# A Narrative Exploration of Sport as a Transformative Space for those with Spinal Cord Injuries

**"Sport is absolutely transformational post-injury.**

**It changes people's lives."**

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# Abstract

Sport New Zealand undertook a review in 2018 which found that within our country, 24% of the population - 1.1 million people - identify as disabled, all of whom are less likely to participate in and experience the benefits of sport than those who are able-bodied. Following this came the release of Sport New Zealand's 'Disability Plan', of which the enactment has been slow. With the help of further research exploring the lived experiences of those with spinal cord injuries in sport alongside the 'Disability Plan', there is great potential to reach Sport New Zealand's goal of ensuring that all New Zealanders have access to quality sporting experiences. It is to this that my attention turned, with this narrative inquiry using semi-structured interviews to explore the experiences of eight individuals (seven males, one female) with spinal cord injuries in sport, all belonging to regional and national wheelchair rugby clubs. The intention was to better understand what it is like to live and participate in sport with a spinal cord injury, and what could be gained from being involved. Through these insights, it is hoped that sport is better utilised as a transformative space for a larger number of individuals, and that measures to facilitate continued participation are understood by organisations and practitioners. The results illustrate that wheelchair rugby has been nothing less than a transformational space where participants were able to accept their impairments as part of their identity and (re)discover themselves through embodied learning experiences from the sport and the environment created. This environment became an escape from the 'real world' for a period, and often, pain that the participants experienced. Wheelchair rugby has been a vehicle for opportunities - opening doors for participants and creating a world in which they felt as though they could do anything. This research offers insight into underdeveloped areas that are needed to be understood to allow for more individuals to experience disability sport as they deserve.

# Acknowledgements

The thought of undertaking a thesis is nothing less than daunting. After stepping on board, I realised how much more I was going to gain from this journey – I have not only learnt how to research and work at a Masters level, but discovered and developed as an individual, all while feeling every story told by the participants, confirming my desire to work in the disability sport field. I would have never dreamt of being in this position that I am in now, having finished my thesis, without a number of people.

Firstly, to my participants – without you all, this would not have been possible. I am eternally grateful for your willingness to be open with me, sharing your lives in a way that I will always hold close to my heart. You have all been the centre of this journey. I hope that I have done your stories justice and that our effort will work towards making a positive impact within your wonderful community of wheelchair rugby.

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# Chapter 1: Introduction

## Research Context

In Aotearoa New Zealand 24% percent of the population identify as disabled (Stats NZ, 2014). This is about 1.1 million individuals with impairments within our communities, all of which are less likely to participate in sport and physical activity than those who are able-bodied (Sport New Zealand, n.d.). With the goal of working towards and ensuring all New Zealanders have access to quality experiences in sport, Sport New Zealand undertook a review in early 2018, known as the 'Blueprint for the future of the NZ disability sport and recreation sector'. This review found that disabled people participate significantly less in physical activity, whether it be recreationally or competitively, with more than a third of disabled adults not participating in any form. Contrast this with the growing body of evidence internationally (e.g. Jaarsma et al., 2014; Smith & Sparkes, 2005; Smith & Sparkes, 2019; Wu & Williams, 2001) it would suggest that there are generally fewer opportunities for disabled people to participate in sport and active recreation. This could be due to supporting organisations providing more opportunity to young people and those interested in participating in a prescribed range of activities, which is not reflective of the disability population in our country (Sport New Zealand, n.d.). Alongside the limited activities available, the review highlighted that there are significant barriers - mainly social - to participation for disabled people including negative societal attitudes, non-inclusive providers and peers, facilities being inaccessible, cost and transport (Shields & Synnot, 2016).

Following the publication of the Disability Review came the release of Sport New Zealand's 'Disability Plan'. This policy looks to "improve the wellbeing of disabled New Zealanders by addressing inequalities in play, active recreation and sport" and follows the launch of their twelve-year strategic direction and vision of "Every Body Active" which has the goal of ensuring that all New Zealanders have access to quality sporting experiences, particularly those groups who have been missing out (Sport New Zealand, n.d.). Since the ‘Disability Plan’ has been launched by Sport New Zealand in 2019, the enactment has been slow and not many changes are being seen (McBean et al., 2022). Accompanying the ‘Disability Plan’ is a need for further research to inform the disability sector and future policymaking. Looking beyond the provision of inclusive sport, there is a need to examine the lived experiences of disabled people in sport to gain a better understanding of the social and individual barriers associated with participation in disability sport.

Internationally, heightened awareness of disability sport is matched by a growing body of research. In line with moves to understand disability through the social model (see Oliver, 1996), research in disability sport and physical activity has examined the barriers, benefits and facilitators of sport and physical activity for disabled people. However, what is commonly missing from research is an attempt to understand the lived experience of impairment and its impact on sports participation. As such, it is worth exploring disability through the social relational model of disability (Thomas, 1999). The social relational model (SRM) identifies three core components of the disability experience – disablism, psycho-emotional disablism and impairment effects. However, there is limited research applying the social relational model to disability sport and even less that seeks to move beyond addressing the social dimensions of disability to better understand the felt, lived impacts of impairment effects in a sporting context. This is an important omission because it will allow for sports organisations and policy makers to gain an increased awareness of the social supports required, as well as improve the communication and dissemination of non-disabling messages and create expansion in the range of sports provision. This research seeks to address this gap by providing insight into the lived experiences of those with spinal cord injuries in and around sport to work towards Sport New Zealand’s goal of improving the wellbeing of disabled New Zealanders.

### Research Question

New Zealand is widely known for its presence in the sporting world. I am typical of many young New Zealanders having been brought up participating in a vast array of sports. Every morning, afternoon and weekend was spent training and working towards representing New Zealand, whether that was in the pool, the rowing boat, netball court or dancing, and each spare moment was spent pondering over how I could be better at what I did. However, I was fairly unaware of the barriers that others faced, in particular, those belonging to minority groups such as those with disabilities. This can be seen as able-bodied privilege, and given the focus of the research it is important to be aware that I am simply the 'researcher' going forward and those with an impairment are the experts, or the 'knower' (Stone & Priestley, 1996), and that disability research can often turn around on the participants, where the only person benefiting is the researcher (Macbeth, 2010). Being a person who has loved her involvement in sport for as long as I can remember and being aware of the benefits that it can bring, I have become increasingly concerned that not every individual has the same opportunities and experiences that I have been lucky enough to have. Because of this, I hope to seek change rather than hoping that it will simply happen (Macbeth, 2010).

Through a small amount of exposure to disability in my Bachelor of Health, Sport and Human Performance degree and more recent years of sporting activities, I became aware that disability is often absent from tertiary programmes and the wider community. From this limited exposure, I became interested in the area and have since developed a heightened awareness of disability in sport. Through my studies I have gained an understanding of the social construction of disability (e.g. Thomas, 1999; Brighton et al., 2020), the social barriers and inequities for people with impairments (e.g. Simpson et al., 2012; Thomas, 1999) and the various ways that disabled people are positioned in sport as 'other' (e.g. Hubert, 2000). During my studies and hearing the story of a particular individual who had acquired a spinal cord injury themselves, spinal cord injuries became of interest to me due to how highly complex and life-disrupting they can be. I also became aware that our country has one of the highest rates of spinal cord injury in the western world (Mitchell et al., 2020), meaning that there would be many individuals with spinal cord injuries who have been left without sport in their lives. Through my research, it became increasingly apparent that spinal cord injuries did not cause disability, and was not the disability for individuals, rather disability has become the outcome of social arrangements that restrict the activity of individuals with spinal cord injuries through placing social barriers in their way (Thomas, 1999; Townsend et al., 2015; Reindal, 2008; Haslett et al., 2017). This pervasive and often unnoticed exclusion of disabled people is a form of ableism. Ableism is a type of discrimination where able-bodied individuals see themselves as 'normal' and superior to those with an impairment, resulting in prejudice towards the latter (Nario-Redmond, 2019). Due to society being ableist, it is often difficult for able-bodied individuals to grasp the idea of them being the ones creating social barriers for those with impairments. This has aided me in identifying the need to develop awareness and knowledge around impairments, and therefore, I have become passionate about helping those with disabilities in sport and want to contribute towards centring their voices.

The aim of this research is to provide an insight into the experiences of people with spinal cord injuries participating in sport. In doing so I am interested in building on the social relational model and its application to disability sport as a means of better understanding impairment effects such as pain, social barriers and psycho-emotional impairments (Thomas, 1999). To do so, narrative inquiry offers an opportunity to explore these areas through developing an understanding of the lived experiences of those with spinal cord injuries. This could come through their understanding of their experiences within a sporting environment, the so-called 'norms' that surround them, or through reflection on what has happened in their lives.

I have been disheartened talking to a number of able-bodied individuals who have questioned why I was going into the disability sport sector and whether I would be using it as a pathway to reach higher level, able-bodied sport - this is an example of where information around impairments and disability sport could make the world of difference and allow for more equality in day-to-day lives, in particular for those with spinal cord injuries. Literature that brings to light information within this realm will allow for people, able-bodied or not, to better understand what it is that those with spinal cord injuries need both in their daily lives and in sport, meaning that we can work towards sustained participation in disability sport.

This study will attempt to contribute to the overall understanding of the experiences of people with spinal cord injuries in sport. Therefore, the research looks to address the following:

*Understanding the experiences of people with spinal cord injuries in sport.*

- *How participants understand themselves with their impairment and in relation to disability.*
- *What sport has provided each of the participants with in their day-to-day lives and beyond.*
- *The lived experiences of spinal cord injuries and the impact it has on sports participation.*
- *Further ways in which sport and the environment that comes with it has contributed towards their being and lives.*

In answering these questions, I hope to contribute to the literature on disability sport, specifically through the lens of spinal cord injuries. Given Sport New Zealand's 'Disability Plan' and increased interest in the lives of disabled athletes following the Tokyo 2020 Paralympic Games, it is important to consider the lived experiences of those specifically involved with participation in disability sport rather than simply viewing those involved as 'inspirational'.

## Thesis Structure

Following this introductory chapter, I review the existing literature that has been organised into sections specifically investigating disability, disability in sport, spinal cord injuries, spinal cord injuries in sport, barriers to participation in sport, facilitators of participation in sport, pain from spinal cord injuries, associated psycho-social factors, coaching those with spinal cord injuries, and gaps identified within this field of research. The literature review has helped to frame both the research question and methodology. Chapter three outlines my methodological approach to this qualitative study, underpinned by narrative inquiry. The social relational model has been used in an explanatory manner, illustrating the impairment effects (such as pain) associated with participation in sport. The data collection technique of individual semi-structured interviews has been outlined, as well as detailing a narrative thematic analysis process.

Results are presented and discussed through chapter four with four major themes being identified. These themes can be recognised as reclaiming identity, sport as an escape, embodied learning and sport as a vehicle for change, each with a discussion intertwined. Finally, I present conclusions drawn from the research which highlight common patterns from across the themes and how the information from this study can be used to assist in the development and growth of disability sport and the great potential that it holds for those who participate.

# Chapter 2: Literature Review

## Disability

About fifteen percent of the world's population experience some form of disability (Shakespeare, 2017), and according to the latest Statistics New Zealand 'Disability Survey' in 2013, twenty-four percent, or 1.1 million, of the New Zealand population have been identified as disabled (Stats NZ, 2014). Māori and Pacific people were identified as having higher-than-average disability rates, with physical impairments being the most common type of impairment, but over half of all disabled people noted that they had more than one type of impairment. Amongst the individuals with impairments in our country, there continues to be a lack of quality data on and insights into disabled people, specifically the participation of those in the community and in high performance sport (Sport New Zealand, n.d.).

When looking at a Foucauldian theoretical framework, society can be understood as simultaneously "constructing of and constructing by people" (Goodley & Lawtham, 2006, p.147), with post-structural approaches being seen to focus on language and culture as key areas for the discursive construction and regulation of disability (Brighton et al., 2020). This has resulted in individuals with impairments not being conceived as 'autonomous creators of themselves or their social worlds, but constituted in and through specific sociocultural arrangements" (Brighton et al., 2020, p.4). The work of Michel Foucault has assisted in revealing the oppression faced by disabled people through problematising how disability and impairment are conceptualised through power relationships. Because of the complex nature of society, a vast array of definitions around disability have been produced, leading to confusion and lower levels of inclusion within society and the sporting sector. For many years, the understanding of disability was delineated by the medical model, which focused on conditions that were seen as 'problems' and were intrinsic to those experiencing them (Falvo

& Holland, 2017). Thomas (2004) describes how the medical model is informed by the idea that disability is caused by illness and impairment, both of which entail suffering and social disadvantage. This medical model was "diagnosis driven, emphasizing pathology, defining and characterizing the condition by standardized measures, and focusing on medical treatments and solutions to 'eliminate' or control the condition, thereby returning the individual to 'normal'" (Falvo & Holland, 2017, p.1). Thomas (1999) has appropriately described disability as a "form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being" (p.3). Having society disable those with impairments is something that all individuals with impairments tend to have in common (Marks, 1999). Sport New Zealand (n.d.) are looking towards creating a shared understanding and wider base of knowledge around disability in our country with the intention of improving quality experiences for those with impairments.

The social relational model of disability has assisted in asserting that it is not an individual's impairment which causes disability – or which *is* the disability – and it is not the difficulty of functioning with physical, intellectual or sensory impairment that generates the problems associated with disability (Haslett et al., 2017; Reindal, 2008; Thomas. 1999; Townsend et al., 2015). Rather, disability is the consequence of social constructions from those who are able-bodied which work to control the activities of individuals with impairments by placing social barriers in their way (Thomas, 1999). The social barriers in the way of those with an impairment, such as non-inclusive providers and peers and facilities being inaccessible, often lead to high levels of exclusion in their day-to-day lives and being deemed to be 'other' (Hubert, 2000). For example, Sport New Zealand (n.d.) noted that within sport, those with more significant impairments have challenges in accessing opportunities and meeting the costs of participation, all while being less likely to access performance pathways. Cologon et al. (2019)

found that children who experience disability are placed in classes alongside age-matched peers, thinking that this is allowing for inclusion, but are often ‘othered’ in implicit and explicit ways. Those who have physical impairments are often perceived as ‘deformed’ and tend to be socially and physically excluded (Hubert, 2000). Society has been formed in a way that disempowers particular groups – by marginalising and oppressing them. There are a number of groups and organisations within New Zealand that are looking to provide an inclusive environment where the general welfare of those with impairments can be catered for through something such as sport (Parafed Auckland, n.d.), including that of Sport New Zealand (n.d.) which looks to build a “system-wide capability to deliver better outcomes for disabled people”.

### Disability Sport

Disability sport is important as it provides visibility and representation of disability and disabled people, all while providing a space where the cultural understandings of ‘disability’ can be challenged (Cushion et al., 2020). As a result, research interest in disability sport is growing. Broadly, research into disability sport has examined the barriers, facilitators and benefits of sport and physical activity for disabled people (Jaarsma et al., 2014; Richardson et al., 2017; Shields & Synnot, 2016; Williams & Papathomas, 2014; Aitchison et al., 2020; Darcy & Dowse, 2013; Smith et al., 2018). However, research around the lived experiences with an impairment and its impact on sports participation is missing, yet so crucial to the future of those with impairments in disability sport.

For disabled people, sport participation is a fundamental human right (Sport New Zealand, n.d.). This is talked about extensively through the review undertaken by Sport New Zealand, where “active recreation is a value itself, and a human right” (Sport New Zealand, n.d., p.32). When looking at the International Olympic Committee’s Charter (2011), it is clear that “sport is a human right for all individuals”, which has become the main focus of their movement, ‘Sport for All’. The topic of disability sport participation has been the subject of extensive research, highlighting the psycho-social and physical health benefits, as well as examining various barriers and facilitators to participation. For example, Darcy and Dowse (2013) have identified benefits - social, psycho-emotional and physical - associated with disability sport participation including sense of achievement, fun, thrill of competition, spending time with teammates, increased wellbeing and fitness, and learning new skills. These benefits are mirrored across other reviews, with the likes of Williams (2021) and Aitchison et al. (2020) who have identified “improved functionality, endurance and muscle tone, increased socialisation opportunities and a reduction in anxiety and depression across a range of disabilities and age groups (p.1). Efforts should be made to promote full participation in disability sport due to the significant potential for physical and psycho-social benefits, but also as a means of enacting social justice and looking towards lowering high levels of exclusion (Allan et al., 2018).

Wheelchair sport, in particular, is much of an enabling environment. In a study done by Bates et al. (2019), it was identified that opportunities which have arisen from wheelchair sport allow individuals to participate in enjoyable and healthy physical activities, experience recognition for achievement, form close relationships, and (re)create a positive sense of self-identity. The participants included in this study talked about how allowing them to engage and actively participate, rather than merely being present and watching, has meant that wheelchair sport is contesting the stigmatisation and exclusion of ‘non-normative bodies’ in places of sport (Bates et al., 2019). Having described wheelchair sport as “a place where…” illustrated the importance of the sport and the team that surrounded them in their daily lives. Wheelchair sport brings opportunities to individuals who may have otherwise been excluded from sport teams and environments, providing a venue that is a ‘level playing field’ for their participation. Richardson and Motl (2020) identified similar through undertaking a narrative analysis which found that participants, who belonged to a community-based rehabilitation centre, discussed feeling included, as though their body was accepted, part of a family, like ‘works in progress’, like they had progressed from story listeners to story-tellers and improved wellbeing. This highlights the important role that adapted exercise spaces and sports can have on enhancing the wellbeing of individuals with physical impairments, such as that of spinal cord injuries, rather than exercising in ‘regular’ fitness spaces where more barriers to participation are experienced.

The position piece of Brighton et al. (2020) attempted to expand our theoretical repertoire for researching disability, and while building on Bourdieu’s conceptual framework, illustrated how sport has been positioned as a field of social significance with the resulting implications including reflecting “issues of class, power, and the representation of body practices” (p.3). Bourdieu offers a theoretical language through which the mechanisms and relations of domination and reproduction that constitute a disability can be deconstructed. Brighton et al. (2020) draw on sociological theory to bring to attention how disability has become firmly embedded in social structure, and is a product of ‘rules’ regarding what bodies should be or do. In adopting Bourdieu’s framework, researchers are able to question the extent of which individuals with impairments have a voice and “autonomy in challenging the symbolic logic of “differences”, which “structure the established order”” (Brighton et al., 2020, p.4). This helps to highlight the mechanisms of power structures that serve to reproduce the ‘category’ of disability through sport. Through a study undertaken by Ashton-Shaeffer et al. (2001), it became apparent that Bourdieu’s framework was much in line with the work of Michel Foucault (Brighton et al., 2020). In spite of potential for post-structural approaches to contribute to the sociological study of disability sport, they have been used rather sparsely. In exploring how disabled individuals constructed positive sense of identity at a sport camp, it was suggested that individuals demonstrate resistance to able-bodied norms and gain their own sense of empowerment and self through experiencing the benefits of sport, such as fun, enjoyment, developing self-confidence in skills, and simply being themselves (Ashton-Shaeffer et al., 2001).

Despite the considerable benefits of participating in sport, Sport New Zealand (n.d.) have identified that young disabled people are less likely to participate in sport and physical activity than non-disabled youth, and disabled adults spend an average of sixteen percent less time participating in sport in any given week. The lower rate of participation is often associated with barriers relating to participation in sport, of which are amongst a considerable sociological body of work on the lived experiences of disability sport, whether that be social barriers (disablism), direct impairment effects or psycho-emotional impairments (Thomas, 1999). As such, Thomas (1999) has identified that 'impairment effects' is a simple term that can be understood as the direct impact that a particular impairment has on an individual, for example, someone may experience pain and pressure ulcers (Simpson et al., 2012). Whereas, when drawing on the social relational model (e.g. Reindal, 2008; Haslett et al., 2017; Thomas. 1999; Townsend et al., 2015), it is apparent that disability is the outcome of social arrangements that have restricted the activity of individuals with impairments by placing social barriers in their way. Often, the implications of these social barriers placed in an individual's way damage their quality of 'being', which can also be referred to as 'psycho-emotional wellbeing' (Thomas, 1999). Frequently, athletes with impairments are largely unaware of the level of oppression that themselves and other disabled people face in society (Smith et al., 2016), and with the potential for less oppression to be placed on them, there is a great possibility for them to thrive in society and in sport.

Through my research, it has become apparent that individuals with spinal cord injuries encounter challenges that make them feel as though they have lower levels of athletic identity than those with physical disabilities other than spinal cord injuries, often leading to lower levels of participation (Tasiemski, 2004). Jaarsma et al. (2014) found that this often resulted in a combination of social and physical barriers for those who are wanting to get involved in sport, all of which tend to be due to a 'lack' in something, whether that be lack in possibilities, transportation, or accessibility. For example, here in New Zealand, Bates et al. (2019) identified that there are very few 'youth specific' wheelchair basketball teams, meaning that the existing teams struggle to compete for training spaces and times compared to that of other sports with abundant competitor teams and avenues for high levels of performance, which highlights the lack of possibilities and accessibility within our country. However, amongst this growing body of research, there tends to be significant gaps in our understanding of the lived experiences of individuals with SCI within a sporting context, such as the felt impacts of barriers and the direct effects of impairment on performance. With further research within this field, SCI has been identified to have the ability to be looked at as a lens to delve further into disability in sport – this is where my research begins to take place.

## Spinal Cord Injury

Spinal cord injury (SCI) is a highly complex condition that is often life-disrupting. Sloan (2007) defines SCI as "injury to the spinal cord with neurologic dysfunction, with or without spinal column disruption", with most of the problems that accompany SCI being a result of a neurologic loss that evolves over time (p.737). SCI often leaves individuals with forms of paralysis such as paraplegia, the loss of movement/sensation in legs and sometimes lower abdomen; or quadriplegia, affecting arms, legs and sometimes abdomen, back and chest (Waters et al., 1991). According to DeVivo (1997), this injury is commonly sustained through vehicle crashes, violence, sporting activities and falls. Medical and surgical complications are only a very small contributor to the cause of SCI (Chen et al., 2013). Williams (2021) has identified that due to a significant portion of traumatic SCI being caused by sport-related injury, it is important to explore the impacts of sports-related SCI in order to improve rehabilitation, treatment modalities and lifelong health and wellbeing. Previously published data on the epidemiology of SCI in New Zealand is limited, but it has suggested that our country has one of the highest rates of SCI in the western world (Mitchell et al., 2020), and this rate only appears to be growing (Dixon et al, 1993).

With advances in neurosciences, research around SCI has grown. This has resulted in modern interventions providing a great expectation for functional restoration and regeneration, with further advancements looking towards ways in which SCI could be made more manageable. SCI tends to be evaluated by radiographic films and anteroposterior open-mouth films, which aid in confirming any bony injury, alongside several parameters (Sloan, 2007). Spinal level and severity of the injury, time since injury, degree and type of neurologic impairment, and the presence of spinal instability (does not always exist) are some parameters considered to determine any complications that could occur. Early recognition of SCI, or simply spinal instability, is crucial due to early treatment having the ability to lower the degree of permanent injury. Sloan (2007) states that of those diagnosed with SCI, 25% become quadriplegic and 35% result in some form of neurologic impairment, and with rapid diagnosis, there is a great chance of lowering these numbers compared to if diagnosed at a later date.

Sustaining a SCI can impact an individual's life in a number of ways, and can often be best understood through what Thomas (1999) has described as impairment effects, social barriers (disablism) and psycho-emotional impairments. For example, Simpson et al. (2012) identified that direct impairment effects for someone with SCI could be compromised bowel and bladder functions, mobility and autonomic function decline, pain and pressure ulcers. With disability being the outcome of social arrangements, it has resulted in social barriers being placed in the way of those with SCI. This has meant that the social participation of those with SCI is often negatively impacted simply due to disablist social processes and practices. All that is associated with social barriers and an ableist society tends to damage individuals' psycho-emotional wellbeing, often pushing these people in a downward spiral (Thomas, 1999). In a study done by Post and Leeuwen (2012), it became apparent that the prevalence of anxiety, depression and post-traumatic stress disorder is elevated in participants with SCI, and that their average life satisfaction is below that of the general population – this is collectively somewhat related to what is placed in their way, whether that be physically or socially. This study proposed that positive psychology interventions have the potential to strengthen internal resources of individuals with SCI, such as received control, sense of coherence, resilience, self-worth, hope and purpose in life, all of which is associated with quality of life after SCI (Post & Leeuwen, 2012). Quality of life has again been measured in a study undertaken by Simpson et al. (2012) which found four areas that are particularly important among individuals with SCI: bowel, bladder, sexual and motor (including walking and arm/hand function). Much of this became a pattern throughout this study, alongside relationships, that has assisted in unearthing a great need for consistency between research and consumer priorities. Although this study represented a large population, it was limited in the fact that it utilised quantitative methods that incorporated predetermined domains in the surveys, of which the participants could have prioritised the domains they believed would be important to the researchers.

It is vital that people with spinal cord injuries maintain a physically active lifestyle to promote lifelong health and wellbeing. However, people with SCI face a number of barriers to participation. For example, having facilities being inaccessible, non-inclusive providers and peers, lack of opportunities available, cost and transport (Shields & Synnot, 2016; Jaarsma et al., 2014; Richardson et al., 2017). Furthermore, Tawashy et al. (2009) found that having an active lifestyle for those with SCI reduces the risk of secondary complications such as fatigue and depression, increasing the importance of being involved in physical activity. The quality of life among those with a SCI is a 'complex phenomenon' and is an area that remains poorly understood despite the current, or lack of, body of literature (Simpson et al., 2012). With more research and education around SCI alongside more sporting opportunities available to those with SCI, quality of life has an unbelievable potential to increase. Each sport should be available to anyone wanting to participate via flexible and adaptable approaches by those involved and knowledge around the involvement of participants with disabilities.

Clinicians and researchers are looking for and will continue to look for ways in which to reduce the negative impact that a physical impairment such as a SCI can have on an individual's life, functioning and community participation (Richardson & Motl, 2020). Full participation in all life domains is promoted and should be welcomed by all walks of life, with the United Nations declaring that individuals with a disability have a "basic right to full and effective participation in society, including sport" (Allan et al., 2018, p.170). This would work towards increasing the mental and physical wellbeing of those with SCI through supporting them towards quality of life, which has become a significant part of SCI research alone (Simpson et al., 2012). Sport also has the potential to affect those living with SCI in a significant number of ways, whether it be positive, such as improving physical and mental wellbeing, or negative, such as the barriers they may encounter or pain they may feel while participating in activities. Machida et al. (2013) has identified that sport participation alone can assist the adaptation, both physical and psychological, to acquired physical disabilities such as SCI. Through continued participation in sport for those with SCI, there is great potential to lower the levels of exclusion that these individuals face (Machida et al., 2013; Tasiemski et al., 2004; Aitchison et al., 2020; Allan et al., 2018). As such, it is important to fully understand how people with SCI participate in disability sport, highlighting the interrelation of disablism, psycho-emotional disablism and impairment effects. In so doing we are better placed to provide an environment in which participation is better facilitated and provide assistance where needed.

Research on those with SCI in a sporting context is a field that is underdeveloped for the potential that it holds – it is to this that my attention has turned.

### Spinal Cord Injuries in Sport

According to Bhambhani (2002), athletes with spinal cord injuries are likely to have changes in “metabolic, cardiorespiratory, neuromuscular and thermoregulatory systems, which reduce their overall physiological capacity compared with able-bodied individuals or individuals with other types of impairments” (p.23). Sport is critical for many, if not all, of these SCI athletes due to providing them with a somewhat consistent platform to develop and maintain their systems and capacities, whether that be alongside other SCI athletes, individuals with different impairments or those who are able-bodied. Bhambhani (2002) highlights this through describing that “participation in regular physical activity and sport is considered to be an essential part of the rehabilitation process in individuals with chronic disabilities” (p.24). Even when involved in sport, it is sometimes difficult to reach minimal exercise requirements, due to those with SCI having paralysed skeletal muscles that are unable to contribute to overall oxygen consumption (Taylor, 2016). It must also be noted that Smith et al. (2018) undertook a review of two hundred and thirty-seven quantitative studies, eighteen qualitative studies, and over fifteen systematic reviews and meta-analyses, which together revealed sufficient evidence that physical activity has the ability to improve health and reduce risk of chronic disease for those adults with impairments. The main reasons that Wu and Williams (2001) found for athletes with SCI participating in sports after diagnosis were “fitness, fun, health, and competition,” although many athletes also noted that social aspects and rehabilitation encouraged them into sport participation (p.177).

To determine whether disabled athletes experience the basic human right of participating in sport, researchers have recently looked at not only the quantity of participation but also the quality (Smith & Sparkes, 2019). What constitutes quality participation has changed over time, but has included autonomy, challenge, belonging, mastery, engagement and meaning (Smith & Sparkes, 2019). For example, in a study by Tasiemski (2004), it was suggested that athletes with SCI encountered many challenges, including reported lower levels of athletic identity than those able-bodied adults and even adolescents with physical disabilities. Another challenge that has been highlighted by Smith and Sparkes (2019) was a lack of accessible knowledge around physical activity – what opportunities are available, but also what benefits there are to being active with a disability, how much they should be doing and how safe it is to do so. The quality of participation for many individuals is lowered through the media coverage of disability sport, or the lack of, which has been under the spotlight as of late (Smith, 2019). Grue (2016) argued that the media coverage of the Paralympics is essentially seen as 'inspiration porn' for able-bodied viewers, where both male and female para-athletes are depicted as 'consistently inspirational' (McPherson et al., 2016; Smith & Sparkes, 2019). With this, the 'supercrip' term has come to light (Brighton et al., 2020). 'Supercrip' is purely a representation rather than a theoretically derived conceptual model, implying that "hard work, courage, and determination" can help an individual with an impairment overcome the "tragedy" of their impairment through demonstrating abilities that would not be 'expected' of a disabled person (Brighton et al., 2020, p.3; Smith & Sparkes, 2019). This often results in para-athletes reporting feeling as though their participation has much lower 'quality' than those who are able-bodied (McPherson et al., 2016). Poor media exposure is likely to reduce the possibility of sport participation by those disabled athletes as they may not want to experience being seen in a certain way, which results in violating human rights. Allan et al. (2018) reiterates this through stating that even though disabled athletes are framed as 'inspirational', SCI athletes who participate in sport have explained that the satisfaction that they receive from participating is simply down to the feeling of autonomy, belonging, challenge, engagement, mastery and meaning - all constituting towards a greater 'disabled adult'.

## Barriers to Participation in Sport

Despite the health and wellbeing benefits gained from sport and physical activity, those with SCI are amongst the most inactive in society (Williams, 2021). For people with SCI, this lack in sport participation is the result of a number of personal and social barriers. Shields and Synnot (2016) have identified that the most common barriers to participation in sport for those with SCI are social, whether that be relating to attitudes of society, infrastructure used for sporting activities, the economy or politics. There is a significant body of research that has highlighted the social barriers constituting exclusion for disabled people, including non-inclusive providers and peers, negative societal attitudes, facilities being inaccessible, lack of opportunities available, cost and transport (Jaarsma et al., 2014; Shields & Synnot, 2016; Richardson et al., 2017). With overlapping and combined social barriers occurring, those involved with disability sport often note that they feel a sense of frustration and lose their confidence when compared to those with “typical development” (Shields & Synnot, 2016, p.3). Due to social barriers being more influential than other types of barriers, there is a significant resulting psycho-emotional impact that has not been given due attention in research (Richardson et al., 2017). It is more than a mere inability to be able to afford to participate or to enter an establishment; these barriers are simply messages of oppression, telling those with disabilities such as SCI that they are not welcome or worthy of participating.

Barriers to participation, however, are not just social, but can be individual and related closely to the effects of impairment. In line with this, Williams et al. (2014) found that SCI can result in a parallel disruption of an individual’s body-self relationship, which can be conceptualised as biographical disruption and is often associated with pain, suffering and feelings of depression. Literature that brings to light knowledge like this is crucial for people such as healthcare professionals and those involved in sport to be aware of in order to break down this barrier. Jaarsma et al. (2014) also examined the barriers and facilitators of sport participation for all people with various physical disabilities - drawing on analyses of fifty-two articles, twenty-seven of which focused on people with SCI, finding that barriers all seem to reflect a lack of something: lack of possibilities for those who would do something if it was available to them; lack of transportation due to not having the same resources to travel that an able-bodied person would have; or simply a lack of accessibility, where an individual with SCI may not be able to enter a building due to not having a ramp. This study proposed that providing information about possible barriers to those who may encounter them would allow for a person to be more prepared for the barriers and would make them easier to overcome. This deficit perspective is echoed in research on the media representation and framing of disability, where for example McPherson et al. (2016) examined the media representation of the Commonwealth Games in 2014, where attention was drawn to the disabling barrier of negative attitudes and how physical structures at the Games were said to be accessible but often, were not.

Shields and Synnot (2016) have identified that younger disabled athletes believe that not being as ‘physically capable’ as their peers is a significant barrier to participation and is often associated with the social barrier of negative attitudes from able-bodied athletes. These negative attitudes combined with an internal sense of frustration created low levels of confidence to participate, adding both social and felt layers to exclusion. This barrier is continued in a gym setting, in which Richardson et al. (2017) found participants feeling as though they do not align with the cultural norms of the gym, with limited interpretations of health available. Richardson et al. (2017) also found that ableist messages come from the built environment of the gym, making individuals feel disabled through physically not being able to access the building or use specific equipment available to those who are able-bodied and tend to experience negative relational interactions while there. Research examining barriers to participation in sport is valuable and is an area that has significant potential to improve the quality of life for those involved.

A commonly talked about global health initiative is the ‘Exercise is Medicine’ movement (Williams, 2021). This has been conceptualised as a ‘cultural narrative’, telling a story of improved health and wellbeing, all while ignoring some individuals' inability to gain access or opportunities to do so. Within this initiative are recurring narratives of restitution, projecting hope of recovery following injury (Smith & Sparkes, 2005). This appears to be the dominant narrative structure in stories of sport and exercise following SCI (Papathomas, 2015), aligning with concrete hopes of recovery from SCI whereby individuals look to return to their pre-injured state. Within physical activity research, a more critical approach to the promotion of sport and physical activity has been called for (Williams et al., 2014). Williams (2021) believes that this promotes a neoliberal health role where individuals are expected to take responsibility for their health and wellbeing through undertaking physical activity regularly for their own good. This brings significant issues around ignoring that of social, environmental and cultural barriers preventing individuals with SCI from living a physically active lifestyle. Therefore, the neoliberal health role ignores disablism that continually arises from disabling and discriminatory conditions impeding on physical activities (Williams et al., 2014). When those with SCI are motivated and want to be physically active, but cannot access any sporting activities, their health and wellbeing will take a negative hit, and further increase the barriers in their way to participation (Williams, 2021; Williams et al., 2014).

However, there are gaps in our understanding of the lived experiences of individuals with disabilities within a sporting context such as the effects of impairment on performance and the felt impacts of barriers such as the pain that they experience. Pain is a topic that could be sensitive for those who experience it and those who are wanting to find out more about it, but is an area that deserves more attention. In examining experiences of disability sport, impairment effects are often overlooked. More research is required within this realm to build a solid foundation of knowledge for those involved, and for future research and interventions to build on (Richardson et al., 2017). It is worth considering how more research and literature would contribute to the lives of those who live with an impairment and participate in sport. With a wider pool of knowledge available to those involved with disability sport, whether participating, managing, coaching or a relative, there is potential to reduce the number of barriers, particularly social barriers, that those involved experience and better sustain the participation of those involved in disability sport.

### Facilitators of Participation in Sport

A necessary extension of research examining barriers to sport is understanding facilitators that enable sustained access to and participation in sport for disabled people. These can be usefully conceptualised within existing research as environmental, psycho-social and cultural. For example, Jaarsma et al. (2014) found that for athletes with a SCI, social contact is a considerable perk that comes from sports participation, as well as fun, health/fitness, and motivation, often when competing in a team sport. It is noted that “introducing people with physical disabilities to different team sports could therefore be of value, perhaps more so than introducing people with physical disabilities to individual sports” (Jaarsma et al., 2014, p.878). This appears to be a facilitator for a significant number of individuals with a SCI and is often what keeps them involved with sport. Wu and Williams (2001) reinforce this, stating that friends and peers with disabilities are ‘much more influential’ than rehabilitation therapists as initial and continuing socialisation agents (p.177). This is also evident through Lydick et al.’s (2016) study which found group cohesion to be associated with participation in adaptive sports among adults with mobility limitations, and provides an important focus for future study. However, to allow for sustained participation in sport for those with SCI, it is generally recommended that being introduced to all sports, both team and individual, will help them remain active through being provided with the choice and flexibility around what they are wanting to do, what fits in with their lifestyle and what they enjoy. This is crucial to the future of those involved in disability sport as Williams et al. (2014) found that many barriers to sport participation were reduced as a result of being engaged in sport and physical activity on a regular basis.

On-going participation in sport is facilitated significantly by two crucial and interrelated aspects. Firstly, having accessible facilities available to the individual, which appears to be mediated by social, cultural and individual barriers, and secondly, the opportunities available to the individual that enable them to take part in an activity, being mediated by the environment they are surrounded by, peers and those involved in the coaching aspect (Jaarsma et al., 2014; Wu & Williams 2001; Shields & Synnot, 2016). These facilitators could be having multiple accessibility routes into a facility, modified equipment available or flexible payment schemes (Shields & Synnot, 2016). Things as simple as having welcoming and inclusive providers, parental and peer support, adaptable approaches and positive encouragement are small ways in which to make a significant difference for those with SCI. Shields and Synnot (2016) found that one-on-one instruction and positive encouragement was seen to increase an individuals' confidence and skills, and in turn, facilitating ongoing participation in physical activity. An individual's desire to be fit and active can be driven personally, but is often promoted by the involvement of peers, family and skilled professionals running skills practices and games. Williams et al. (2014) discussed that the use of stories relating to the benefits from being physically active from peers may be a positive way in which to effectively communicate to those who need motivation to change their exercise behaviour – this is where my narrative inquiry comes into play, having the potential to facilitate more sport participation amongst those with SCI. Each person and what they need or want is going to be different, especially those with a SCI, but on-going participation in sport and physical activity is easily enabled with a few extra facilitators.

For research on both barriers and facilitators, a psychological lens appears to be dominant with an intertwined sociological perspective. This lens is strongly used through narratives, allowing the reader to identify how certain people feel on a matter – it assists in unearthing deeper understandings of the people involved and the environment of which they are in through looking at the idea of a human unconscious and what it entails (Haslett et al., 2017). The psychological lens is prominent within this field of literature, such as the influence of wheelchair sport on participants (e.g. Tawse et al., 2012; Bhambhani, 2002; Haslett, 2017) and is key to further development of narrative literature. This lens is useful due to the fact that it enables the reader to better understand how not everything is experienced the same by individuals with SCI, rather each circumstance and environment provides an individual with a set of different experiences to the next individual who may come along. In work by Haslett et al. (2017, p.60), it was found that within disability sport participation the experience of "social oppression, inequality and cultural stereotypes of disability can be synonymous with the personal experience of physical impairment" and that of sport and exercise research, aiming to promote disability sport for individual health, can be framed within a medical model, whether knowingly or unknowingly. The literature around barriers and facilitators is dominated by rehabilitation and physiological aspects, all pointing towards the medical model itself. This model has previously viewed disability sport for the purposes of rehabilitation and is based on a medical definition that reflects an athlete's classification (Legg & Steadward, 2011). Sociologically, the literature around disability sport is underdeveloped, with some feminist analyses of disability and masculinity available to readers (e.g. Wendell, 1996; Garland-Thomson, 2005) alongside the existing social barriers. Looking at this overall, overlap is seen between many of the perceived views of those with SCI, which in turn, highlights both the barriers and facilitators. While there is an extensive body of research looking at the social aspects of participation in sport for people with SCI, less is known about the internal, individual ‘felt’ aspects of sport participation as they relate to both disability and impairment. It is to this that my attention now turns.

### Psycho-Social Factors Associated with Spinal Cord Injuries

The psycho-social factors associated with having a SCI and the pain that comes with it are not well understood. Post and van Leeuwen (2012) identified that on average, people with a SCI experience higher levels of distress and lower levels of satisfaction with life compared to that of the general population. Differences between individuals and the psycho-social factors they experience are larger than expected, with many people experiencing different symptoms, and most people adapting well to their ‘condition’. Summers et al. (1991) have looked into both pain and psycho-social factors and noted that there is a common link between the two, such as anger and negative cognitions being associated with greater pain severity. This article also brings to light that “those who were less accepting of their disability reported greater pain severity” (p.183). Similarly, Richards et al. (1980) have reported that individuals with higher verbal intelligence, higher levels of anxiety, greater age and a more negative psycho-social situation all record higher levels of pain related to SCI. Psycho-social factors continually appear to have a link with the experience of pain, and more treatment should be aimed at the emotional side of chronic SCI pain (Summers et al., 1991). Tasiemki et al. (2004) noted that there was no relationship found between the athletic identity of an individual with a SCI and depression or anxiety; this is indeed a positive connection that should be further investigated and developed to potentially be implemented amongst others with a SCI through assisting in developing an athletic identity. Research has shown that there are significant gaps in knowledge around psycho-social factors in sport with SCI, resulting in more work needing to be done in the area.

### Pain from Spinal Cord Injuries

Chronic pain is a significant problem following SCI, impeding effective rehabilitation, and presenting yet another barrier to sport participation (Siddall & Loeser, 2001). This is any pain that lasts longer than twelve weeks, with or without treatment (ACC Institute of Human Services, 2018), meaning chronic pain is a significant part of life for many individuals with impairments. Many people have reported chronic pain as being life-changing, impacting on daily tasks, often leading towards emotional distress, fatigue, mental exhaustion and anxiety. Siddal and Loeser (2001) state “the reported prevalence of chronic pain is variable but averages 65% with around one-third of these people rating their pain as severe” (p.63). Chronic pain can be distinguished based on descriptions, location, the response to different treatments and whether it can be controlled or not. This article describes types of pain as follows: nociceptive pain, which arises from musculoskeletal structures and viscera, and neuropathic pain, which arises from spinal cord and nerve damage. Common descriptors of the pain include ‘tingling’ and ‘aching’, both of which seem to contribute to pain being a significant and continuing management problem (Putzke et al., 2002; Siddall et al., 1997). Often the cause of pain is related to something that someone with SCI does on a daily basis, such as paraplegic wheelchair users with shoulder pain related to wheelchair activities, becoming a vicious cycle (Samuelsson et al., 2004). While this pain may not be easily controlled, it can be somewhat manageable through ergonomics, physio and massage, compared to that of neuropathic pain (allodynia and hyperalgesia), which cannot be controlled as it is caused by maladaptive plasticity in the central nervous system after injury.

SCI related pain interferes with daily activities and significantly influences an individual’s quality of life, even more so when undertaking intense physical activity (Modirian et al., 2010). In comparison, Tawashy et al. (2009) completed a study that showed around 50% of physical activity among individuals with SCI is due to activities of daily living. Of SCI individuals who recorded heavy-intensity physical activity, it was reported that they had lower levels of pain and fatigue alongside higher levels of self-efficacy, compared to those who do not participate in much physical activity. Additionally, SCI patients that recorded mild-intensity activity were found to have less symptoms of depression. These findings suggest that physical activity and sporting activities contribute to less pain and secondary complications such as fatigue and depression, in a person with SCI; however, other studies suggest that the relationship between exercise and pain is more complex than this conclusion.

Chronic pain is a significant barrier that inhibits the participation of many individuals with an impairment in disability sport, which often impedes rehabilitation (Modirian et al., 2010; Samuelsson et al., 2004; Sparkes & Smith, 2008; Young et al., 1994; Hunt & Day, 2018). It has often been proved difficult to understand the chronic pain that those involved in disability sport encounter, but narrative inquiry has provided a promising pathway. Narrative inquiry has been used to explore the chronic pain experienced by those with SCI through told stories (e.g. Sparkes & Smith, 2003, 2008). Drawing on narrative inquiry with fourteen men who became disabled through playing rugby, Sparkes and Smith (2008) explored their autobiographical memories of pain in relation to the narratives constructed by the participants some years after their injury had occurred. Attention was given to the themes of naming pain, unspeakable pain, welcomed pain, locked in pain and hidden pain. Narrative inquiry was of significant use here to examine the experience of pain as it allows for both readers and researchers to somewhat grasp a better understanding than if they were to have research that was too complicated or in-depth. However, this type of research is hard to come by as many individuals have spoken about how difficult it is for them to put into words the pain that they experience in any phase of their life, which is often seen to lead towards not participating in sport. In a study undertaken by Sparkes and Smith (2008), a participant freely talked about his pain to those who surrounded him, but noted that he could never find the right words to express how it felt; pain was a “lonely time” and he felt as though he was “falling apart” (p.682). Participants throughout studies relating to chronic pain spoke about how they had hoped that their bodies and the pain they experienced would be ‘fixable’, but rather, the chronic nature of their pain formed stories to be told about a body that has imprisoned them (Hunt & Day, 2018). Dudgeon et al. (2005) discuss how participants told stories where pain has ‘created’ their physical disability and contributes significantly to their existing impairments. This exacerbates existing limitations and challenges the effectiveness of current rehabilitation strategies, therefore creating lifelong mobility problems. Chronic pain is understood to be difficult to put into words, yet will interfere with daily activity as well as interfere with participation in disability sport.

Narrative inquiry has found that chronic pain is a distinctively personal experience that can be storied (Hunt & Day, 2018). Looking at narrative inquiry when pain has been described by those with impairments, common narrative patterns and storylines are drawn on such as narrative of hope and restitution narratives. Across this research, stories have been told in conditions of fear, uncertainty and without a sense of temporality. There is significant overlap between different disability groups through the way in which they describe how they are feeling, which often may not be appropriate (Dudgeon et al., 2005). Burning, electric shock, shooting and sharp are all words drawn on by the different groups, all of which call upon a limited range of words available in our society to describe pain, and is exactly why they are the most commonly used by participants across many studies. In most studies, Sparkes and Smith (2008) speak of participants also believing that they have neuropathic pain, which is common with damage or dysfunction in the nervous system. This can occur both where there is normal sensation in the body, and where there is little or no feeling in the body after injury. Not knowing how to explain pain that individuals are feeling, or simply the use of questionnaires such as the one in Dudgeon et al.’s (2005) study, could be a prominent reason for these recurring descriptive words. Scales such as these tend to put words in participant's mouths rather than letting them form their own understanding and own descriptors as to how they feel. Narrative inquiry is crucial to take place within this realm to enable those with chronic pain, whether they are involved in disability sport or not, to speak on behalf of themselves and not feel as though pain is a 'lonely time' (Sparkes & Smith, 2008, p.682). Currently, narratives of pain are not sole creations of the individual mind, but rather are social creations. Researchers are 'feeding' their participants with descriptions and words relating to pain through questionnaires and surveys such as that of the McGill Pain Questionnaire – this has created a world in which pain is socially formed, being measured by the same repetitive words rather than allowing individuals to create their own understanding of what they are experiencing and tell their story in a way of their choice (Dudgeon et al., 2005). Pain is difficult to talk about and even harder to understand, but if a channel opens up through the use of narrative inquiry, it looks promising to become more free-flowing and have less stigma associated with it. Smith and Sparkes (2009) explain "the efforts and risks involved [with narrative research] are worth taking because when narrative inquiry is done well and does work, it provides a powerful means of understanding human beings in new, different and exciting ways" (p.10). This kind of research holds the ability to enrich our understanding and is ripe with potential for inquiry – this is crucial to be tapped into.

For some athletes involved in disability sport, intense physical pain is often a welcome phenomenon. Some research has found that those with impairments who are involved in sport seem to have a greater tolerance for pain than those sedentary individuals with impairments (Hunt & Day, 2018). In a study by Papathomas et al. (2015), a participant spoke about being in pain prior to exercising, and following, feeling reinvigorated and supple. This participant had also brought to light that he considered his exercise routine to be 'more effective' than his traditionally prescribed medication. In periods of rehabilitation, athletes tend to stand out from the crowd. Pain does not engulf athletes, rather having positive effects and allows them to make meaning out of difficult situations (Sparkes & Smith, 2008). This may come from a known ‘normalisation’ of pain in sport that somewhat encourages athletes to either develop strategies to cope or to ignore the pain that they endure. While pain is reframed as purposeful, there still remains a lack of expression around it. Sparkes and Smith (2008) found that hiding pain, illustrated through the work of Young et al. (1994), is a “common strategy for athletes whose embodied experiences and modes of expression have been shaped by the cultural pressure of hegemonic masculinities and the strict adherence to regimes of training that discipline their bodies in specific ways" which highlights how sport normalises pain and glorifies it as being a necessary part of a gendered value system (p.685). Narrative silence is a key convention for many individuals, in particular, male athletes. This should not be occurring as there is a hugely successful link between health and exercise that should be drawn on in more instances (Papathomas et al., 2015). Taylor (2016) spoke to this trend also, noting that sedentary people have a 10-30% greater chance of developing chronic pain than those who are physically active. The relationship found between “frequency, duration, and intensity of exercise and chronic pain has been shown to be consistent and linear in large populations” (Taylor, 2016, p.235). Disability sport does not hold expectation for those involved to ‘recover’, rather provide an ongoing environment where participants can feel as though they are making physical investment and progress, gaining satisfaction and managing their impairments in a safe way (Taylor, 2016). Improvement is needed in the understanding of pain for those with SCI involved in sport through more in-depth narrative research.

### Coaching People with Spinal Cord Injuries in Sport

Sport is critical for many individuals with SCI due to providing a platform through which they can develop and maintain their systems and capacities. Because of this, coaches play a significant role in the lives of those with SCI. Coaching those with a SCI, or any disability, creates a different set of experiences than for coaches of able-bodied athletes. These coaches do not let athletes use the limitations of their impairment as an excuse, rather treating disabled athletes how they are wanting to be treated, for example, as elite athletes (Tawse et al., 2012). An important aspect of coaching those with SCI in sport is being able to understand the different ability levels of athletes, the different classification systems and how to treat them all as professionals (Tawse et al., 2012). Townsend et al. (2015) proposed four disability models through which disability coaching can be examined and understood: medical, social, social relational and the human rights models. Each of these are both useful and limiting in the way that they examine disability coaching, with the medical model being the most prominently used amongst performance disability sport, even while lacking in consideration of the social world. This is seen through two poems in Culver and Werthner's (2018) work, which highlighted the fact that without the use of the medical model, or any other model, there is a high risk of ignoring effects of someone's impairment such as dysfunction or pain. The poem 'Dark Days' resonated with myself the most, with the author talking to their able-bodied coach who does not understand the pain in the author's shoulder, compared to that of a disabled coach who understands how some days are dark, and to leave the author be.  Coaching is an area that could largely contribute or alleviate pain for those with SCI and therefore, is an area that deserves utmost attention. This poem speaks many more words than are provided, highlighting the importance of knowledge around coaching those with impairments in sport such as SCI and the usefulness of grasping and understanding through the four disability models.

Individuals involved in disability sport report thriving on the unique challenges, especially that of a sport such as wheelchair rugby, but many, if not most, of these coaches are not educated in the realm of disability sport and have instead, 'learnt as they go'. As rewarding as this may be for the coach, it is not very effective for the participants involved and is an area that has the potential to grow with research such as this study. With specific coach education and coaching courses in place, those involved would have the ability to learn more about impairments in sport, which would allow them to gain knowledge around how to coach an individual with an impairment (Richardson et al., 2017). This could make disability sport feel like much more of an inviting environment and provide tremendous amounts for those involved due to being an area where individuals can participate in a way of their choice where they and their impairment are understood. This would mean that both coaches and athletes feel more comfortable in the situation and with one another, and would be an immense facilitator to sustaining participation in disability sport. Further knowledge around coaching those with disabilities in sport is crucial to the future of disability sport, in particular, those with SCI. To better enhance this field, employing coaches with disabilities themselves would be a significant milestone, opening the socio-cultural barriers that seem to occur in gyms and sporting settings, and would allow for more learning opportunities first-hand.

Coaching athletes with SCI in sport involves much more than just teaching a sporting code. In the Tawse et al. (2012) article about athletes with SCI in wheelchair rugby, the coaches described experiences of helping their athletes with basic life skills such as personal care. Educating athletes on bowel and bladder care and proper transferring techniques are basic roles that these coaches have taken on, which they feel is utterly important while coaching athletes with an impairment. Coaches encouraged their athletes to become more independent with their SCI through wheelchair rugby, doing tasks such as their chair-to-chair transfers and transporting themselves. They created an environment in which learning these skills was possible and gaining confidence was key, often becoming attached to the “personal growth and development of each of their athletes”. Although there are positive, heart-warming stories about coaches reported, there are significant deficits in this specialty area of coaching. Knowledgeable, inclusive, and qualified coaches are often hard to come by, creating a barrier for disabled people’s participation in sport (Townsend et al., 2017). Commonly, in disability sport, coach education draws on medical model ideas about disability and therefore tends to contribute towards a ‘false’ ideology of inclusion, hence disability-specific education for coaches remains a long-standing difficulty (Cushion et al., 2020). Disability-specific education for coaches is an area that would benefit tremendously from research relating to the experiences that those with SCI gain from sport.

## Conclusion & Research Gaps

Sport has great potential to improve the lives of those living with SCI. However, there are still considerable gaps in the research around the experiences of athletes with SCI in sport. While existing research has focused on the barriers and facilitators to sports participation, and documented the psychosocial benefits of sport, there is limited research exploring the experiences of athletes with SCI in an attempt to understand the internal, felt impacts of impairment such as pain and the experiences that they have gained from participating in sport. This is a crucial oversight because it is framing sporting environments to be much the opposite of welcoming and accepting, resulting in many individuals with SCI turning away from participating in sport, potentially before they have even given it a chance. Narrative inquiry provides the opportunity to give voice to those who could assist in increasing the level of sport participation for those with SCI through telling stories about what sport means and does for them, and raise awareness about what could be done to allow for better sustained participation. This is a critical area of research that needs to be developed due to pain being one of the most common barriers reported by those with SCI, often resulting in non-active lifestyles (e.g. Williams et al., 2014). Through exposure in my studies, I became aware that with more knowledge available on the currently-absent research area of pain and the experiences of those involved in sport, coaches and others involved would have the potential to lower the number of individuals who drop out of sport. This would allow for better sustained participation due to being able to provide the support needed by those with a SCI. It is to this that my research has turned, wanting to provide the knowledge required to those who need it to enable for better participation for individuals with SCI in sport.

Taken together, the research provides an in-depth understanding of the socially imposed barriers (i.e. disablism) framing sports participation for people with SCI as well as the health and wellbeing benefits of participation. However, understandings of impairment effects and explorations of pain in disability sport are underdeveloped in existing research. Research can benefit from in-depth, narrative inquiry around the felt impacts and lived experiences of those with SCI, and in doing so, generating new knowledge and understanding of SCI and the impact of sports participation. As such, in this research I will seek to gain knowledge around how participants believe their impairments have affected their lives, what wheelchair rugby has provided them with, any education they have gained through sport and the environment associated and any further ways in which wheelchair rugby has contributed towards their being and overall lives. This will look to fill some gaps that are prominent within current research around SCI in sport and will assist in working towards minimising exclusion and allowing for better opportunities with less barriers through the power of knowledge. The next chapter details the methodological approach in this research.

# Chapter 3: Methodology

## Context

This research has been built upon my interest in the field of those with spinal cord injuries in sport and identifying a lack in the current research within this realm. Through exposure to disability in my Bachelor of Health, Sport and Human Performance degree and wider personal life through the likes of sport participation, I developed a heightened awareness of the barriers and inequities that those involved in disability sport experience. I started to gain an understanding of the social construction of disability combined with the lived experiences of those with SCI through hours of research, conversations, observations, reflections and the insights that I believe have come from this work. It has become apparent that disability is somewhat absent from our lives, where those with an impairment are seen as 'other' and are often pushed to the side – this has formed a need to develop awareness and knowledge around impairments, and is where my research fits in. I believe that individuals with SCI should have equal access to opportunities within sport and be able to participate in activities of their choice, but this is not always possible. Sporting organisations tend to not have much, if any, knowledge around SCI within sport which makes it difficult to ensure inclusion and high-quality experiences. By centring the voice of disabled people, research can ensure that measures to support and facilitate participation are widely understood by organisations and practitioners. Looking at this from a scholarly perspective, more research within this field would allow for the promotion of participation in all life domains and allow for sustained participation in disability sport.

There are innumerable sporting opportunities available across this country, with many organisations providing different types of sport and activities to choose from - not enough of these are accessible for those with SCI (Sport New Zealand, n.d.). Alongside the release of

Sport New Zealand's 'Disability Plan', there is a need for further research within the field in order to inform the disability sector (Sport New Zealand, n.d.). This includes the lived experiences of those with impairments in sport and the direct impairment effects that they experience, of which have little understanding. Given the social and individual barriers associated with spinal cord injuries, SCI is a useful lens to examine participation in sport, such as the increasingly popular sport of wheelchair rugby. In order to better understand the day-to-day experiences of athletes with SCI, a narrative, qualitative framework has been identified as well-suited to centralising the voices of disabled people within sport (Allan et al., 2018).

### Wheelchair Rugby and Those Involved

Wheelchair rugby is played around New Zealand, at both regional clubs and at a National level. The sport of wheelchair rugby holds much value in the way of assisting the Disability Plan through addressing inequalities in physical activities - each team is made up of players from different classification levels - and is seen as 'strong' - rather than only competing against those of the same classification level (Wheel Blacks, n.d.). Because of this, wheelchair rugby has been chosen as the sport of interest for this study, with participants being players from both the regional clubs and the National team (more on the specifics around participants to follow in this chapter). Those involved must have a disability affecting at least three of their four limbs, meaning that they are classifiable under the sport classification rules. Most players tend to have spinal cord injuries, but there are a number of players with cerebral palsy, amputations, muscular dystrophy, polio, and other neurological conditions. When in play, teams must field players with a mix of classification values based on levels of function, meaning that wheelchair rugby is one of the most inclusive sports available to those with disabilities. "The men and women who play wheelchair rugby in New Zealand are bound together through hard work and sacrifice… and are united by the shared experience of having a disability" (Wheel Blacks, n.d.). Wheelchair rugby is a sport that is centred around having a disability, yet disability does not define those that participate in it - they are also husbands, wives, daughters, sons, brothers and sisters, all of whom are defined by their upbringing, studies, jobs, and their home cities and towns. Wheelchair rugby players are athletes and are amongst some of the most talented and prepared athletes in New Zealand, but it often takes a large amount of effort to be able to participate in a sport such as this. Even amongst individuals with such grit and determination in the face of adversity such as wheelchair rugby players, Sport New Zealand (n.d.) has identified that being disabled has a negative impact on participation in play, active recreation and sport.

### Research Paradigm

A paradigm is a set of interrelated assumptions about the world in which we live in that provides a conceptual framework for the organised study of that world (Waring, 2021). According to Pabel et al. (2021), paradigms in research serve as frameworks that assist us in shaping “what should be studied, what is seen and how what is seen is interpreted or understood”. They can also be described as a “school of thought” (Pabel et al., 2021) which holds “a basic set of beliefs that guides action” (Guba, 1990, p. 17). Paradigms include views about the nature of social reality (ontology) and the nature of knowledge (epistemology). According to Smith and McGannon (2018), all methods are informed, whether it is knowingly or unknowingly, by a set of epistemological and ontological assumptions. As a researcher, I “possess an idea about what can be known at all” (Atkinson, 2012, p.148). In line with this, this research adopts an interpretivist approach, encompassing ontological relativism and narrative constructionism. This positions reality as socially constructed (Atkinson, 2012), and allows for lived experiences to be storied and interpreted by researchers (Denzin, 2017). In adopting this approach, I am able to centre the voices of the participants and ensure that their stories are heard and understood by organisations and practitioners.

## Theory

The social relational model is a theoretical framework that is seen as guidance for myself throughout this research, of which is underpinned by narrative inquiry. Within the social relational model, disability is viewed as a "form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being" (Thomas, 1999). This framework has been pinpointed as crucial for this research as it "better conforms to the morality of inclusion" as the main problem of the social model, oppression, is not eliminated (Reindal, 2008). Prolonged cruel or unjust treatment of those with impairments is common and often due to the assumptions that surround them, created by an able-bodied society. Disablism occurs in these able-bodied societies where social barriers are placed in the way of those with a disability, often leading towards psycho-emotional disablism that creates more of a problem when combined with direct impairment effects (Thomas, 1999). This is commonly seen throughout research, but with the use of the social relational model, it allows for the inclusion of all without the socially constructed idea of disability. The social relational model is largely relevant within this field of research, all while acknowledging that the social realities that people live in are both relative and subjective, and also acknowledges the socially constructed nature of knowledge.

## Qualitative Research

Sparkes and Smith (2014) suggest that qualitative research is a form of social inquiry that is focused on the way that people interpret and make sense of experiences and the world in which they live. This type of research has also been understood as an umbrella term used to "describe a camp comprised of many small communities with distinct languages and traditions" (Walsh & Koelsch, 2012). As such, a qualitative approach is appropriately suited to researching the lived experiences of SCI through enabling the researcher to 'interpret' and ‘make sense’ of participants' experiences in and around sport with a SCI. This will also allow for the participants to create meaning of their experiences, and in turn, the researcher can grasp the actions and stories they tell. Qualitative research encompasses a number of methodological traditions. One such tradition is narrative inquiry. It is to this that my attention now turns.

### Narrative Inquiry

Narrative inquiry has attracted considerable interest in recent years and has held a significant role in the understanding of impairments such as SCI (Smith & Sparkes, 2009). The word ‘narrative’ itself is a broad term, often being seen as a ‘cultural menu’ of available stories and discourses that people use throughout their time in order to make sense of their lives (Sparkes & Smith, 2003, 2008). Squire et al. (2014) describes narrative as being a ‘set of signs’, involving verbal depiction, writing, visuals, acting, or built of made elements that are used to convey meaning. Within narrative inquiry amongst those with SCI, there tends to be movement between these ‘signs’, and common narrative pattens are intertwined throughout different individual’s stories. Contra to much qualitative research, narrative inquiry commits to the assumption that there is no social reality ‘out there’ that is independent of us and known as it is (Smith & Sparkes, 2009). Rather, realities are “multiple, created, and mind-dependent” (Smith & Sparkes, 2009, p.3). Narrative inquiry postulates that humans lead storied lives and meaning is able to be generated through these stories, therefore, allowing little-known phenomena to be addressed – what it tells us about someone’s thinking or their life with an impairment, whether or how it allows for a voice for those phenomena, and relations to political and social worlds that they live in. Narrative inquiry has become increasingly popular over the past three decades, with all those involved in social research seeming to be undertaking narrative inquiry in some way due to simply being “the study of how human beings experience the world” (Moen, 2006, p.56) with narratives being both personal and social (Smith &

Sparkes, 2009). It has allowed readers and researchers to understand impairments such as SCI in ways that we wouldn't have otherwise. Although this research is increasing in popularity, it is difficult. Narrative inquiry has much to offer through playing an important role in how individuals come to understand and make sense of impairment and experiences like chronic pain.

## Method

Ethical approval was obtained from the University of Waikato Human Ethics Committee prior to the commencement of this study (see appendix D). This involved conducting semi-structured interviews and analysing the data collected from these interviews with participants with SCI who belong to regional wheelchair rugby clubs. These interviews aimed to gain an understanding of the lived experiences in and around sport for individuals with SCI. This provided the opportunity to create a better understanding and develop further knowledge into what sport is like for those with SCI. This included the experiences that come along with it, such as the barriers inhibiting participation and the pain that may or may not be experienced with sport via stories told by participants involved (e.g. Smith et al., 2018; Bhambhani, 2002; Wu & Williams, 2001; Smith & Sparkes, 2018; Shields & Synnot 2016; Jaarsma et al., 2014).

### Participants & Sampling

Participants were purposely sampled from regional wheelchair rugby clubs. Initially, participants volunteered their own time to be involved in the study after the head trainer sent out an email to all club members seeking interest. Following this, snowball sampling was adopted to identify further potential participants (Sparkes & Smith, 2014; Morris, 2015). I approached any potential participants and asked if they would be interested in volunteering to be a part of this research. Out of the eight participants involved, seven were male and one was female, all who belonged to the regional wheelchair rugby clubs, with ages ranging between twenty-four and fifty. Having this scope of participants allowed for the exploration of a wide range of insights into the lived experiences of those with SCI in sport through the eyes of different individuals, such as biographically, developmentally and contextually.

Participants were contacted via email and those who chose to volunteer their time for the research were sent more information regarding the study (see appendix A). Following this, dates and times for the online interviews were organised with the participants. Originally, these were going to be in-person interviews, but due to COVID-19 restrictions and lockdowns in play when interviews were being organised, it was too difficult and risky to undertake. Trying to set dates and times with the participants often proved difficult due to varying commitments at different times of the day for both them and myself. I did expect this to be tough to organise as each participant lives a different lifestyle, involving separate commitments and roles, and the social landscape with varying alert levels at the time. According to Carless and Douglas (2013), this difficulty aligning interviews and to undertake research is often common, however, having a flexible approach for both myself and the participants allowed for a true representation of their lived experiences.

Overall, eight individuals agreed to participate in the study. All of these participants belonged to regional wheelchair rugby clubs, with participants having had their SCI for a minimum of six years. The gender imbalance of most participants involved being male is attributed to the wheelchair rugby clubs being male dominated due to there being lower levels of women with SCI and lower levels of disabled women participating in sport. This is also seen across the country within wheelchair rugby and on the world stage such as the male dominated teams at the 2020 Paralympic Games, with Kylie Grimes of Great Britain becoming the first ever female to win gold at a Paralympic Games in wheelchair rugby.

Beginning the research, I was aware that my access to these participants was mediated by a gatekeeper. Even though I was not previously involved with the clubs, I sought out knowledge in regards as to what I would do if I had been, such as “maintaining analytical distance” with each participant (Sparkes & Smith, 2014). This is something that I made sure was used within my research, even without previous connections, and was combined with the use of standard ethical protocol as highlighted in the informed consent form (see appendix B) and making the participants aware of how and when they can withdraw from the study.

### Procedure

Narrative inquiry comes out of a view that narratives are a way of telling about our lives and a means of knowing. In order for this to happen, I created an interview guide with questions (see appendix C) that allowed for participants to tell their story as it provides learning for both them and myself as the researcher, all while shaping who they are and who they may become (Smith & Sparkes, 2009). I hoped to explore each of these stories using a semi-structured interview format to be able to add extra questions or further stories as they came up in discussion (Edwards & Holland, 2013; Pitney & Parker, 2009). I also consulted my supervisor and disability advisory group to provide insight and guidance around my interview guide. This enabled me to gain valuable feedback around the questions involved and meant that I was confident with the guide that I had created. Once the interview guide was finalised, I conducted the semi-structured interviews with each participant.

According to Brinkmann (2018), interviews have become one of the most common ways in which to research, looking at “producing knowledge in the human and social sciences” - these are often found to be used within sociology, education, anthropology, communications, psychology and many other fields. Interviews have been seen to be a well-established and positive method of research within the sporting realm (Douglas & Carless, 2015; Purdy, 2014) and have great “potential for understanding and gaining a ‘rich’ insight into a person’s perspective” (Purdy, 2014). This method of interviewing was selected for this research to provide a deeper understanding of the lived experiences of those with SCI in sport.

I chose semi-structured interviews as they allow for a greater ability to explore participants’ stories and what they believe to be important to the research. Semi-structured interviews also mean that myself, as the interviewer, am able to actively participate in broadening the knowledge base gained from an individual (Brinkmann, 2018; Kvale, 1994). Through using this format, individuals with SCI are able to have their voices centred through getting to talk to their own life story in a way of their choice, discuss their experiences around sport with SCI, how they make meaning of who they are and anything else they wish to discuss that they believe is relevant to the research (Morris, 2015). These interviews allowed participants to interpret questions in the way that they wanted to and enabled me to gain “exploratory and descriptive data” (Hesse-Biber, 2017. p.106) from which I was able to make comparisons across the research (Edwards & Holland, 2013).

Because interviews are online, safety is somewhat already achieved. Participants can be in a safe environment of their choice to ensure that they are feeling as comfortable as possible, rather than being in an environment that is new or ‘unsafe’ to them, such as in-person interviews being undertaken in a cafe etc. (Hesse-Biber, 2017; Morris, 2015). By having these interviews online, it allowed for an interview environment to feel “safe enough to talk openly about their experiences and understandings” (Edwards & Holland, 2013). Part of why I chose to do interviews in this way is due to previous interviews that I have been a part of where I was in a new environment and therefore felt on edge and less willing to tell certain stories. Relating this to participants, this could have very much been the same for them and result in them not wanting to speak to particular personal stories of theirs. There were eight interviews held online over Zoom, each of which had the video chat recorded. Almost immediately following completion of all of the interviews, each was individually transcribed. Once the data had been completely collected, I identified that the interviews had ranged from forty-three to sixty-seven minutes, with almost eight hours of interview data transcribed.

Prior to these interviews, I had done research into acting as a reflective questioner. Schön (1987) opened my eyes to creating reflection both on and in practice, of which I believe I did throughout the interviews. The interviews began with more broad, open-ended questions that the participants could interpret in any way that they wanted, involving themself, SCI and sport participation in general. This continued to taper down towards more challenging and specific questions over the duration of the interview, with the aim of getting deeper towards the research question (Morris, 2015; Brinkmann, 2018; Edwards & Holland, 2013).

Overall, I believe that my personal involvement and connections through my supervisor assisted in recruiting a successful sample for the research due to having a sufficient number of participants across different clubs from around the country. This allowed for a positive relationship to be had between myself and the participants. With using the social relational model alongside narrative thematic analysis in order to derive themes from the research, I related to much of Edwards and Holland's (2013) work, where I saw my own role as a researcher to take on "interactive and reflective interpretation" as to how I saw particular sights into what we know as knowledge. All while believing that this research and data collection was appropriate, it was crucial that I do not assume or miss out areas because of being an able-bodied individual myself. This is a difficult task as it requires in-depth reflection on myself and the research as a whole, and after looking at both Bourdieu and Wacquant (1992) and Phelan and Kinsella's (2013) work, reflexive consideration was identified as a useful tool to be considered for this study as talked about further into this chapter.

## Data Analysis

There is not a perfect, stock-standard way in which to analyse data collected from qualitative research such as interviews (Braun & Clarke, 2006; Sparkes & Smith, 2014; Pitney & Parker, 2009). Because this study did not heavily rely on existing theoretical framework other than the social relational model (Braun & Clarke, 2006; Reindal, 2008; Townsend et al., 2017), and was rather open in its approach, the method that was identified as most appropriate and chosen for this research was narrative thematic analysis (Pitney & Parker, 2009; Braun et al., 2019). This looks to incorporate epistemological and ontological assumptions within common themes derived from the data (Smith & Sparkes, 2009). According to Clarke and Braun (2017), thematic analysis can be looked at as "a method for identifying, analysing and interpreting patterns of meaning ('themes') within qualitative data" (p. 79), all while narrative thematic analysis commits to the assumption that there is no social reality 'out there' that is independent of us and known as it is (Smith & Sparkes, 2009). Narrative thematic analysis allows for the researcher to retain a sense of continuity and contradiction through any one individual account which may reveal knowledge that other methods would miss (Braun & Clarke, 2006). This very much aligns with the paradigm created around my research due to participant data being somewhat interpreted through a set of 'socially constructed' assumptions. This is significant amongst this research as it is aiming to heighten and clarify the voice of those living with SCI through the creation and development of themes in narrative thematic analysis.

During the interview and data gathering process, this analysis process started to get underway (Braun et al., 2019). Narrative thematic analysis first took place through a more descriptive, semantic process, where I simply listened to what the participants' said, followed by analysis at a latent level, where I aimed to capture any underlying patterns, ideas or assumptions through using a more interpretive and conceptual approach to the data. Having looked at Pitney and Parker (2009) and Clarke and Braun's (2017) work, I had a strong belief that an inductive approach would be useful when looking into areas that have been previously under-researched and could assist in attending the underpinned meanings from the interviews. This has been heavily explored by Braun et al. (2019), and in conjunction with the social relational model, should draw out as much information as possible from the interviews. Once interviews were completed, I immersed myself in the process of analysing by firstly revisiting each participants' story through listening to each interview as a whole, followed by transcribing each of the interviews. After transcribing, I re-listened and read the transcripts to each interview in conjunction with one another, multiple times over (Green et al., 2007), to familiarise myself with the data and potential themes. I looked to undertake narrative thematic analysis through this by using a constant comparison method (Corbin & Strauss, 2008), with a data-driven coding approach creating 'labels' or 'codes' that were aligned with potential themes (Pitney & Parker, 2009). This allowed data to be categorised, in order to group together similar data and uncover any potential patterns that may be present, all while also ensuring that the three core components of the disability experience were covered – impairment effects, disablism and psycho-emotional disablism (Braun & Clarke, 2006; Thomas, 1999). Each thematic coded category was re-checked following analysis to consider whether there was valid and reliable data worth being used within the analysis of the findings (Sparkes & Smith, 2014; Green et al., 2007).

Whilst undertaking this study, I was already aware of Braun and Clarke (2006), Pitney and Parker (2009) and Braun et al's. (2019) comments around what was thought to be the regular use of unclear and sub-par thematic analysis. This involved the assessment of other individuals who have a lack of reflexivity, leading them to being unable to locate or differentiate their narrative thematic analysis in a wider context. Having themes that emerge from qualitative data that has little to no discussion around analytic philosophy or procedure is an area that is strongly warned against. Rather, I have noted promotion from Braun et al. (2019)

around generating, developing and constructing themes from the research, as the answers to the questions around themes are not simply lying amongst the research data, word for word, waiting for retrieval. This means that for myself as a researcher, a crucial part of my role is related to the creation and understanding of knowledge within the realm of which I am looking into. This is crucial to narrative inquiry as it postulates that humans live stories lives, where meaning is able to be generated through these stories and therefore, allowing little-known phenomena to be addressed.

This study aimed to provide an understanding of the lived experiences of individuals with SCI in and around sport. Included in this, but not limited to, is as follows:

- SCI in both day-to-day life and in sport (if it differs).
- The identity that those with SCI feel as though they have created.
- The barriers and facilitators that those with SCI may experience in sport.
- How sport has provided a place of ‘escape’.
- Sport as an environment in which education around the disabled body is found.
- Pain caused by SCI, both in day-to-day life and in sport (if it contributes/alleviates).
- Sport as a vehicle for progression in other areas of individuals’ lives and why participants believe others with SCI do not get involved in sport.

Through the use of semi-structured interviews, I have avoided the risk of only finding and creating themes that are a direct result of the questions (Braun & Clarke, 2006; Pitney & Parker, 2009). Due to having open and flexible interviews, it allowed for potentially unexpected themes to be uncovered, themes that may have not been possible to discover otherwise. Having only committed to the social relational model - and no other theoretical framework - (Clarke & Braun, 2017; Braun & Clarke, 2006), I believe that I was able to gain far deeper insight into the participants' stories. This would result in greater data, achieving a much more vast exploration and reflection in and on the lived experiences of those with SCI in sport (Schon, 1987).

## Researcher Reflexivity

Researcher reflexivity is essential to appropriately reflect on data, in particular, narrative thematic analysis of data (Braun & Clarke, 2006). I am aware as a researcher that parts of this research that are related to self-reflexive analysis are out in the open to be scrutinised, as the products of my research are somewhat impacted by the process (methodology) of doing research and the person (myself) doing it. This is related to whether the results are simply 'artifacts' of the researcher's presence, process, participation and personality, not to mention, the positions that they are occupying at the structure of power (Karnieli et al., 2009). I am aware that I am an able-bodied female researching traumatic and sensitive topics amongst a male-dominated disability sporting environment, raising issues of sensitivity and ethical considerations. It is important to be aware that the participants are the true 'knowers' where I am simply a 'researcher' in the field (Stone & Priestley, 1996). This is relevant to Townsend and Cushion's (2020) work, which speaks about the way in which the researcher "writes themselves and their backgrounds" into text or analysis, in order to demonstrate how their identity may influence their interpretations. Researcher reflexivity is relevant to all phases of a research process - from topic selection, all the way to the final product of the research (Silk, 2005). As noted by Townsend and Cushion (2020, p. 3), "self-reflexive analysis, naturally, places an emphasis on the agency of the researcher. However, this 'ethnocentric' position is not without its criticisms" (Bourdieu & Wacquant, 1992; Wacquant, 1989). I was well aware of these criticisms of ethnocentrism, centring on neglecting the impact of culture and structure on knowledge construction, such as completing an inadequate analysis or having a conflicting interpretation (Sparkes & Smith, 2014; Braun & Clarke, 2006), but believed that it allowed for an unbelievably creative and open way to understand the data, and therefore being an ideal method for the under-explored lived experiences of those with SCI in sport.

Critical consideration when undertaking qualitative research such as interviews in the realm of human beings is needed, as it is not always neutral or objective inquiry. Amongst the interview experience, it is crucial to note that I was emotionally and physically engaged with the participant and their sharing of stories (Edwards & Holland, 2013). I have attempted to look at, interpret and understand the participants' understanding around their SCI and the experiences associated with it, stemming from their perceptions, dispositions and assumptions that they may have (Braun & Clarke, 2006). Because of this, it is essential to recognise my personal situation as an able-bodied female and any epistemological commitments that I have in relation to my position in the subjective theme identifying process as a reflective qualitative researcher (Sparkes & Smith, 2014; Brinkmann, 2018; Carless & Douglas, 2013). It was crucial that I kept an appropriate relationship between myself as the researcher and those being researched in order to keep the level of ‘power’, ‘authority’ and ‘control’ at a minimum. This issue is seen to be heightened for ethnographers but does exist for all researchers. I hope that through my role as a researcher, I have managed to form a better understanding of those with SCI in and around sport.

Hesse-Biber (2017) has talked to the idea of research being a product of the researcher’s society - the structures and the institutes - just as much as those who are being interviewed. It is therefore a case of “what should be or is the relationship between researchers, the researched and the research” (Edwards & Holland, 2013) in regards to what is necessary. Thus, my situation has implications due to choosing semi-structured interviews as a method, of which involve collaboration (Morris 2015), having interviews created and undertaken by myself, leading to ‘unequal exchange’ (Edwards & Holland, 2013). Although the participants did not need me in their lives for any reason, I selected this research, chose this method and approached the participants all off my own back. Edwards and Holland (2013) have framed this in a way that is undeniably correct, where "human interaction and negotiation is seen as the basis for the creation and understanding of social life in interpretive approaches, it is the interaction of the participants in the interview situation - the researcher and the researched - that creates knowledge". Based on this quote and my beliefs alone, I looked to prioritise and heighten the voices of those with SCI in sport within this research.

At a practical level, the process around research became complicated due to an ever-changing sporting environment and the Tokyo 2020 Paralympics, both combined with the COVID-19 pandemic, where many participants were in lockdown for a period of time. Once interviews had taken place, it should be noted that representing all participants' voices and views came easily throughout the process of analysis, with large similarities between the participants and how they articulated or understood areas such as the questions involved and the way in which they experienced similar events. This scope of understanding is expanded on in the following chapter. Over the course of the research, I was able to derive themes through narrative thematic analysis to allow for reviewing and condensing in order to arrive at the created themes (see following chapter) before developing an overarching framework.

### Ethical Considerations

Individual semi-structured interviews do pose certain ethical concerns such as confidentiality, informed consent, rights to participate and rights to withdraw (Pitney & Parker, 2009). Prior to the commencement of my study, approval was gained through the University of Waikato Human Ethics Committee (see appendix D). Given the delicate nature of this topic, specific ethical considerations were taken into account, such as completely informing the participants regarding the study, gaining Informed Consent from each participant, proving the right to withdraw and using anonymity and confidentiality throughout. All participants are able to request (anonymous) information received/concluded from the research if they wish and all will receive any publications resulting from this research when complete.

### Informed or Voluntary Consent

All participants belonging to the regional wheelchair rugby clubs were informed of the nature and purpose of the research via an email distributed by their head trainer. An Information Sheet with an overview (see appendix A) and an Informed Consent Form (see appendix B) were provided to those interested. Potential participants were then offered an opportunity to ask any questions that they may have about the study, and if they were happy with what they have read/understood, consent was granted through the informed consent form. As all participants were over 16 years of age, they were able to provide consent themselves, which was completed prior to any interviews. They were informed that they would be able to withdraw up until two weeks after data had been collected.

### Anonymity/Confidentiality

No individual names were used in the research in order to protect relevant identities (unless participant chose to use their name), thus pseudonyms were chosen by each participant. This information was communicated via the Participant Information Sheet and stated in the Informed Consent Form, with assurances made every effort would be made to ensure identifying characteristics were not included in any research output. It was also stated that because disability sport is not a large community, there would always be some risk of identification. Some of the identities of participants were known to the head trainer prior to interviews due to some individuals volunteering their participation via him.

### Researcher Critique

Because I was not already a member of the community or commonly known to the participants, I felt it allowed for more in-depth description/story-telling than if I were to have been. I was not a part of much of what they had experienced through sport, and therefore, I believe they felt as though they should talk to each answer in great detail. This eliminates the potential for participants to feel wary about my role or motivation as a researcher. Although, it is difficult to say, as if I were to have been a member of their community, it may have meant that participants felt a bit more comfortable with me, and made them want to share more of their life.

There were a number of moments when I felt affected by having the role of the interviewer. In particular, one of the most difficult aspects was when I had asked a participant a particular question of which they did not understand what I was asking as they had not thought of it before. Therefore, they did not know how to answer appropriately and became embarrassed. These questions that cause confusion or affect the participant in a particular way have the potential to cause harm, all while making both myself and the participant feel at risk of being exposed. I looked at minimising the possibility of this occurring through consulting my disability advisory group on any questions I was unsure about asking or how to frame them, using supportive body language where participants could see me and talking to how I found the questions difficult to write in an appropriate manner. At times, I was worried that I had potentially asked a question, or multiple, that may have been inappropriate or challenging for the participant (Edwards & Holland, 2013).

To ensure that the participants own experiences led and created the research, I adapted and moulded my interviews to better suit each participant once I had an understanding of what they were like while undertaking the interview - using athlete-friendly language, culturally relevant terms where applicable and interviewing in a more relaxed manner when the participant appeared to be doing the same. This was a priority for me from the outset as from previous experience, I knew that there was no use in communicating in a set way to each participant as they will all have differences, including the way in which they want to talk and tell their stories. Following this, I was solely responsible for the transcribing and translation of the participants' lived experiences, hence needing to remain mindful of the many varying interpretations (Smith & McGannon, 2018; Brinkmann, 2018). This placed me in a high level of 'power' and 'control' on the reporting of the data and how it was interpreted (Brinkmann, 2018). I looked to prevent concern in this area by informing all participants prior to interviews that no answer would be judged in any way, rather I was seeking to understand their lived experiences with SCI in sport (Purdy, 2014). As further explored in the following chapter, the interviews were something that I enjoyed significantly, but also struggled to frame at the beginning.

## Judging Qualitative Inquiry

Whilst qualitative research is commonly used, it is still disputed as a research method (Smith & McGannon, 2018; Sparkes & Smith, 2014; Pitney & Parker, 2009). It is a well-established and tested means of research for many, being judged on its credibility, dependability, confirmability and transferability - qualitative research somewhat has a criteria that it must meet in order to be 'trusted' (Sparkes & Smith, 2014; Smith & McGannon, 2018). This perception proves to be problematic for qualitative research that may be positioned within a relativist ontological space through both a universal, and a fixed view. Regardless, I see this research as a way in which to provide new and invaluable insights into the lives of those with SCI and their experiences in sport. My judgement of this work has significantly been based around the gaps that have been highlighted in my literature review, such as the pain that those with SCI experience in and around sport. While looking at developing this kind of knowledge, I aligned my work with much of what Smith and McGannon (2018) have said, including whether qualitative research should be able to be judged on being “predetermined, permanent and applied to any form of inquiry regardless of its intents and purposes”. This has created a world in which “multiple, created, mind dependent realities, and the impossibility of theory-free knowledge, criteria is not ‘out there’ awaiting discovery, but socially constructed” (Smith & McGannon, 2018), meaning that countless researchers would be expected to ‘judge’ their work against a set criteria, rather than for intent and the purpose of achieving their research question. Although both own judgement and a universal criteria could be an issue for research, Sparkes and Smith (2014) have previously suggested using some of the “eight ‘big-tent’” criteria as laid out by Tracy (2010) which are as follows: worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence. These eight factors look to encompass how this research could be viewed by those who read this work - covering all bases as to what they could potentially ask regarding the study.

## Conclusion

Throughout this chapter I have aimed to provide an explanation of the methodological approach that has been applied across this research, alongside comments about the project as a whole. I have sought to develop a better understanding of the lived experiences of those with SCI in sport. Rather than looking to find this information elsewhere and being let down with what I am able to find, I have utilised a qualitative framework that is underpinned by the social relational model of disability and used semi-structured interviews to examine individuals with SCI’s experiences in and around sport. My position as a researcher and as a student have had a significant influence on my ability to gather and interpret the data, which can be seen in the following chapters. In what is very much an ableist society with complex, layering factors, alongside the restrictions related to the COVID-19 pandemic and its effect on the sporting community, I believe that I have been able to grow and add to what is understood about individuals with SCI participating in and around sport. Much like the difficulties that my participants faced in their daily lives, it is not until researchers like myself begin to draw out knowledge and engage in the understanding of its complexities, that an ableist society is able to comprehend these lived experiences of those with SCI (Bhambhani, 2002; Smith et al., 2018; Wu & Williams, 2001; Smith & Sparkes, 2019; Sparkes & Smith, 2008, 2014; Tasiemski, 2004; Grue, 2016; McPherson et al., 2016); Shields & Synnot, 2016; Jaarsma et al., 2014). This research strived to grow this knowledge base and continue to develop the under-researched area of SCI, in particular in sport, in a way that is easily understandable for the wider community and could be the beginning for future research. The following chapter discusses the results gained from this study.

# Chapter 4: Results & Discussion

The purpose of this research was to explore and gain an insight of the experiences of those with spinal cord injuries in and around sport. Despite disability sport growing in popularity around the world and Sport New Zealand releasing their ‘Disability Plan’, there is a lack of research attempting to understand the lived experience of impairment, in particular SCI, and its impact on sports participation. As such, there is a need to provide a greater understanding of what is needed by those with SCI – both in their daily lives and in sport – and what is gained from each, in order to work towards sustained participation in disability sport. In doing so, this research adds to the literature around disabilities in sport by exploring the beliefs and experiences of individuals, through the lens of SCI.

Specifically, my research follows the journey of eight individuals between the ages of twenty-four and fifty, with spinal cord injuries between the levels of C1 and C7, all who play wheelchair rugby for regional and national clubs. Most of these injuries were acquired through a previous sporting accident between six and twenty-one years ago. Each participant has either been shoulder tapped and recruited to play wheelchair rugby or had simply joined after watching wheelchair rugby in spinal units around New Zealand. These individuals have played wheelchair rugby for as long as twenty-one years, with the shortest amount of time playing being three years. Through listening to and understanding each participant's story about their life and participating in sport with a SCI, I have identified four common narrative themes that story the individuals journeys. The social relational model (see chapters 2 and 3) informed the construction of these themes with exploring the participants stories through the three core components of the disability experience – disablism, impairment effects and psycho-emotional disablism (Thomas, 1999) – and assisted in centring the voices of those involved. Firstly, how the wheelchair rugby players have come to terms with their injury and how it has become “just who we are”. Secondly, sport as an escape for each individual, whether that be an escape from pain or an escape from their disability. Thirdly, the education wheelchair rugby has brought to the individuals around their bodies, bringing experiences and relationships the individuals would not have had otherwise. Finally, sport as a vehicle - enabling growth in other areas than just in sport for each of the individuals involved and the effects that come from participating in sport.

This section will include the results of this research and my discussion, all while building on the social relational model and its application to disability sport as a means of better understanding disablism, psycho-emotional disablism and impairment effects, alongside the transformative power that disability sport holds. My discussion is informed and intertwined with interview data from the eight semi-structured interviews that took place, allowing for myself and the research to fill some of the gaps that are present in current literature. Put together, this research centralises the voices of those with SCI and allows the reader to connect with their stories, both in and out of sport, and compare it to that of current literature, enabling me to grasp common themes. This section is structured according to four themes, taking you through the participants' journeys, with commentary running throughout relating to their experiences and beliefs. Each of these themes has allowed for a greater understanding of the experiences of those with SCI in and around sport.

### Reclaiming Identity - "It's part of my identity".

> "I'd had a shit ton of injuries in the past so why wouldn't I assume I would get better? Then the shock set in, and I didn't really want to know what was going on." (Jeff).

Finding out that you have acquired a SCI and that you would likely be in a wheelchair for the rest of your life was the prognosis received by all eight of these participants. Much like work by Simpson et al. (2012), the participants in this study talked about how the consequences of sustaining a SCI can be overwhelming and can impact numerous areas of an individual's life. When talking to medical staff, whether that be those who were first-responders, nurses, doctors or surgeons, most of the participants knew what it meant for their life going forward. For example, Max – a snowboarder – remembers being surrounded by his friends and the mountain crew after what he described as "hitting a jump that I thought was bigger than it was and tried to slow down but lost control," who were reassuring him that they'd previously broken their backs with no further complications but went silent when he asked them if they couldn't feel anything when they broke theirs. He recalls thinking:

> "That's probably not a good sign. Then when I spoke to the nurses and to the doctor at the hospital after the MRI, they said it's pretty bad, pretty unlikely to walk again. I was pretty rough. I got to speak to my parents pretty soon after that. It was pretty shit."

Similarly, Leo recalled how he felt after his accident during a game of rugby:

> "Not my most favourite time in my lifetime, but then I was rushed to the hospital and found out that I had severed my spinal cord. Finding out that being in a wheelchair was the likely prognosis for the remainder of my life was interesting, it was a massive learning curve."

With a lack of understanding around what it is like to acquire and live with a SCI, it has created a world in which many of the participants felt as though others could not understand how they feel. Instead, individuals with SCI have been seen to have elevated levels of anxiety, depression and post-traumatic stress disorder, and have an average life satisfaction that is below that of the general population because of what is put in their way, physically or socially, due to those around them not understanding (Post & Leeuwen, 2012). This looks like the chaos narrative, which Smith and Sparkes (2005) described as life as never getting better, all while being 'chaotic' due to the absence of narrative order. For the participants, acquiring their spinal cord injury represented not just an absence of narrative order, but the need to make sense of their ‘new’ bodies, representing a ‘chaotic transition’ from able-bodied to disabled. Jane explained:

> “You're in this body where you've got no core, and the sensation is like sitting on a Swiss ball, when you let go of your feet and your hands, that degree of instability is what it feels like to be in a tetra body. So you learn over time how to handle that. But in the beginning, you've got the stability of a new born. So to be sitting on the edge of a bench looking down at your feet, feeling like that drop was as big as the Grand Canyon and you want to vomit is kind of that transition within a couple of weeks from Superwoman or superhuman to “oh my god, I've got a new body and I'm 42 years old, how do I manage this”, you know?”

In navigating this transition, a number of participants highlighted the embodied possibilities – that is, a transition that stems from the moment of acceptance and the beginning of (re)learning the body:

> “It was a big change because from one day, you can do everything and then the next day you can do basically nothing. Because you're in the hospital, you're just lying there, so when they brought me a wheelchair, it didn't seem like a bad thing. I didn't feel like I didn't want to be in a wheelchair, I was just like, “yippee a wheelchair, I'm out of here”. Like, “give me that chair I want to get out of this hospital”. From then on it was all just working on the next little thing I could work on, like to try and get better. Little bits of progress here and there.” (Ricky).

Through this, the participants found that there was an element of confronting able-bodied privilege, where they had come from a world with no barriers and had then landed in a world full of barriers. This was similar for Max, who found that seeing others in a similar position to himself, confronting the ableist world, was what he needed to begin his journey of acceptance and of re-discovering his body:

> “I've always had a pretty positive mindset. Pretty soon, within a week or two after my accident, I was kind of thinking of the positives of it, and how it might impact my life in other ways. So yeah, definitely been sad as well, trying to look for what I could do. So I think I heard about Murderball within a couple of weeks after my accident, and then I was like “oh mum go get me that DVD straightaway,” so like she went out on a hunt and got it and that was really helpful. Just seeing other people in the same position, having good lives and doing fun things, being an idiot still, so yeah, that was cool.”

Leo found that he wanted to jump back into goals and forward-planning in his life as he had accepted that this would simply be his ‘new normal’ quite early on. When looking at Simpson et al.'s (2012) work, this would see Leo transitioning towards improving his mental and physical wellbeing, and therefore, better supporting his quality of life through exploring his body and its possibilities.

> “I escaped Otara Spinal Unit and have been continuing development and independence from there ever since. Looking at big goals, to get jobs, contribute to society, try and maintain as much independence as possible and I'll say dignity, but people that know me will think that's a lie. You know, always learning, always trying to help. Just trying to continue on as best as possible as if it was normal, because it's actually normal for a few of us now.”

When beginning to do what is not considered ‘normal’ for those with an impairment, it was apparent that the able-bodied individuals that surrounded these participants were unsure of the capabilities of those with an impairment - what they ‘should’ and ‘should not’ be doing and the potential for what is to come. When talking about this, it was apparent that each participant did understand that they did have a basic right to full and effective participation in society, including that of sport and physical activity (Allan et al., 2018). Blair, and the participants in this study, welcomed and dove into full participation in all life domains, despite what others around them had to say:

> “I keep on pushing myself to do new things to try to keep my body improving. When I was in the early stages of recovery, a lot of people said “oh two years and then what you've got is probably what you've got,” and I just refused to hear those stories. And I'm now at six and a half years through”

Previous research has illustrated how individuals with impairments, in particular those who participate in sport, are seen as ‘inspirational’ and tend to feel as though they have lower levels of athletic identity than able-bodied individuals (Tasiemski, 2004; Grue, 2016; McPherson et al., 2016). Delving into this further, you uncover what is known as ‘supercrip’, where working hard is seen as a way for an individual with an impairment to overcome the ‘tragedy’ of their impairment through exhibiting abilities that able-bodied individuals would not ‘expect’ of a disabled person (Brighton et al., 2020). Aligning with work such as that of Allan et al. (2018) and Dorfman (2017), it is apparent that all of the participants involved in this study did not want to be seen as ‘inspiration porn’, rather felt as though disability is simply a ‘part of their identity’ and not something that should be separated from who they are. The participants in this study often would fall into the category of exhibiting abilities that those able-bodied individuals would not expect of them, making them ‘supercrip’, when they are simply exploring the embodied possibilities that surround them. When talking about how they felt about their SCI and being seen as ‘disabled’, many participants spoke about how they have accepted their impairment and want to go about life in a way of their choice but still feel as though others push this ‘disabled’ or ‘supercrip’ label onto them. Jane somewhat summarised most participants’ feelings:

> “It is what it is. The way I see it is that our bodies are just like a coat in terms of experiencing humanity. You have an experience of the world based on your

> physicality and your life experience, and so do I. Before I was six foot tall and bulletproof, sporty and all of these things, and now I'm a high level tetraplegic. Now, the world treats you differently, you get looked at differently, there is an assumption about who you are and what you are before you even speak."

Here, Jane talked about the fact that individuals with impairments simply see their bodies as they are, which allows them to continue to experience the world in whatever way that they choose. When interacting with other able-bodied individuals, the able-bodied individual often makes choices for these individuals and decides how they 'get' to experience what is around them due to having an impairment and what they believe that these individuals can and cannot do. This relates to a significant body of research around social barriers that constitute exclusion for disabled people in many aspects of their lives, whether that is in day-to-day activities or in sport. This includes that of negative societal attitudes, non-inclusive providers and peers, inaccessible facilities, lacking available opportunities, cost and transportation (Jaarsma et al., 2014; Shields & Synnot, 2016; Richardson et al., 2017). Often able-bodied individuals, when faced with someone with an impairment, fall into creating these social barriers due to not knowing how to treat them with the stigma that surrounds disability. Jeff described how he experienced this in his life:

> "I guess there's always coming across people I don't know. I definitely notice that everyone sort of makes an initial, maybe unconscious, judgement of me. That took a while to get used to because obviously, it was never like that before. But now everyone I meet is either surprised to see me in the situation that I'm in or doesn't know how to react or feels slightly awkward introducing themselves to me, or they could be any number of those things. And obviously, how subtle it is, depends on the person. A lot of it is unconscious and it's not them being malicious or mean, but they just did obviously."

Working through how the participants in this study felt about their SCI, it is evident that there has been a complete journey of which the individuals have taken to create and form their identities in a way of their choice. After the participants had discovered the embodied possibilities for them with a SCI, alongside the ableist community trying to shape what they 'should' be or do, many reached a point where they were comfortable with what had happened to them and accepted what that meant for their future (Kohli & Atencio, 2021). When asked how they felt about their SCI now, after living with it for some time, many told similar stories about 'just getting on with it' as it was a part of their identity. Blair simply said:

> "Yeah it's a cool story. I wouldn't take my injury back. I actually enjoy all the memories and experiences I've had since my injury. Things like wheelchair rugby have been awesome. Some of the best things I've done in my life have been with my injury. Really enjoyed them."

Jeff commented:

> "I feel confident in myself and understand. Obviously, it's taken a little while to get there. And maybe I'm not, like, 100% confident in every situation, but in 95% of situations I'm extremely comfortable with exactly what's happened to me and I would feel fine explaining pretty much anything to anyone."

Each of the participants in this study have moved through a chaotic transition, focussed on the possibilities associated with their SCI and worked towards a new normal – when looking at this, all of those involved seem to go against the grain of the medical model. This model would look to define and characterise each of their conditions while finding ways to 'eliminate' or control the condition in the hope of returning the individual to 'normal' (Falvo & Holland, 2017, p.1). Here, participants stories began to align with work by Smith and Sparkes (2005) which sees the restitution narrative frame the way in which the participants see themselves – "Yesterday I was able-bodied, today I'm disabled, but tomorrow I'll be able-bodied again" (p. 1096). From this narrative around living with a SCI, transcendent hope was also prominent.

When speaking to the participants, where they are now is their standard and they don’t feel as though they need to be able-bodied to be ‘normal’ as their SCI has opened up new and exciting opportunities.

> “It's just normal life. Everything takes a lot longer, even getting dressed in the morning takes a long time. But it's the new normal sort of thing, you just know you're going to take that much longer to do anything. I've got a great job, I've got a wife, I've got three kids, I've travelled the world, played sport. There hasn't been many things that I haven't done that I wanted to do” (Ricky).

As a defining part of identity, Leo believed that his life hasn’t changed, rather, he is just going about his usual life in a wheelchair:

> “It's part of my life. It's part of my identity now. People that I meet for the first time see me as a fella in a wheelchair, lots of people don't necessarily know it's a spinal cord injury, but they know it's an accident of sorts. Even friends from beforehand kind of just know me in a wheelchair now.”

Jane, since her injury, has been looking at improving her quality of life through getting involved with as much as she can despite the fact “you are the anomaly in every situation” and that “managing the public is another part of disability”.

> “It is part of me, even though I am disabled and everything is hard. Someone said to me once, “please tell me it gets better,” and I'm like, “No, it doesn't, it doesn't actually get better ever, you just get better at it,” that's it.”

The participants in this study have all grown into the person that they wanted to be, even throughout the able-bodied community constantly attempting to push them into a ‘disabled’ mould. Jeff spoke in a similar way to Jane, where he found that it was himself who decided what he could and couldn’t do, but often, the choice was robbed from his own hands:

> “Independence is a really big thing for you. Your vision of yourself is affected by what you think you can and can't do. When people rob that from you without

> asking, it's frustrating, and it's one of the most annoying things that can happen.”

Remaking Identity Through Sport

The sport of wheelchair rugby has played a significant role in each of the participants’ lives, providing a place of representation of and for disabled people where cultural understandings of ‘disability’ can be challenged (Smith & Sparkes, 2019). Bates et al. (2019) suggested that when disabled people were able to engage and actively participate in wheelchair rugby, rather than watching, allowed for them to contest the stigmatisation and exclusion of ‘non-normative’ bodies in places of sport, changing their narrative from ‘disabled’ and ‘weak’ to an ‘athlete’. Jane mentioned that when talked about with others, wheelchair rugby always allowed her to make connections with people on a deeper level.

> “It becomes part of who you are, I quite like that. Like, you know, "I'm Jane, who are you? What do you do? Wheelchair rugby" and then straight away everyone goes, "oh my god, that looks amazing," so it's a really nice way to engage with people as well, it becomes something that you're really proud of.”

This sense of pride is carried through when talking to the likes of Blair who said:

> “The first year we won Nationals, my second year in the sport, I was the newest member on the team. So they were like “Blair, that's your job for the next 12 months to hold the trophy”. So I had this ridiculously huge trophy sitting in the house, it was quite cool, so I'll never forget that. People would come around to the house and go “what's that?” So I could say “our [club] team won the wheelchair nationals”.”

For the participants, being involved in wheelchair rugby places those individuals in a position of power, from which they can create and inspire change. Within this position of advocacy, many of the individuals involved in this study felt as though wheelchair rugby is a significant part of their identity and the path of which they are on, providing a platform from which they can look towards changing perceptions of disability. Jane spoke to this by saying:

> “I think those of us who play sport are in a really privileged position, but it's a heavy position as well. You end up becoming an advocate for everybody, and you think ‘if I just have a really good conversation with this person, then that's going to change their perception of disability and they're not going to feel sorry for me, they're just going to go ‘here's a different way of being in the world’.”

Ian talks proudly about his involvement in wheelchair rugby and how the sport has assisted in re-storying his identity:

> “It just keeps you active and gives you something to think about. So you're always trying to get better and trying to train for it so it's generally positive. I do find that the more active you are, the healthier you are, for example, there's less problems you have with skin issues.”

As much as wheelchair rugby is an enabling environment in which participants feel as though they are able to work towards much-needed change in the public eye, it is also a place of purpose. Participation involves being able to enjoy healthy physical activity, form relationships, experience recognition for achievement, and (re)create a sense of self-identity (Bates et al., 2019).

> “It definitely makes you feel like you have a purpose because you've got a team that you're part of and you've got to do your bit to help the whole team out. If you ask me, actually having this accident was not a bad thing. Like people sort of say, “if you could, would you go back and do things differently?” And I'm at the point now in life, I'd go “no, I actually wouldn't want to not have had this accident because it's introduced me to so many cool things that I would have never known existed if I hadn't had it, like wheelchair rugby”.” (Blair).

This is mirrored across reviews such as Aitchison et al. (2020) and Williams (2021) who have identified the benefits associated with sport participation in something such as wheelchair rugby - improved functionality, increased socialisation, endurance and muscle tone, and a reduction in anxiety and depression being some of areas that could benefit from being involved. Although there are a large number of positives associated with sport participation for those with a SCI, it is not always something that is on the forefront of an individual's mind following acquiring their SCI. Amongst the participants in this study who all appear to have accepted their injury, there did remain one individual who was largely frustrated with his SCI and is still working through his journey to develop a sense of identity that he is comfortable with. Tom said:

> “I still feel like I'd be lying if I didn't say this wasn't still frustrating, like, it still frustrates me that my life's different. I still would prefer not to have an injury, you know. It does make life a lot harder than it should be, especially certain activities or just everyday things like, it shouldn't be that hard to get out of bed, or go to the toilet, or just even getting from A to B, I feel like those are tasks that you should just be able to do independently or take minimal time. But the reality is that it's just something you got to live with, and you've just got to work around your life and unfortunately, you have no choice but to just get on with it and try and see what you can do.”

Tom’s experiences look to mirror the chaos narrative, where he can never see his life getting better with the absence of any narrative order (Smith & Sparkes, 2005), but also involved a pragmatic ‘get on with it’ angle. The participant is quite early on following his SCI, feeling frustrated that his life is 'different’ and not wishing this upon himself, but knows it is something he has to live with. Being from New Zealand, individuals tend to ‘get on with it’ in whatever situation they may find themselves in, of which Tom is doing himself. This runs the risk of pushing him in a downward spiral, where psycho-emotional disablism is prevalent (Thomas, 1999). Psycho-emotional disablism occurs when social barriers are placed in the way of an individual, such as Tom finding it difficult to get from ‘A to B’, where the implications of these social barriers have pushed Tom into feeling the way that he does, with his psycho-emotional wellbeing being negatively influenced when he least needs it. Within the social relational model, this looks to occur when the activities of people with impairments are restricted, and in turn, undermining their psycho-emotional wellbeing (Thomas, 1999). When talking to other participants in this study who are further along post-injury, many of them spoke similar stories of struggling early on. These participants have since met others in similar situations to theirs through the likes of wheelchair rugby, which has provided them with a purpose and a platform where their perspective and outlook on life with a SCI has significantly changed for the better.

> “I've come a long way, mentally. And I've spent quite a bit of time working on that side of things, because there was a time within the months after my injury where I was extremely depressed and knew I couldn't carry on living that way. So I had to figure out how to reframe. I lost who I thought I was, all the things that I thought made me, me were things that I couldn't do anymore. I had been spending every spare moment doing something like surfing, skating, wakeboarding, just going exploring the outdoors with my friends. I kind of accepted my injury in a sense, because I felt like I was sort of living my life exactly the way I wanted to when I had it. I really had to figure out who I was underneath the things that I did.” (Jeff).

Williams et al. (2014) found that a strong facilitator for the engagement in leisure time physical activity was the ability to improve and maintain independence – a large driving force was being able to be independent and not having to ask for help. Building independence was also found to be a contributor to quality sport participation, where being involved in physical activity has assisted in creating somewhat freedom for the participants in both their sporting environment and in their day-to-day lives (Smith & Sparkes, 2014). It is particularly important for those with

SCI to develop confidence and the ability to perform certain tasks on their own as what would seem like such a simple task to many of us was something, that when unable to do, brought many of these participants down. Leo described this as:

> “The hardest thing is asking people to help. Sometimes if I'm going shopping there's no way I can reach stuff from the top. I need to ask people, it's something I've got over now, but initially at the start, it's one of those things like “geez, I was a 24 year old, who thought they were bulletproof, now I'm a 37 year old that can't reach the top shelf”.”

Other participants saw individuals, much like them, struggling with what was happening to them and decided that they did not want that for themselves:

> “Some people that remember their accident very vividly may have a bit more trauma around talking about it because it brings back those memories. I don't remember the accident at all, and when I did wake up, I looked at all the other people in the spinal unit and you could see them going "why me? Life sucks", you know? And whereas my attitude was like, I knew what I was doing, I knew the risks. Now I've got to deal with this, and how am I going to make it better? But rather than sitting there trying to beat myself up and feel sorry for myself, I was just like “well this is my luck in life, how do I improve it?”” (Blair).

Identifying as disabled has been a significant step for all of the participants in this study - it is a step that has changed most of their lives for the better. Each participant has gone through a process of embodied learning, of which has led them to see their bodies simply ‘as they are’. This looks to create a future for these individuals where they feel empowered to ‘do’ and ‘be’ as they want, rather than conforming to society's norms about those with impairments, allowing them to “just get on with it” and experience the world in the way in which they choose to.

### Sport as an Escape – “You forget you’re in a chair”.

#### Escape from the ‘Real World’

Sport can be understood as an escape for the participants in this study, in more than just one way. Participants considered wheelchair rugby as a ‘level playing field’, with an athlete from each classification level on the court at once, all of whom have a specific job. Because of this, wheelchair rugby has become a place of belonging, or an escape from the ‘real world’, for all participants in this study. When coming into the wheelchair rugby space for the first time, Jane felt as though she was right at home with her people:

> “You're quite vulnerable in those early days. So to walk into a space where there's really lovely welcoming people and you're a newbie , you can just feel yourself just let a big breath out. A little bit like that feeling of ‘I'm coming home’ or ‘I'm with my people’.”

Here, Jane has been inserted into a network of social relations that provided an interpretive framework for understanding the ‘self’ in relation to a particular community. This narrative was consistent across the participants stories, which also aligned with Wu and Williams (2001) work, that saw friends and peers with disabilities in a sporting environment as ‘much more influential’ than rehabilitation therapists as both individual and continuing socialisation agents, assisting in the development and growth of embodied possibilities (p. 177). Jeff talked about this in a similar way, where he felt as though he belonged to a community and gained a strong sense of connection:

> “It brings a massive sense of belonging to a community of people because the situation I'm in with my spinal cord injury, it is often really difficult to describe or properly articulate to someone who's able bodied, who's never personally experienced anything like paralysis or any of the other side effects of the spinal cord injury. So having that community that understands first-hand exactly what you're talking about, like the kind of conversations that we have, you talk about

> stuff that even normal able-bodied best friends wouldn't talk about. You automatically have something to relate to each other with. It's a connection. So that's a massively positive part of it, just being involved in a community of people in similar situations. For that reason alone, I would recommend it to anyone with a spinal cord injury, because they're going to get a lot out of it."

With each participant on the court having an individual role to play in the game, each feel as though they are valued by the rest of their teammates and take on a responsibility that they carry and take pride in maintaining. When comparing this to work such as that of Allan et al. (2018), it is apparent that those with SCI who do participate in sport gain great satisfaction from feeling that they belong in the team, alongside the challenges and mastery that come from those around them. Tom's experiences are much like this work, in the way that he thrives off the competition and knowing that he is an asset to the team.

> "I just like the challenge that comes with team and competitive sport where your role on the court is actually valued. You're an important aspect of the team which is good. You feel the highs and you feel the lows when you do something stupid or make a bad pass. You're like, "oh, fuck, I've let the team down". But then when you do something good, you're like, "man, that's the reason why we scored a goal, that's the reason why we won that game". It's quite a cool feeling to have. And then you can look back on that with the rest of the team after the game like, "yo, that was mean"."

Jane saw each person on the court as having a job to do, and therefore, working to the most of their abilities at all times:

> "Each of those different levels has a specific job, and so you end up being the best low pointer or the best high pointer. I've deemed rugby as violent chess because it's so strategic, and each of us have a job to do. The job you do is dependent on your impairment so you're working to the maximum of your ability

> in that space, which is quite lovely. So you're always pushed to be the most and that means you have a place."

The environment at wheelchair rugby has been curated through those who have been involved and the values that they hold for themselves and each other. Being able to relate to one another and talk on a deeper level than they had previously been able to with peers has allowed for a team environment that Blair described as simply "awesome" and full of camaraderie. The 'family' at wheelchair rugby had been noted by most participants as a significant driving factor towards their continued participation in the sport, which Max explained has allowed them to feel as though their bodies were accepted, with Richardson and Motl (2020) finding this to be "empowering and quite freeing". Jane commented on this community that is continually growing as a positive sporting environment:

> "It's fitness, it's my teammates, it's the fact we get to travel. The broader wheelchair rugby community is awesome. We've got our team, but when you go away, you get to catch up with old mates and we're so tight. We're such a small group of people who play that every time you get to see each other, you get to see how far they've come in terms of their fitness and any new skills that they've learned. So you don't only celebrate at your team level, you celebrate on that broader level when you look at the development of the other teams that are coming through. It's quite exciting to see that wheelchair rugby is in a really good space, that there's a place for us in New Zealand and that the sport is growing and that people still love it."

Because of wheelchair rugby, Jane mentioned that her "transition to disability was a million times better than it would have been if I had to do it on my own", which also came across in other participants' stories. Ricky described wheelchair rugby and the team environment in a way that he felt lucky to be a part of:

> "I feel it's really positive for me. I'm just around my friends, I've made so many good friends with wheelchair rugby. With [club] it's such a family sort of thing, everyone just feels like family, like all the volunteers, referees and officials. They've just really welcomed me and made me feel really happy there. So whenever I'm at rugby, you'll see my smile is my biggest smile."

Having a team in which the small wins are celebrated and each participant holds a role that is important and appreciated by those around them, has allowed for great success on and off the field. The participants in this study had a strong sense of feeling valued by the team around them, both for who they are as an individual and the function and purpose they hold within their role on the court.

> "Playing with [club] for our first National Championships, we kind of had a throw together team and we weren't really meant to be very successful. But we're a nitty gritty bunch and we've developed such a good culture that we ended up winning, which was fantastic." (Leo).

Being involved in a team that has success in many different areas has meant that the participants in this study have been able to discover what they want out of their lives, plus the sport and the community that comes with it. Max felt as though those who had an impairment were not treated 'equally', and that others wanted to wrap them up in order to keep them 'safe'. However, the individuals that surround him at wheelchair rugby have similar mindsets to his own, not wanting to tread about life lightly, rather, getting amongst physical activity in the way of their choice:

> "Disabled people aren't treated equally, people just want to put you in bubble wrap or cotton wool or whatever. I think they might do that for women and for disabled athletes, but we just like getting smashed and getting back to a proper physical sport."

This could also be understood as masculine discourse, which surrounds the sporting environment and is something that most participants in this study have experienced, used as a way in which to reinforce the culturally dominant image of the hegemonic male (Feasey, 2008, p. 97). This can also be found amongst those with impairments, where those with biological or physical differences are often ignored, unless seen as 'supercrip'. Those who are seen as less 'heroic' are provided with less opportunity and visibility, and simply wanting to participate in sport is not always an available option (Bush et al., 2013). Having the opportunity to participate in sport for the individuals in this study has helped them become the people that they are today. Often, the participants in this study talked about how they remember certain plays from a game and enjoy looking back at those moments with the team, reminiscing about the successes, losses, and everything in between, highlighting the importance of having the opportunity to participate in an activity of your choice. Max commented:

> "I remember really good plays that I've done. Sometimes I'm like, "oh yeah, that was pretty boss when I did the flickey thing and got it off to someone". But playing with the team, you have general vague memories of just being with the team and laughing. We have done quite well as a team as well."

When at wheelchair rugby and amongst the community, Jane often felt as though she is not in her wheelchair, but simply "at one with her machine" and having fun:

> "Rugby is that whole camaraderie, go fast, go hard, you have so much fun and you just forget you're in a chair. That is an absolute gift. So even when the Wheel Blacks come and play, they have that same sense of fun and freedom. You forget you don't have a body when you're in a rugby wheelchair, or a body that doesn't behave like it should, because you're just at one with your machine, feeling powerful and strong."

The way in which Jane feels is similar to work by Monforte et al. (2021) which found that those who welcome a wheelchair as a 'part of them' have a stronger sense of self. The participants in this study that have become one with their wheelchair tell ‘quest’ stories where they have met their ‘suffering’ head on, accepted their impairment and seek to use it through exploring the embodied possibilities (Smith & Sparkes, 2005). Ashton-Shaeffer et al. (2001) also found that individuals who were involved in a sporting camp demonstrated resistance to able-bodied norms and gained their own sense of empowerment and self through their participation in sport. This was also seen through the participants in this study, who have displayed this growth in their own empowerment and self, all while going up against what is considered ‘normal’ by the able-bodied community. When talking to Tom, this was particularly evident:

> “Physically, it's good for my health. Mentally, it's good for my health to be involved in a team environment because you set goals outside of personal goals and get help to set career goals. Sports goals are a bit more specific so that's good to have goals in that realm. It also gives you the ability to travel which is always pretty fun, going to tournaments and meeting other people involved is always pretty cool. It gives you physical exercise and you just feel better for it, you probably sleep better at night and all those classic things that go with any kind of exercise. But it's the added dynamic of a team environment and having goals to be like “yo, I can do this now”. You can say that you want to be faster in six months’ time or I want to be better at passing or just generally better. So just to generally be more of a force because our team environment is way stronger than the rest of the sports, which means everyone enjoys it more and everyone wants to actively participate.”

This idea that wheelchair rugby has the best team environment and is the better sport over other sports offered by the likes of Parafed, is an idea that is repeated by other participants such as Ricky:

> “When you're quadriplegic, there's pretty much only one sport that's open to you, which is wheelchair rugby. And it doesn't matter because wheelchair rugby

> is the best sport in the world. It doesn't matter that you've only got one option left because that option is the best option."

Wheelchair rugby has provided a safe environment for these individuals to thrive in. Those involved are able to learn and relate in ways that many of them thought they would never get the opportunity to do again. A large part of the 'escape' that wheelchair rugby has provided for these individuals has come from the potential that it holds to allow for those involved to somewhat explain the pain that they may be feeling, and overcome any pain-related barriers that may stand in their way.

### Escape from Pain

Acquiring an SCI is highly traumatic. Pain is a significant problem after acquiring a SCI, often impeding on effective rehabilitation and pushing individuals away from the idea of being involved in sport due to not feeling as though they have the quality of life to participate (Siddall & Loeser, 2001; Modirian et al., 2010). Current literature on pain contains common narrative patterns, even for those of different disability groups, and often may not be an appropriate way to describe an individual's pain (Dudgeon et al., 2005). Previous research has only provided a limited articulation of understanding pain, through the likes of the McGill's Pain Questionnaire, creating a world in which pain is socially formed (Sparkes & Smith, 2008). In this study common pain descriptors were used, with 'burning' and 'pins and needles' being used by six of the eight participants. Many of these participants also stated that they felt as though there was 'no way to properly describe what the pain experience was like'. When talking to Tom, he spoke about his pain in a way that was similar for most participants, including that taking his mind off it was largely beneficial:

> "I get neuropathic pain or nerve pain. I get it in my hands, and then kind of waist down, and that's sort of there 24/7. It's fairly mild, I don't take any medication for it, but it's just one of those things that's just constantly there. So, for me, the

> best thing to do is take my mind off it, just doing stuff. There's not a lot you can really do about it to be fair, you just sort of have to get on with it."

Often, the pain these participants experience comes from where they are sitting or lying down, such as the back of their legs and buttocks, and is heightened when they're tired. A number of participants found that this is able to be relieved through movement, although sometimes proves hard to recognise due to having autonomic dysreflexia. This is an area that many of the participants have struggled with, but wheelchair rugby has played a significant role in allowing them to better understand how to manage this. IAN said:

> "It gets worse when you're tired, spreads down my legs right down my calves to my toes. It just gets really uncomfortable and I'm always moving just to try to relieve that pain for a couple of seconds. I mean, it comes back but I've always got it, just when I get tired and fatigued it gets way worse."

Jane talked about how she experiences pins and needles constantly, and to some people it would feel like 'pain', but to her, feels as though it is simply 'noise':

> "So high-grade pins and needles is basically my whole body going "where are you? Where are you?" because there's no conversation going on. So it's noisy living in here. It's like having an extractor fan or a hair dryer noise wise. So you're having to shut that down to have a conversation as if you think about it, and when I talk about it now I'm really aware of my whole body just buzzing. But that to me, I don't describe it as pain, it's just noise."

In comparison, Ricky does not experience pain with his SCI, and described his experience as following:

> "I sort of joke around that when I turned 30, it all went downhill. In my 20's I just sailed through with no pain and then the day I turned 30, I was like "ah, sore wrist, sore elbow". I think it's just a bit of age and stuff, that's why I take it easy now and try not to do too much that'll really hurt myself because it just feels like

> when you get a bit older, you're always in some kind of pain somewhere. Some little injury or something like that, one after the other.'

However, disability sport does not hold an expectation for those involved to 'recover' from their impairment or the pain, rather providing an environment in which participants can feel as though they are able to manage their impairments in a safe way, allowing them to make physical and psychological advancements (Taylor, 2016). Those in the community at wheelchair rugby have the ability to better understand how an individual with SCI related pain is feeling, compared to those who are able-bodied, therefore creating an environment in which the participants in this study felt as though they were understood and were able to 'escape' their pain. When talking to Blair, this was evident:

> "Yes, the worst bit of pain I have is neuropathic pain, it's all over my whole body. Originally, even when I was getting pushed around in a wheelchair, just driving over tiles, the pain that would shoot up around my body because of the bumps was pretty insane. That dissipated over time. I've now got pain from my elbow to my wrist and then from my wrist up to my fingers, it's more intense in between my fingers. The way I described it early on was like wearing a glove of needles, so every time you move your finger, the pressure you're putting in that direction, the needles push back. Because I've had it for six and a half years now it's a little bit more numb, and when you focus on it, it gets real bad. But I found with activities, like wheelchair rugby, I never noticed the pain until the end of the game, because I was so focused on the game."

Narrative inquiry has allowed for me to understand how those with SCI understand their pain, and how being within the wheelchair rugby community makes them feel as though their pain is not a 'lonely time' (Sparkes & Smith, 2008). Many of the participants in this study found that while playing the game of wheelchair rugby, their SCI related pain was alleviated, whether properly or that their mind was simply taken off it. When talking to Blair, this was evident for him, where he found that playing wheelchair rugby provided a distraction, and therefore, alleviated his pain:

> “During the game, it alleviated it. Having this time where you’re not focused on the pain but focused on having fun and doing something else, which alleviates the pain, is great. After the game, when I'm sitting there relaxing, it was heightened. It probably wasn't any higher than it normally is, but it's because all of a sudden, I'm relaxed. I'm not doing anything. So my brain is trying to think about what it's going to be thinking about and it's focused on the pain.”

This was a similar experience for IAN, who was distracted from his pain, to only have it intensified following playing:

> “Most of the time you do forget about it when you're playing but then after you finish playing, it's definitely intensified, just because you're tired and fatigued.”

Some research has found that those with impairments who are involved in sport tend to have a greater tolerance for pain than those with impairments who are sedentary (Hunt & Day, 2018). Papathomas et al. (2015) illustrated how individuals were often in pain prior to exercise, but following, feeling as though they were invigorated. Exercise routines were also considered to be ‘more effective’ than their traditionally prescribed medication. This was also the case when talking to Jeff:

> “Exercise and working out hard reduces the spasticity in my lower body temporarily. After a hard workout, or after I have used a lot of energy, my body's more relaxed for the next few hours. So that's more comfortable and I sleep better because of it. Even if I am in a lot of pain, but I'm involved in playing wheelchair rugby, I can put my mind to what I'm doing. And it's a lot easier to forget about the pain at the time. It's definitely like a temporary activity that makes me feel good.”

Comparing this to when talking to Jane, she can’t feel her ‘pain’ whilst doing something physical, but often the ‘noise’ she experiences turns to spasm when she least wants it to:

> “The minute I'm doing something such as going hard pushing, I can't feel it, but it's still noisy. Sometimes when you're trying to do something, you have lots of spasm. For me the sensation of spasm is orgasm without pleasure, which is kind of dumb. If it was pleasurable, it would be a massive win but anyway, it's that kind of sensation where your whole body just arcs. So when you're trying to throw a ball and you have a spasm, you're like “oh shit”, so for me the nerve noise kind of ramps up and turns into spasm. So sometimes at rugby when I'm pushing, it doesn't do much but when you're ready for an inbound or doing something where you're still and you're having to stabilize yourself, that's when I'm more likely to spasm and have something unfortunate happen like a shitty throw.”

Wheelchair rugby is an environment in which these individuals have been able to escape their pain, but the pain that comes from playing general sport is something that each of the participants will always welcome and often helps them to make meaning out of difficult situations (Sparkes & Smith, 2008).

> “You welcome the hits. You welcome that sort of pain involved in the sport. I definitely welcome all that part of it.” (Max).

The direct sport-related pain is something that is somewhat ‘normal’ for these participants. This could be due to many of the participants being athletes, or physically active, prior to their injuries and a somewhat known ‘normalisation’ of pain in sport where they have learnt to develop strategies to cope with the sport-related pain or simply ignore it. Looking at work by the likes of Young et al. (1994) and Sparkes and Smith (2008), ‘hiding’ pain is a common strategy for those athletes who have embodied experiences and modes of expressions that have been largely shaped by the cultural pressure around hegemonic masculinity. This looks to glorify pain as being a necessary part to a ‘gendered value system’ in which narrative silence has become a key convention for athletes, in particular, males. Ricky stated that they had all already acquired their injury and wanted to get back within the sporting world and all that it entails, with many participants saying similar around not much worse being able to happen to them.

> “That's what people always say, “I've already broken my neck so what else can I do?””

Often, the hiding of pain is also related to individuals not knowing how to explain what they are feeling, or feeling as though others will not understand and be able to provide any assistance. Jeff talked about a situation where this was the case for him:

> “The body is so complex that doctors can't even begin to describe why we have the sensations we have. There was one example where I thought I had a stone in my shoe, and the more I thought about it, the more intense the pain got. The pain got excruciating because I was in a situation where I couldn't do anything about it. So, over the period of like one or two hours, I thought my foot was going to be in a lot of trouble and thought it had caused some serious damage. Turns out there was nothing wrong with my foot at all, and it was me imagining that the stone was there and made the pain so excruciatingly painful. Even when I knew there was no stone, and there was nothing wrong at all, the pain still lingered for a while.”

With sport being an escape from the pain for most of the participants in this study, it often came back to feeling comfortable and understood by those around them in the wheelchair rugby environment. It has often been proved difficult to understand pain and the barriers that those with SCI experience, but the use of narrative has provided a promising pathway. Max often found himself feeling this way when around his teammates:

> “When I talk to my teammates, we'll talk about things that we have in common, like barriers. If one of us isn't feeling well, like my catheter is blocked or whatever, then it's just total understanding. Or if people have an accident or something, it's just like a zero deal. It's like, “alright, well, let's keep playing without them being there”. So that's one of the coolest things about the sport is that everyone's going through similar things and can share their experiences and you feel understood.”

Jeff felt that even though many of the individuals on the team have different levels of injury, there was always a sense of what their life must be like and what they may require:

> “There's definitely a huge amount of understanding. Everyone on the wheelchair rugby team has a slightly different level of injury, but there's a lot of empathy the whole way through. The guy with the most function has a really good idea of what life must be like to be the guy with the least function. In a joking way it’s like a train of jealousy, where you're jealous of everyone that has slightly more function than you.”

Being in an environment such as this where you feel understood, despite your differences to both those around you, and those outside the wheelchair rugby community, has helped the participants in this study to grow and develop a better understanding around what they are capable of. It has provided a space for these participants in which pain does not have to be a “lonely time” and they can work through times where they may feel as though they are “falling apart” (Sparkes & Smith, 2008, p.682). The relationship between exercise and pain for those with SCI is complex, however, Tawashy et al. (2009) found that individuals with SCI who recorded heavy-intensity physical activity, also noted that they had lower levels of pain and higher levels of self-efficacy compared to those who did not participate in much physical activity. Blair talked about how falling deep into a world of pain could prohibit your rehabilitation, which brought to light the importance of being involved in something such as wheelchair rugby, in order to provide this safe space.

> "I could see how pain could prohibit your rehabilitation, where every time you do something, something hurts, and all you want to do is do nothing, stay still. I think there was a part of me that even did that at times where I was just like, "I don't even want to move. I just want to stay dead still because I don't feel any pain," which just puts you into a really bad habit of doing nothing. And the more you do that, the deeper you go down that rabbit hole."

Leo found that the openness in the community was a game changer for him and those that surrounded him, with Tom saying that with the right help and surrounding community, you "sort of learn to get on with it eventually".

> "Everyone's usually quite open, because if we don't know, someone might have the answer. There's definitely conversations around there because we've got varying degrees, spinal cords that are completely severed to some that are only part, so they get some messages sent through and sometimes get phantom pain. So it's trying to deal with not only actual pain, but phantom pain as well. Some fellas with more function that say they've got a sore side which might be similar to a pain I've felt in my shoulder. It's definitely relatable, even if it's in different parts of the body."

The lack of understanding around pain for those with a SCI has made the sport of wheelchair rugby, and the environment that it brings, so much more special. It has provided a safe space where individuals feel as though they are heard and can relate to those around them, all while being able to 'escape' their pain and the real world for a period of time. The environment has allowed for learning processes to take place through the sharing of embodied knowledge to assist in the management and understanding of pain. Wheelchair rugby has brought a sense of belonging to each of these individuals, something that has supplied so much more than they could have ever hoped for through a sport, and now, a family.

**Embodied Learning – "You have to learn about how to manage and care for your body".**

Wheelchair rugby has been much more than just a sport for the participants in this study - it has been a place of education and growth that would not have been gained otherwise, allowing for those involved to learn what their bodies are capable of and normalise their shared experiences. Machida et al. (2013) has identified that sport participation alone can assist in the adaptation, both psychological and physical, to acquired physical disabilities, such as those with SCI participating in wheelchair rugby. This environment is a place in which the cultural understandings of 'disability' can be challenged and individuals can learn off those around them, enabling for growth towards a greater 'disabled' adult (Cushion et al., 2020; Allan et al., 2018). When speaking to Blair, he said:

> "It helped with dealing with my injury and with what the opportunities were in the future. Wheelchair rugby made me realise, actually, there is still a future for me. I'm not just an invalid, there are actually things I can do in life. And wheelchair rugby definitely helped me feel that way."

Being involved in wheelchair rugby helped Leo learn what he could be doing which, early on, became a significant motivator for him:

> "I've been able to develop from barely being able to push into the gym, to representing my country since 2013. Playing wheelchair rugby has developed my personal development and independence, which is what gave me a lot of confidence to be able to take on those experiences. The spinal unit was great, but it only gave you the real basic tools, but you pick up someone like [competitor] who's got slightly less function than me that gets in and out of his chair, and can do a few things and you're like, "hold on a sec, why can't I do that?", you know, he's such a good ambassador. And the whole rugby community, especially in the (region), has been fantastic at that side of

> development. We try to develop on and off the court, which is extremely positive.”

IAN spoke about how he initially pushed aside activities that he never thought he would be able to do again, but after attending wheelchair rugby, he realised that he was capable of a lot more and his body was a project:

> “A lot of activities I used to do, I just brushed off straight away. Like say welding, paragliding and just being outdoors in general. First couple of years I didn't really think I'd ever be able to do it again but then I put my mind to it and just tried to stop negative thoughts. And sort of say right, “okay it is possible”. One of the biggest things that helped me was meeting people through wheelchair rugby and just hearing what they've got up to and I was like "shit, if they can do something like that, then why can't I?". It's the life hacks or achievements when you hear what they've done. It's not just rugby, it's how they get on with their daily lives.”

He also commented that something which once was a restraint for him in terms of his daily life did not cross his mind now, providing him with more freedom:

> “My carer used to have to put me to bed. And then I learned how to put myself to bed on my own, just from the guys at wheelchair rugby, and now I don’t need the carer anymore. I can now live so much more independently with not having to be home by 8:30pm every night. It just made so much more freedom for me, with just the little things that I learned off other people which I wouldn't have learnt otherwise.”

Bhambhani (2002) identified that “participation in regular physical activity and sport is considered to be an essential part of the rehabilitation process in individuals with chronic disabilities” (p.24). This is seen when talking to the participants in this study, all of whom have gained experience and confidence in who they are and what they are capable of, such as IAN being able to put himself to bed. When talking to Leo, he spoke about how you feel ‘precious’ coming out of the spinal unit but wheelchair rugby taught him that, if anything, he should feel the opposite of this:

> “I guess psychologically, it’s seeing people with far less function than you do far more than you, especially at the start, like [competitor] was one example. We've got guys that are a point five, so they've got very low function, but they were jumping off curbs and they were doing everything, you know, here's little old me, like, "help, help, someone drop me down". In my arms and my hands, I have far more function than them, but they're like, “what's holding you back?,” you don't need to feel so precious. The spinal unit tells you that you can't even wear jeans and you're like "oh, no, I can't wear jeans, what am I going to do?". So like, psychologically, that was a great adjustment to be able to give things a go. We can't do everything, we can't just get up and walk. Physically, I've learned so much. I've got bigger and stronger and all that sort of stuff, which contributes massively to my life just through my transfers and we get on and off the ground and just my general wellbeing, but it's also the little things like physically being able to find tricks and tips to dress yourself in the morning and not rely on others and pick up things off the ground. It's life changing.”

Ricky had similar experiences, where he talked about feeling as though he wouldn’t be capable of much, to now being such a leader in the environment:

> “I first went to wheelchair rugby thinking I couldn't do that many things. Then you see a guy there who has less function than me, and he's pulling his chair into the car or something like that, getting in and out of the car by himself. And you're like, “what? How's he doing that?” And he's like, “well, you can do it too, just do it this way” or something. When traveling as well, one of the guys from my team showed me how to get in and out of the bath, because I never thought

> I'd be able to get in and out of the bath. But if we go to a hotel, and there's no accessible shower, and it's only a bath, you’ve got to be able to get in and out of the bath. So he just showed me his technique of how he sits on the edge and then flips and puts his legs in, and I tried it and I could do it too.”

Max spoke about how his time in the environment has translated to improvements in his day-to-day life that he wouldn’t have had otherwise:

> “I'm the slowest so I’m always having to keep up but the last few years I got a lot faster and it felt really good. You feel like you're flying because usually on the carpet around my house and in my day chair, I'm fine to push around. But you get a lot faster. Everything's low profile and everyone loves to smash into each other and get back into proper sport.”

This looks similar to that of work by Richardson and Motl (2020), where participants who belonged to an adapted exercise space spoke about - in both their day-to-day lives and in sport - feeling included, that their body was accepted, increased general wellbeing and that they were a ‘work in progress’. Participants in this study talked about wheelchair rugby being a significant contributor towards their life as a whole and has allowed them to better understand their bodies. Some examples of this are:

> “You learn stuff off them like making sure that you get everything that you need, whether that's the right support, or whether that's access to the right sort of stuff. You learn a lot from those sorts of guys. Like what sort of equipment is good for whatever you need, it could be anything, it could be wheelchair rugby, it could be something they use to access the community. Being in those environments, you learn a lot from your team, and from other teams which helps to increase your independence as well.” (Tom).

Blair talked about similar experiences of learning from the team and the environment of which they were in:

> "They definitely had little things they'd show you like when you're trying to corner the wheelchair, how you could do it quicker. So you can see how that would aid with just being in a wheelchair as well. That would have aided in learning how to control your standard wheelchair, and not just when you're playing wheelchair rugby. It's a whole new world trying to understand how to actually get yourself around."

Often, the embodied possibilities that the participants have had have been due to people such as Jane. She talked about how being in a team environment, and seeing the improvements that those around her are making, make you want to keep giving back.

> "We're all just up for sharing the love and teaching and telling our stories. If it makes someone else's life better, then you're up for being really personal and will talk about everything."

When talking to Max, he had a similar mindset. He talked about encouraging those in similar positions to him to join a sport, such as wheelchair rugby, to create a world in which you feel much more comfortable and ready to thrive:

> "If I ever meet someone that's newly injured, I highly recommend that they get into a sport like wheelchair rugby. Not only do you get the sporting side of things, but you meet lots of other people in similar positions and you learn a lot from them, like how to how to deal with different things. People will just openly talk about bowels, bladder, sexual function like no dramas whatsoever."

For many participants in this study, wheelchair rugby has aided them in (re)discovering themselves in a way that makes them feel empowered and in charge of their pathway in life.

> "One of the first things that was pretty apparent is that there's a lot of people that play wheelchair rugby that set their own goals and are able to function at a much higher level, or they're able to do a lot more than most people get conditioned to within hospital. When you leave the hospital, you're like, "my

> life's going to be like this forever. I'm never going to learn anything new and how it is now is how it’s going to be forever”, but that's definitely not the case. One of the best things about a spinal cord injury is you pretty much improve, at least in terms of strength and knowing your body, and things get better compared to that of other disabilities that could be degenerative or things get harder. So that was something that I learned pretty quickly at wheelchair rugby and really made me feel more positive about everything. There was a lot more that I could do than I initially imagined. So that change in mindset affected me in almost every aspect of my life in a positive way.” (Jeff).

This is similar to that discussed by Jane - with learning about your body, you are able to grow yourself, all while allowing those around you to support you in better ways than basic care needs. From being in and around the wheelchair rugby environment, this way of thinking came to Jane and she hoped to assist those in the wheelchair rugby clubs to develop a similar mentality towards their own bodies:

> “I think when you leave the spinal unit, you feel so burdened with the weight of managing your injury, and so my one gift I sort of say to anyone who's in the spinal unit is that you have to learn about how to manage and care for your body, so that you take the pressure off your partners and off your family members. Because they don't need to be worrying about that, that's your problem. The minute you understand how that all works, then at least there's a bit of empowerment in managing because if you can't feel it, it's very easy to hand it over and say, "Well, you care for it, it's not my problem”. Actually, the minute you engage and say, “I need to understand how my bowels work and my bladder works, what's the best way to manage my skin?”. If I'm taking responsibility for all that, then I'm as empowered as I was when I was able bodied, even though someone else is facilitating it and doing the work for me,

> I'm still engaged, and I'm still caring and connecting with my body, even though I can't feel it anymore. So there's that side of care that I like to see, as it still makes me feel quite whole, because I still am engaged. And so even when you roll that out into a rugby space, it gets the boys to reconnect with that care, and they then start taking a bit more responsibility, which I think sets you up in the long run for a good life, for a healthy life, because the minute our bodies go downhill in this context we're fucked."

### Sport as a Vehicle for Change – "Sport is absolutely transformational post injury".

With a SCI being a highly complex condition that is often life-disrupting - whether that involves direct impairment effects, social and/or psycho-emotional disablism - the participants in this study have talked about how individuals, post-accident, tended to go one of two ways (Thomas, 1999). When speaking to Max, he explained it as the following:

> "People go one way or the other. They either get shut up in their house and they just don't really go anywhere, which is really easy to do. Or you are a more optimistic, motivated person and you'll play wheelchair rugby and not only will you play wheelchair rugby, but then those people are more likely to have good jobs and have a girlfriend and just be more positive. So you kind of go one of two ways, it's like a positive feedback cycle going that way, or if you don't and you stay home and you don't have all that socialising and learn all those things, it's like a negative feedback cycle."

When hearing stories like this, it relates to work such as that of Bhambhani (2002) which found that sport is critical for many, if not all, of those with SCI. This comes back to providing these individuals with a platform that is somewhat consistent, allowing for the development and maintenance of their systems and capacities, whether that be alongside other individuals with SCI, those with different impairments or those who are able-bodied. Leo talked about what participating in sport does for him, including feeling as though he is able to “live like everyone else”:

> “It makes me feel good because while I'm looking after myself, I want to do everything I can to be able to make sure I can get up in the morning. You know, look after my skin and my overall wellbeing, at least then I can live like everyone else. I like to train to get better, to help improve not only myself and for my teammates, you know, we've all got that same goal, and I hope that they're doing the same thing. They inspire me, and I hope I inspire them, which is great. It's not a major one for me, but I guess the identity of being fairly successful in sport as well, I do enjoy that. We haven't got the most fantastic results overseas, but we're not there to just make up numbers. We go there, and we give it a crack. And nothing can take away from achieving the goal of representing your country and taking on the world's best. It's an awesome achievement and goal to be able to call ourselves Paralympians now. ”

Jeff found that participating in wheelchair rugby has brought him everything he could have hoped for and more, including a sense of tuning out the rest of the world and purely focusing on what he is doing at the time, which he isn’t able to do much of elsewhere:

> “There's moments where I'm able to sort of go into a state of flow, just tune out the rest of the world and focus on rugby again, which is great and there's not many things where I can do that anymore.”

Often, the literature around sport participation is dominated by rehabilitation and physiological aspects, much aligning with the medical model (e.g. Falvo & Holland, 2017; Thomas, 2004; Haslett et al., 2017; Legg & Steadward, 2011). This model has held disability sport in a position where it has been seen purely for rehabilitation and is centred around medical definitions, pushing athletes into ‘classifications’ (Less & Steadward, 2011). This study has made a step forward in creating a better understanding around disability sport through hearing participants stories and experiences of what disability sport has meant for them, rather than only being seen as rehabilitation. Jane has a strong belief regarding sport as being a transformative space that should be utilised by all of those with a SCI:

> “It's so healthy. It's so good. And I cannot recommend (enough) the whole idea that sport is absolutely transformational post injury, it changes people's lives. We're trying to use networks like ACC and the Ministry of Health to try and push the story, that sport is something that's not just rehab - it's about your headspace, it's about your physicality, it's about your way of being in the world, it's about how you feel about yourself. So it touches on everything - the physical, physiological, psychological, emotional - and it benefits all of those things. So if there was a way for big organisations to sort of push that story for us, I think we would get more reach.”

Sport holds great potential to benefit those involved. Darcy and Dowse (2013) have identified that social, psycho-emotional and physical benefits are often associated with participation in disability sport, making it somewhat vital that individuals with SCI do maintain a physically active lifestyle to promote lifelong health and wellbeing (Thomas, 1999). This looks similar to that of the ‘Exercise as Medicine’ concept, which for someone with a SCI is understood as “I experience an ailment, then I engage in exercise, then the ailment is eased or eradicated” (p. 5), or rather than looking for a cure, as a story of improved health and wellbeing whilst living with SCI (Papathomas et al., 2015). Exercise here is placed as something that can assist in the preservation of physical wellbeing and can prevent illness through consistent maintenance. Max spoke about the importance of exercise and being involved in a sport as an individual with an impairment:

> “Definitely exercise. It's really important as a paralysed person, that whatever muscles you do have are strong. You just have more quality of life and independence if you are a bit stronger, and it can be better for driving and affect

> other parts of your life. Just keeping your heart healthy is a lot harder as a paralysed person as well. And yeah, I enjoy playing with a team, and love the competitiveness. Lots of things like that."

Ricky had similar experiences, where being involved in wheelchair rugby has been, and continues to be, a positive experience from which he gains in more areas than just one:

> "The overall health benefits from being a lot fitter and that kind of stuff have been a real positive for me. You also don't feel like you're exercising and instead, you do feel like you're just playing fun rugby but you're actually getting fit and doing a lot of good stuff."

Wheelchair sport, such as that of wheelchair rugby, is much of an enabling environment - so much so that it has become a vehicle for enhancing other areas of individuals' lives. Through studies undertaken by the likes of Bates et al. (2019), it is evident that the opportunities that arise from participating in wheelchair sport have allowed individuals to participate in enjoyable and healthy physical activities, form close relationships, experience recognition for achievement and (re)create a positive sense of self-identity. Ricky commented:

> "For me, the opportunities I've had from being involved with wheelchair rugby have been way more than I could have ever imagined. It's been so good, done so much, met so many cool people, and had so much fun. Also helped me keep fit, keep healthy. I'm thankful that I've got the ability to play wheelchair rugby sort of thing. I'm not bummed that my disability affects my hands, like it does make my everyday life harder, but then I get to play rugby, so I'm pretty stoked. I wouldn't know what it was like otherwise, but I'm real happy that I get to play rugby. It's such a cool sport. It's a thinking game as well, it's not just all crash and bash. There's heaps of strategies, your minds working just as much as your body sort of thing, you know?"

This is similar for Blair, who found different dimensions of inclusion within the sport:

> “I guess the other thing for people with wheelchair rugby is there's so many different levels of opportunity in it. It's not just go and play the game. You can just go play the game, or you can end up being the captain of the team, or you could end up being some other role within the team, like the person going out trying to get the sponsorship for the team, there’s so many. So it might not even be the sporting, physical side of the team that you're massive on but there's also all that administration stuff that gives you something awesome to do to be involved in a group. So there's all sorts of opportunities that happen. People shouldn't just look at wheelchair rugby from one angle, there's so many different angles, you could look at how it could actually benefit you, as well as how you could benefit the rest of the team.”

It has also been found that introducing people with impairments to team sports could be of significant value and a facilitator to sustained participation in sport (Jaarsma et al., 2014). This is due to friends and peers involved in sport being seen as ‘much more influential’ than rehabilitation therapists, both initially and continuing (Wu & Williams, 2001). Wheelchair rugby is a prime example of this, being a place where participants can play the role of their choice, all while growing with the help of those around them. Through the use of both the psychological lens and a cultural sport psychology lens (Schinke & McGannon, 2015), the idea around peers being influential does seem to be prevalent in Jane’s life and her involvement in wheelchair rugby:

> “What I actually love about wheelchair rugby is even when you're playing another team and you're playing the Wheel Black boys, you're playing [competitor], or you're playing [competitor], they're your opposition, and then they go, “Jane, Jane don't go that way, go that way". And so they're coaching you as you're playing them. Yes we're trying to beat them and they probably are beating us, because we're kind of the lower of the two. The whole time,

> [competitor] will be going "nah man, if you ran that line, and you just did this, that would have done this" and he goes, "nah, nah, nah, go that way". Oh we love him. Good man. He knows so much and he's totally up for growing the sport and sharing his knowledge. But that is so unusual in any sport to be playing a team and having the other team coach you as you're playing them."

When looking at work by Lydick et al. (2016), group cohesion has been found to be associated with continued participation in adaptive sports, much like told by Jane. Evans et al. (2018) also found positives associated with group sport participation where there was great potential to strengthen the bonds between individuals with disabilities and the broader community, all while supporting feelings of "competence and camaraderie" (p. 26). Through the stories told by participants in this study, it has contributed research to the area of sport being a vehicle which I had, previously, identified as an area deserving of further study. Being involved in wheelchair rugby for these participants has provided them with more experiences than many of them could have "dreamt of". Many of those involved have been able to represent our country and wear the Silver Fern at The Paralympic Games - something many of us, being Kiwis, have chased since we were young. Jeff spoke about how it felt when he got to do this himself:

> "Every time I've been able to represent my country, it's been really, really special. Before my injury I'd never had any chance, I'd left competitive sport behind after high school and was just getting involved in sports for recreation and enjoyment, but to have that be an opportunity again, was just really special. Just the whole experience of being able to go to The Paralympics last year, that was incredible. Even though there were a lot of things that COVID put in the way, a lot of dampeners in that sense, it was still incredible to have that opportunity. And every time I got to go out on the court and play up against the best in the world, it was really cool."

Ricky talked about this in a similar sense, where he has gained experiences at the likes of The Paralympic Games, but also significant attributes as to who he is today in his personal and family life:

> “I've been involved in a lot of cool things. I've had a lot of opportunities and things that I probably wouldn't have had if I hadn't had my accident. I've travelled the world playing rugby, been to The Paralympic Games and things like that. My whole life now is in disability sport, that's my job. Sort of helped me with the children as well. Now having kids, I'm quite patient. I think my spinal cord injury’s taught me a lot of patience. It's good when you need to be patient with the kids.”

## Conclusion

In this chapter I have illustrated a number of narrative themes that participants ascribe to in participating and competing in wheelchair rugby – reclaiming identity, sport as an escape, embodied learning and sport as a vehicle for change – all of which story the participant’s journeys of acceptance, (re)claiming of their identity, (re)learning their bodies and the experiences that have come to fruition from this transition. Wheelchair rugby is a place that has provided utmost guidance for the participants through their journeys, being a space of learning, development, growth and understanding for all of those involved, whether that be physically or psychologically. It has been a significant facilitator for each of the participants’ pathway towards forming their own sense of identity and where they would like to go in their future. Wheelchair rugby has been a transformative place for each of these participants, whether that be through sparking the journey of (re)claiming their identity into action or the embodied learning that has grown from the sport and the ‘family’ that surround them in the environment. Without this sport, each of those involved in this study do not believe they would be who or where they are today.

# Chapter 5: Conclusion

Despite the growing interest in disability sport, both here in New Zealand and around the world, the literature that currently exists in this realm is lacking in depth around the lived experiences of disabled people as they participate, train and compete in sport. This study explored the lived experiences of people with SCI through centring the participants' voices to ensure that their stories are heard and understood by a wider audience. The intention of this research was to create insight into what it is like to live and participate in sport with a SCI and what could be gained from being involved. Through these insights, it is hoped that a greater number of individuals with impairments are willing to participate in transformative sport such as that of wheelchair rugby, and that measures to support and facilitate continued participation are widely understood by organisations and practitioners.

Through undertaking narrative inquiry with eight participants, all of whom have acquired a SCI and are now involved in wheelchair rugby, the lived experiences of those with SCI in and around sport were able to be uncovered. From the outset, it was apparent that participants had accepted their impairments as a part of their identity, and wheelchair rugby had been a significant contributor towards this (re)discovery of themselves. Secondly, being in the wheelchair rugby environment for these participants was nothing less than an escape, where they could be completely immersed, rid of the ‘real world’ and often, any pain that they experienced. An experience that was spoken about by all were the embodied learnings that stemmed from the sport and the individuals involved, which led participants to talk about one of the greatest opportunities to come from wheelchair rugby - sport as a vehicle. Wheelchair rugby opened up more doors for the participants involved than any of them expected it to, creating a world in which they felt as though they could do whatever they wanted to do. These findings have been unpacked in the previous chapter and have helped to highlight future direction for that of research around disability sport.

About 1.1 million individuals, or 24% of the population, identify as disabled here in New Zealand, all of whom are less likely to participate in sport and physical activity, despite the wide range of benefits - this is what sparked my research into action (Stats NZ, 2014; Sport New Zealand, n.d.). This saw significant barriers - mainly social - to sport participation for disabled people, including that of negative societal attitudes, facilities being inaccessible, non-inclusive providers and peers, cost and transport (Shields & Synnot, 2016). Sport New Zealand identified the lower level of participation, and these barriers, and launched their 'Disability Plan', of which the enactment has been slow, with little changes made. Through beginning this research, it became increasingly apparent that SCI did not cause disability, and was not the disability for individuals, rather disability has become the outcome of social arrangements that restrict the activity of individuals with SCI through placing barriers in their way. Because of this, I noted that it was worth exploring disability through the social relational model (Thomas, 1999), using the three core components of the disability experience - disablism, psycho-emotional disablism and impairment effects. This would allow for sports organisations and policy makers to gain an increased awareness of the social support required, as well as look to improve the communication and dissemination of non-disabling messages. Increased awareness and communication in an area such as this has the potential to create expansion in the range of sports provision, rather than continuing in an ableist society which has not recognised that they are the ones creating barriers for those with impairments. By centring the voice of disabled people, awareness and knowledge around impairments is able to be developed, and can work towards measures that would allow for the promotion of participation in all life domains and allow for sustained participation in sport, which considering the benefits shown through this study, is something that every individual should have the opportunity to experience.

## Existing Gaps

There is extensive research on the barriers, facilitators and benefits of sport participation for disabled people, and this field of literature is only continuing to grow. However, what is commonly missing is an attempt to move beyond addressing the social dimensions of disability and better understand the lived experiences of impairment and its impact on sports participation. Amongst that of current literature, there is also a limited amount that applies the social relational model to disability to sport, which holds great potential to develop research that would assist in opening up doors for those with impairments. Included in this, I identified that there has been little to no research on the potential that sport holds for those with SCI to transform their lives and the way in which they see themselves through the experience of sport itself and the environment of which they would be in.

## New Insights

This research has attempted to delve into some of the areas that I identified as gaps in current literature around disability sport. From the eight interviews with participants, this study has uncovered the great potential that sport holds as a transformative space for those with SCI. Often, the participants in this study talked about feelings of being labelled as ‘disabled’ or ‘weak’, but the sport of wheelchair rugby and the environment that it brought helped rebuild them into feeling nothing less than athletes and ‘normal’. Through their involvement in wheelchair rugby, the eight individuals went through processes such as accepting their injuries, (re)creating their identities, embodied learning experiences and a wide array of opportunities that stemmed from their participation in the sport. When getting deeper into the transformational space that wheelchair rugby has been for these participants, many talked about how the sport and the environment have helped them (re)create themselves into the people that they wanted to be, and this would not have been possible if they were not amongst the wheelchair rugby community. This study has illuminated the importance of centralising the voices of those with disabilities to better understand impairments and promote participation in all life domains, as sport holds great power to provide incredible opportunities and growth for those with impairments, making it nothing less than a transformative space.

### Summary of Themes

Each participant in this study was told that they would likely be in a wheelchair for the rest of their lives, with the consequences of SCI seeming overwhelming (Simpson et al., 2012). However big these looming repercussions appeared, most participants quickly accepted their bodies with the assistance of wheelchair rugby and looked at the embodied possibilities of their ‘new’ bodies - this saw participants go through a transition from feeling as though they were ‘disabled’ and ‘weak’ to being an athlete and in control of their bodies. Many found that they wanted to forward-plan in their lives and set goals for themselves like they usually would - as this was their new ‘normal’ - which looked to better support their quality of life and being. Participants spoke about how others saw them as ‘inspirational’ or working towards overcoming the ‘tragedy’ of their impairment, which led them to deciding that they felt as though disability is simply ‘part of their identity’ rather than something separate from who they are. This looks similar to that of the restitution narrative, where the participants see themselves as their standard and they don’t feel as though they need to be able-bodied to be ‘normal’ (Smith & Sparkes, 2005). The sport of wheelchair rugby has played a significant role in the participants’ identity-development. It has been a place of representation of and for disabled people where cultural understandings of ‘disability’ have been challenged (Cushion et al., 2020). Wheelchair rugby has placed these participants in a position of power and advocacy, where many felt as though wheelchair rugby was a significant part of their identity as a whole, allowing them to identity as they liked, such as ‘athletes’. This allowed for them to contest the stigmatisation and exclusion of ‘non-normative’ bodies, all while feeling as though they had purpose as an individual. Identifying as disabled was a significant step for all the participants involved, changing their lives for the better with the assistance of wheelchair rugby. It has created a future in which they feel empowered to ‘do’ and ‘be’ what they want, allowing them to “just get on with it” and dive into all life domains.

Wheelchair rugby, and the environment it brought, was much of an ‘escape’ for the participants. With having an athlete from each classification on the court at once, all with a specific job, participants considered it a ‘level playing field’ in which they felt they belonged and as though they could escape the ‘real world’. This looked similar to that of work by Allan et al. (2018), which saw those with SCI who participate in sport gain satisfaction from feeling that they belong on a team, what the participants in this study called a ‘family’, all of which accept each other and their bodies, creating an “empowering” and “freeing” environment (Motl, 2020). One participant identified that because of wheelchair rugby, her “transition to disability was a million times better than it would have been if I had to do it on my own”, which can also be seen amongst other participants, who all have similar mindsets about not treading lightly about life. When at wheelchair rugby and amongst the community, participants told stories of feeling “at one with their machine” where they felt powerful and strong, creating a stronger sense of self, which they thought of as a gift (Monforte et al., 2021). The environment has provided the participants with the opportunity to learn and relate in ways that many did not think they would be able to again - a large part of this was somewhat feeling as though they could describe the pain that they were feeling. Because of questionnaires when first discovering their SCI-related pain, descriptors were placed in individuals’ mouths, creating a world in which pain is socially formed (Sparkes & Smith, 2008). In this study, ‘burning’ and ‘pins and needles’ were used by six of the eight participants, with participants identifying that even though those around them may have different levels of injury, there was always some sense of understanding. The participants often spoke to one another and felt comfortable disclosing personal matters, meaning that pain did not have to feel like a ‘lonely time’ (Sparkes & Smith 2008). Wheelchair rugby did not hold an expectation for those involved to ‘recover’ from their impairment or the pain, rather provided an environment in which participants felt as though they could manage their impairments and ‘escape’ their pain, whether that be through learning how to manage it or being alleviated while participating (Taylor, 2016). The participants in this study found themselves thriving in the wheelchair rugby environment, and even welcomed the sport-related pain as it was somewhat ‘normal’ due to being physically active prior to their injuries.

Wheelchair rugby has been much more than just a sport for the participants - it has provided a place of education and growth, where they could learn what they are capable of and normalise shared experiences. Machida et al. (2013) identified that sport participation had the ability to assist in the adaptation, psychological and physical, to acquired disabilities, enabling for growth towards a greater ‘disabled’ adult (Cushion et al., 2020; Allan et al., 2018). Many participants told stories of initially pushing aside activities that they never thought they would have the chance to do again, but after attending wheelchair rugby, they realised that they were capable of much more, and their bodies became projects. Coming out of the spinal unit, many participants felt ‘precious’, but wheelchair rugby and the community there taught them they could do anything of their choice. This became the case as participants accepted their own bodies and felt as though those around them also accepted their bodies - participants were able to increase their general wellbeing and felt as though they were a ‘work in progress’. A strong message that came through from the participants was on learning about your own body and what it needs, this being something that is often spoken about and promoted at wheelchair rugby. This placed the participants in a position of power and normality where they can grow and thrive, all while allowing those around them to provide support in other ways than basic-care needs. These embodied possibilities have stemmed from individuals who have experienced the growth themselves through the likes of wheelchair rugby. From this, the participants said it made them want to give back and encouraging those in similar positions with injury to join a sport such as wheelchair rugby as it will assist in creating a world in which you feel much more comfortable and in control. It is significantly apparent that wheelchair rugby has aided the participants in this study in re-discovering themselves in a way that makes them feel empowered and in charge of their pathway in life.

Sport has been seen to be an incredible vehicle, in more areas than one. Through this study, it became evident that post-injury, individuals tended to go one of two ways - staying at home, falling into a negative feedback cycle, or getting involved in something such as wheelchair rugby and feeling more positive about life as a whole. This relates to work of Bhambhani (2002) which found sport critical for many, if not all, of those with SCI due to providing a platform that is somewhat consistent and allows for the development and maintenance of systems and capacities. Wheelchair rugby has provided an environment in which the participants feel as though they can "live like everyone else" and at times, tune out the rest of the world and purely focus on what they are doing at the time, which doesn't come from many other aspects of their lives. It is a transformative space that holds great potential to benefit those involved, whether that be socially, psycho-emotionally or physically (Darcy & Dowse, 2013); Thomas, 1999). Because of being much of an enabling environment, wheelchair rugby has been seen to enhance other areas of individuals' lives. Bates et al. (2019) illuminated that wheelchair sport allowed individuals to participate in enjoyable and healthy physical activities, form close relationships, experience recognition for achievement and (re)create a positive sense of identity. This is all while there are different dimensions of inclusion within the sport, where individuals could find themselves in a wide spread of roles, developing knowledge and strength in positions such as management. Being a team sport, and the array of opportunities that come with it, has meant there is great potential for sustained participation in disability sport, with individuals able to strengthen the bonds amongst themselves and the broader community, all while gaining feelings of "competence and camaraderie" (Evans et al., 2018, p. 26). Being involved in wheelchair rugby for these participants has provided them with more experiences than many of them have "dreamt of", including getting to wear the Silver Fern at The Paralympic Games. The individuals in this study spoke highly about this multifaceted sport

- the sport itself, the environment, the opportunities that stemmed from it, and the attributes that it has provided each participant within their personal lives.

### Future Direction

Although this study has made a step forward in filling some of the gaps of current literature, there still remains much to be understood about sport participation with an impairment. Where some quantitative studies have tried to explore areas such as pain, a felt impact of impairment, it has become apparent that words have often been put in participants' mouths and they have not felt as though they can properly express how they feel. More studies that are qualitative in nature and give voice to participants are needed. Most participants in this study were male, and have come from similar athletic backgrounds, so it is unclear whether this would have swayed the results in any way. Because of this, more qualitative research needs to be done and cover a wider range of gender, ethnicity, sporting backgrounds, culture and disability.

It would be of interest to undertake a similar study such as this amongst those with different disabilities, and across different sports, to see if others gain similar experiences of those included in this study. With the use of the social relational model, studies are more likely to gain a deeper insight as to how participants feel or experience things than if they were to undertake a quantitative study, which would do the opposite of centralising the voices of those with disabilities. For example, do those with different impairments gain as much from their sport in relation to (re)creating their identities and the embodied learning experiences as the participants in this study did? With sport holding so much potential to do good for those with impairments, it would be of value to explore if more sports provide this experience for those involved.

In this study, there were participants from a number of different regional clubs, some of which also belong to the national team, however, many did belong to the same team. With this, I do wonder whether some of the shared experiences comes back to that of the one team. When looking at the results, an effort was made to use data from participants who were spread across different teams, which did show similarities across the regions, but it is something that should be considered to be done in greater depth by future research. It would be of interest to look further into different clubs as a whole and delve further into any similarities and differences, both at the clubs here in New Zealand and that of overseas. Because of sport being in most New Zealanders' backgrounds, exploring wheelchair rugby (and other disability sport) overseas would be of use.

As reflected by the participants included in this study, most of the individuals who play wheelchair rugby are males. All of those in this study, including the one female, highlighted that their team culture meant that nothing was off-limits in regards to what they talked about or how they acted around one another. This has assisted in the development of their sense of self and has meant they have been able to build their identity in the way of their choice as they had the tools to do so. Although this was also evident across the current literature, finding sport as a beneficial place in which those with impairments can learn and thrive, it is an area that should also be explored with females. Because of only interviewing one female in this study - representative of the low level of female participation rates in wheelchair rugby - it is difficult to say whether females would have the same ‘open’ experience that the males included in this study talked about, and could potentially mean that they don’t gain as much from the wheelchair rugby experience that those who are male do. It would also be interesting to explore whether females with impairments feel as though they experience higher levels of social barriers, leading to the lower levels of participation rate amongst females.

More thought and effort is needed to explore the concept of disability sport being a transformative space in order for more individuals to get to experience it for themselves. Making disability sport accessible for all is not as simple as having sports available and the likes of having ramp access into buildings, rather, there are challenges that are highlighted throughout this study that are deserving of more effort. Further developing the knowledge in this area is crucial as disability sport is an opportunity that every individual deserves to experience.

### Closing Comments

Sport New Zealand have recently embarked on the journey of improving “the wellbeing of disabled New Zealanders by addressing inequalities in play, active recreation and sport” following the launch of their twelve-year strategic direction and vision of “Every Body Active”. This has stemmed from their review in 2018 which found that often, the opportunity to experience and be involved in sport has been taken from those with impairments due to the ableist society of which we live in. Because of this, this study looked to centre the voices of those with SCI with the hope of creating a better understanding of what it is like to live and participate in sport with a SCI, and working towards organisations and practitioners having a wider knowledge base around how to better support continued participation in sport. It is apparent that the sport of wheelchair rugby has been a transformative space for all of those involved, being an environment in which participants have been able to accept their impairments as a part of their identity, (re)discover themselves, escape the ‘real world’ and their pain, engage in embodied learning experiences and gain many more opportunities than expected. Creating better access and support to stay involved in disability sport is a significant process, but it is something that needs to be done. Every individual deserves the experience of participating in sport and having the opportunity to improve their overall selves, especially that of disabled New Zealanders.

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# Appendix A: Participant Information Sheet

## Participant Information Sheet

## The Experiences of People with Spinal Cord Injuries in Sport

### Who is doing the research?

Sarah Best will be conducting the research. Sarah is a student in the Masters of Health, Sport and Human Performance program at the University of Waikato.

The research is supervised by Dr Robert Townsend, from the University of Waikato.

Dr Robert Townsend's contact details:

robert.townsend@waikato.ac.nz

Ph: +64 7 837 9491

### What is the purpose of the research?

The purpose of the research is to understand the experiences that individuals with spinal cord injuries have had in and around disability sport. This has the potential to cover (but may not be limited to) the experiences that participants have had with their spinal cord injuries in day-to-day life and in sport (if it differs), how participants felt they may have been disabled by/or excluded from sport, what is needed for participants to get to and from sport, and how sport contributes towards or alleviates the pain caused by their spinal cord injuries. This will look at their overall involvement in wheelchair rugby with a spinal cord injury and why participants believe that others with spinal cord injuries do not get involved in sport.

### What will I be asked to do?

You will be asked to participate in an online interview of up to one hour to talk about the experiences you have had in and around disability sport that you have been involved in. With an understanding of your knowledge of experiences, it would allow for the promotion of participation in all life domains and allow for better sustained participation in disability sport. You are welcome to bring your support network/individuals along.

### Once I take part, can I change my mind?

Yes. After you have read this information sheet and asked any questions that you may have, I will ask you to complete an Informed Consent Form. You can withdraw at any time (up until two weeks after the completion of interviews) and you will not be asked to explain your reasoning for withdrawal.

### How long will it take?

The demand on your time will be minimal - around one hour online (via Zoom etc.).

### What personal information will be required from me and will my taking part in this study be kept confidential?

Your name will be recorded on the Participant Consent Form, and in the interview I will be asking you for personal information such as the nature or level of your injury/impairment, and your experiences in and around disability sport. Only myself (researcher) and my supervisor (Dr Robert Townsend) will have access to this data. In order to protect your identity, I will be asking you for a chosen pseudonym and every effort will be made to ensure identifying characteristics are not included in any research output. However, because this research focuses on your experiences in and around disability sport, and disability sport is not a large community, there always remains some risk of identification. Consent Forms containing your name will be kept for up to five years in a secure place (lockable file cabinet) and your de-identified interview data will be saved on a password-protected computer and destroyed after five years, in accordance with the data protection act.

### Do I have to be involved?

Participation is voluntary. You may withdraw your involvement at any point in time (up until two weeks after completion of interviews) and this will not affect you in any way.

### Are there any risks in taking part?

The research poses no physical risks to participants but there is the potential for emotional harm/trauma due to reflecting on your lived experiences of your spinal cord injury.

### I have some more questions; who should I contact?

Please contact Sarah Best, Masters Student, University of Waikato School of Health, seb29@students.waikato.ac.nz.

### What will happen to the research?

The research will be used to form a base of ideas/information for my thesis that I will later be submitting to complete my Masters Degree.

### What else should I know?

You do not have to answer any questions that you do not want to.

You do not have to engage in any activities that you do not want to.

You can withdraw from the project up until two weeks after data has been collected by contacting the researcher by email.

### What if I am not happy with how the research was conducted?

If you are not happy with how the research was conducted, please contact Dr Robert Townsend, robert.townsend@waikato.ac.nz, or for ethical concerns, the University of Waikato ethics committee, humanethics@waikato.ac.nz using the reference number HREC(Health)2021#59.

# Appendix B: Informed Consent

## The Experiences of People with Spinal Cord Injuries in Sport

### Informed Consent
### (to be completed after Participant Information Sheet has been read)

| | | |
|---|---|---|
| The purpose and details of the research have been explained to me. I understand that all procedures have been approved by the University of Waikato Human Research Ethics Committee. | Yes ☐ | No ☐ |
| I have read and understood the information sheet and this consent form. | Yes ☐ | No ☐ |
| I have had an opportunity to ask questions about my participation. | Yes ☐ | No ☐ |
| I understand that I am under no obligation to take part. | Yes ☐ | No ☐ |
| I understand that I have the right not to answer any question during the interview. | Yes ☐ | No ☐ |
| I understand that I have the right to withdraw from this study at any stage up until two weeks after completion of interviews, and that I will not be required to explain my reasons for withdrawing. | Yes ☐ | No ☐ |
| I understand that all the information I provide will be treated in strict confidence. | Yes ☐ | No ☐ |
| I agree to participate in the project. | Yes ☐ | No ☐ |

Your name

Your signature

Signature of investigator

Date

## Appendix C: Interview Guide

### The Experiences of People with Spinal Cord Injuries in Sport

*Please find the following questions as a base of which the interview will be created around.*

Tell me your story?

- How did you acquire your spinal cord injury?
- What is the extent of the severity of your spinal cord injury?
- How long have you had your spinal cord injury for?
- How did it feel when you acquired your spinal cord injury?
- How do you feel about your spinal cord injury?

Since your injury, could you tell me about your pathway with an impairment?

- In what ways does your impairment directly affect you in any aspect of your life?
- How have you experienced 'disability' as a whole?
- Do you feel as though your spinal cord injury prohibits you from participating in certain activities/undertaking particular tasks?
- How did you get involved in wheelchair rugby?
- Have you felt that you have ever been 'disabled' by or excluded from sport in any way?

Can you describe how your participation in wheelchair rugby with a spinal cord injury affects you, whether that be negatively or positively?

- Have you faced many barriers to being active with a spinal cord injury?
- Have there been many facilitators/enablers to being active with a spinal cord injury?
- Why do you continue to participate in wheelchair rugby? For example, thriving off the sport itself, teammates, coaches?
- Could you explain to me some of your most prominent experiences of playing sport with a spinal cord injury?
- Can you share how wheelchair rugby has contributed towards your understanding of your spinal cord injury physically and/or psychologically?
- Can you describe to me the feelings that wheelchair rugby brings to you as an individual and as an athlete with spinal cord injury?

Can you describe what it feels like to train or compete in wheelchair rugby?

How do you manage the demands of wheelchair rugby?

Do you experience pain? And if so, could you talk to me about the pain that you experience?

- What common pain do you experience in your daily life with a spinal cord injury?
- Can you describe the pain that you experience in your own words?
- Has your pain ever inhibited any rehabilitation that you were doing?
- Do you think participating in wheelchair rugby (or physical activity) contributes to or alleviates any pain you experience caused by your spinal cord injury?

- Is the pain that you experience in sport something that you welcome or would you rather it not occur?
- Do you and your teammates ever talk about pain relating to your spinal cord injury? Do you feel as though they understand the pain that you experience or does it differ amongst everyone?
- What do you do to help alleviate spinal cord injury related pain?
- What could people both in and out of the wheelchair rugby club do to better support you and the pain that you experience?

Of those individuals with spinal cord injuries who do not participate in sport, do you believe there are any common contributing factors as to why they do not participate?

Is there anything else that you would like to talk about or anything that you think I may have missed and should know about?

# Appendix D: Ethics Approval

The University of Waikato
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Human Research Ethics Committee
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THE UNIVERSITY OF
WAIKATO
*Te Whare Wānanga o Waikato*

28 August 2021

Sarah Best
Te Huataki Waiora School of Health
DHECS
By email: sarahbestnz@gmail.com

Dear Sarah

**HREC(Health)2021#59 : The Experiences of People with Spinal Cord Injuries in Sport**

Thank you for your very detailed and clear responses to the Committee's feedback.

We are now pleased to provide formal approval for your project.

Please contact the Committee by email (humanethics@waikato.ac.nz) if you wish to make changes to your project as it unfolds, quoting your application number with your future correspondence. Any minor changes or additions to the approved research activities can be handled outside the monthly application cycle.

We wish you all the best with your research.

Regards,

**Emeritus Professor Roger Moltzen MNZM**
**Chairperson**
**University of Waikato Human Research Ethics Committee**