence and promote anxiety at the most inopportune time possible (e.g., 24–48 hours prior to competition). The classification procedure is unique to disability sport and is clearly a potential stressor. Sport psychologists should help their athletes prepare for the classification process (e.g., by practising anxiety management) and a potentially negative classification outcome (i.e., being reclassified). A variety of psychological methods (e.g., self-talk, relaxation, goal setting) will be of use in coping with classification.

**Mental skill development adjustments**

In this section I provide information related to mental skill development methods and specific mental skills, as well as practical suggestions.

**Communication**

Individuals with cerebral palsy (CP) often take longer to articulate a sentence if their speech is impaired. Page and Wayda (2001) suggested that sport psychologists working with athletes with CP use multiple forms of communication in case athletes also have auditory impairments. Simple adjustments such as sitting or kneeling may also be necessary for adequate eye contact with an athlete in a wheelchair.

**Imagery**

One use of imagery is for mental practice, making it particularly helpful for athletes with physical disabilities when they cannot, as is often the case, physically practise skills (e.g., because of limited transportation, no teammates, or inferior equipment). Practitioners should be aware that a source of frustration for amputee athletes, while imaging, may be imaging missing limbs. Visuomotor behavior rehearsal (VMBR) might be useful for athletes with cerebral palsy because the relaxation element of VMBR may reduce spasticity.

Imagery can also be considered an internal form of modeling. Recognizing that model similarity is important for building self-efficacy, sport psychologists have recently started to employ self-modeling strategies. For example, sport psychologists might work with athletes and their coaches to splice together footage of successful performances to promote skill development as well as enhance motivation and efficacy. An added advantage of this strategy is that although most athletes are surprised and even shocked at viewing themselves, they are quite enthusiastic about this type of mental skill intervention (Ram & McCullagh, 2003).

**Relaxation**

Although relaxation may reduce muscle spasticity, muscle spasticity in turn can make some relaxation exercises difficult. Cognitively oriented relaxation techniques, such as autogenic training, might be more effective than muscle-based methods. For example, Page and Wayda (2001) noted that spasticity (i.e., muscle contractures), athetosis (i.e., uncoordinated muscle movement), and ataxia (i.e., low muscle tone) all made it difficult for CP athletes to learn traditional progressive muscle relaxation.
Self-talk

Because athletes may have more control over their thoughts than their physiology, managing self-talk for relaxation purposes might be important. Self-talk, in the form of cue words (e.g., eye on the ball), can also be used to correct technique in sports such as wheelchair basketball and tennis. In a recent study of wheelchair basketball players, researchers examined the influence of self-talk on passing and dribbling performance (Harbalis, Hatzigeorgiadis, & Theodorakis, 2008). The self-talk group improved in both skills relative to the control group, providing support for the value of teaching self-talk skills. Athletes with disabilities may also be overly self-critical, but psychological skills training has helped Paralympic wheelchair basketball players reduce their negative self-talk.

Martin (2008) found that wheelchair basketball players expressing confidence in their abilities to maintain positive thoughts during times of distress also reported more positive affect and less negative affect compared to athletes who reported less confidence in their abilities to maintain positive thoughts during anxious times. Martin’s findings suggest that sport psychologists who can help athletes effectively manage their self-talk may also help them enhance their quality of life (e.g., enjoy more positive affect and less negative affect). Finally, verbalizations of self-talk can also provide sport psychologists with potential insights into athletes’ self-esteem.

Preparation

Traveling across time zones, trying to understand foreign languages, and enduring different climates all take a toll on athletes’ emotional and physical resources. At the Paralympics, athletes often cannot practise at the competition site and sometimes must room with individuals they do not know and who do not compete in their sports (Katz, 2007), adding another layer of stress to their sporting experiences. Visiting the competition site and obtaining video images of the competition site will help athletes use imagery to prepare for competition. Sport psychologists can also help athletes view rooming with strangers as a positive aspect of the Paralympic experience and an event to embrace rather than fear.

Goal setting

Goal setting is a psychological technique often recommended to enhance motivation and efficacy. Athletes with disabilities have expressed limited training efficacy relative to performance efficacy (Martin, 2008). Because these athletes often face many barriers to training (e.g., few training partners) and, as mentioned earlier, have limited coaching, sport psychologists should pay particular attention to helping athletes formulate training goals (see Chapter 51) based on effective goal-setting guidelines.

Summary and conclusion

Current delivery of psychological services to athletes with disabilities is minimal. To the degree that limited information on disability sport psychology is a barrier, I hope that the information contained in the current chapter is helpful. See Box 45.1 for a summary of practical suggestions.
Box 45.1

Practical suggestions for sport psychologists working with athletes with disabilities

- Treat athletes as whole people, not just athletes.
- Do not focus on the disability, unless that is what the athlete wants to explore.
- Understand the potential trauma resulting from the injury.
- Be aware of non-sport challenges (e.g., reduced social contact).
- Consider helping athletes obtain adequate coaching.
- Be cognizant of the influence of disability-related pain and chronic injuries.
- Prepare for the classification procedure.
- Learn disability-specific changes in psychological skill development delivery.

References


