

1-1-1996

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## Recommended Citation

Martin, J. J., & Adams-Mushett, C. (1996). Social support mechanisms among athletes with disabilities. *Adapted Physical Activity Quarterly*, **13**(1), 74-83.

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## **Social Support Mechanisms Among Athletes With Disabilities**

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The purpose of this investigation was to describe social support mechanisms of swimmers with disabilities and examine relationships among social support, self-efficacy, and athletic satisfaction. Results indicated that athletes felt satisfied with the social support they received. Mothers and friends provided primary support in a variety of areas requiring non-sport-related knowledge. Additionally, there were important secondary sources of support in areas requiring sport-specific knowledge. Coaches were primary sources of support in areas that required sport expertise. Fathers were also important sources of secondary support in areas that required both sport expertise and nonsport expertise. Correlational results suggested that athletes who were supported by being listened to and by being challenged to become better athletes and people also reported strong self-efficacy.

The role of social support has been investigated extensively and shown to be related to a variety of psychological factors and behaviors such as frustration, burnout, stress, social skills, illness, adjustment to abortion, and injury (Cohen, Sherrod, & Clark, 1986; Davis-Sacks, Jayaratne, & Chess, 1985; Major et al., 1990; Petrie, 1992; Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Hacker, & Basham, 1985; Sarason, Sarason, Potter, & Antoni, 1985). Recently, sport psychology investigations have also started to examine social support.

Research has, in general, supported the view that social support buffers the effects of stress and reduces injuries (Passer & Seese, 1983; Petrie, 1992, 1993; Smith, Smoll, & Ptacek, 1990). Additionally, Golding and Ungerleider (1991) reported that masters-aged athletes who received social support from their friends trained more days per week, although this relationship was weak.

According to Sarason, Sarason, and Pierce (1990), social support is effective when the type of social support given matches the type of support needed. This functional or multidimensional approach has received merit elsewhere (Albrecht & Adelman, 1984; Cohen, 1988; Hardy, Richman, & Rosenfeld, 1991; Pines, Aronson, & Kafry, 1981; Rosenfeld, Richman, & Hardy, 1989). One

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example of the multidimensional social support perspective is a model of social support from Pines et al. (1981), which identifies six types of social support:

1. Listening support is the perception that others genuinely care about what you have to say and listen nonjudgmentally.
2. Shared social reality support is the belief that others share your understanding of the world. This knowledge validates the recipient's feelings.
3. Emotional support is based on the idea that others care about you and are on your side.
4. Emotional challenge is the perception that others care about you while also facilitating personal growth or development.
5. Technical appreciation is the perception that others appreciate and support your efforts and accomplishments in a specific setting such as sport.
6. Technical challenge, similar to emotional challenge, can be described as support that encourages the individual to do better or achieve more in a specific setting such as sport.

The last two types of support are thought to be provided by individuals who have knowledge or expertise in the relevant area. In the sport setting, coaches and teammates may be prominent sources of these types of social support. The first four types of support can be provided effectively by most people.

Nonsport research in this area by Larson (1986) and Richman and Rosenfeld (1987) and sport-specific research by Hardy et al. (1991) and Rosenfeld et al. (1989) have supported the utility and validity of this approach. Using a modified version of the Support Functions Questionnaire (Pines et al., 1981), Rosenfeld et al. (1989) described the social support networks of male and female collegiate athletes from a variety of sports (e.g., soccer, track and field, wrestling). Results supported the Pines et al. (1981) multidimensional view of social support by indicating that coaches primarily provided technical challenge, followed by technical appreciation and emotional challenge. Teammates also provided technical challenge with secondary support in listening and shared social reality. Friends were primarily supportive in the listening and shared social reality areas with some additional emotional support. Parents were found to provide technical appreciation and emotional support first with some contributions in the listening area. Others (e.g., relatives) completed the social support network by primarily providing listening support and by providing emotional support in a secondary fashion.

Due to the limited sport psychology research examining social support (Golding & Ungerleider, 1991; Hardy et al., 1991; Petrie, 1992, 1993; Rosenfeld et al., 1989; Smith et al., 1990), there is a clear need for further exploration of this area. Additionally, the limited sport psychology research with athletes with disabilities prompted the present study. Thus, the first purpose of this investigation was to describe the social support networks of athletes with disabilities by assessing the previously mentioned six components of social support.

The second purpose was to examine selected psychological constructs and their relationships to social support. Athletes often participate in sport in order to demonstrate competence and frequently drop out when perceptions of competence are low (Weiss & Chaumeton, 1992). Furthermore, many athletes

report dropping out of sport when they are no longer satisfied with the quality of their participation (Weiss & Chaumeton, 1992). Both competence, or self-confidence, and satisfaction are thought to be influenced by social support mechanisms. Sarason et al. (1990), for example, suggested that social support may be positively associated with sport-related cognitions such as self-confidence and satisfaction. Additionally, Bandura (1986, 1990) indicated that respected and creditable sources of information, such as coaches, can enhance athletes' self-efficacy, a form of self-confidence, by persuading them that they are efficacious. Therefore, we hypothesized that athletes who received social support in the areas of technical appreciation and technical challenge would have enhanced self-efficacy (Bandura, 1990; Major et al., 1990). Finally, athletes with strong social support systems should have a greater ability to deal with the challenges and frustrations of life, including athletics (Bowlby, 1969; Sarason et al., 1983). Thus, strong social support should contribute to greater athletic satisfaction. Therefore, we also examined the relationship between social support fulfillment in all six areas and athletic satisfaction.

## Method

### Participants

Seventy-eight swimmers (34 females, 44 males) with disabilities (cerebral palsy,  $n = 45$ ; amputee,  $n = 10$ ; paraplegic,  $n = 10$ ; les autres,  $n = 13$ ) competing at the Cerebral Palsy (CP) Games in Nottingham, England ( $N = 36$ ), and swimmers representing the Australian Sport Institute ( $n = 42$ ) participated in the present study. Athletes in the les autres category were swimmers classified as dwarfs, were visually impaired, or had osteoporosis. Swimmers represented Australia ( $n = 50$ ), Canada ( $n = 10$ ), and Great Britain ( $n = 18$ ). Athletes ranged in age from 12 to 44 ( $M = 23.4$ ) years.

### Instruments

*Support Functions Questionnaire.* Similar to Rosenfeld et al. (1989), we used a modified version of the Pines et al. (1981) social support questionnaire. Concurrent validity and test-retest reliability with the Social Support Questionnaire (Sarason et al., 1983) have been demonstrated (Rosenfeld et al., 1989).

Athletes first received written definitions of six types of social support: listening, shared social reality, emotional support, emotional challenge, technical appreciation, and technical challenge. Second, respondents were asked to assess how important each of the six types of support was to them on a 7-point scale with 7 anchored by *very important* and 1 anchored by *not at all important*. This resulted in an importance score ranging from 1 to 7 for each type of support.

Third, participants were instructed to write the names or initials of people who provided support in each of the six areas and the relationship of each person to them (e.g., dad, friend, coach, teammate). This allowed us to calculate the average number of people who provided support to the athletes in each of the six areas of support and the relationship of the support provider (e.g., mom, friend, teammate) to the support recipient. Last, subjects were asked to provide

an overall rating of fulfillment for support in each of the six areas on the previously defined 7-point scale with appropriate anchors. Similar to the importance score, we obtained a score, ranging from 1 to 7, for each subject on how fulfilled he or she felt in each of the six areas of support. Thus, we obtained four types of information (i.e., importance, number of providers, relationship of providers to recipients, and fulfillment) about the six types of support.

*Self-Efficacy and Athletic Satisfaction.* Because the Support Functions Questionnaire was time consuming (30 to 45 minutes to complete), single items assessing efficacy and satisfaction were used to reduce subject burden. Three experts in sport psychology reviewed both items to ensure content validity. The self-efficacy measure was designed based on the theoretical underpinnings of self-efficacy (Bandura, 1986). We were interested in learning participants' confidence in a global behavior (i.e., training) that would lead to a specific outcome (i.e., achieving athletic potential). Therefore, swimmers were asked, "How confident are you in your ability to train to achieve your athletic potential?" Swimmers responded on a 100-point Likert scale with 100 anchored by *very confident* and 0 anchored by *not at all confident*. Clearly, a limitation of this study was the decision not to measure strength of self-efficacy for levels of training difficulty in the microanalytic manner suggested by Bandura (1986) and done elsewhere (Martin, 1993). To obtain a measure of athletic satisfaction, swimmers were asked, "How satisfied are you with your athletic achievement?" Athletes responded on a 100-point Likert scale with 100 anchored by *very satisfied* and 0 anchored by *not at all satisfied*.

## Procedures

Coaches and support staff at the CP Games agreed to have their athletes participate in the study. Athletes received packets containing a letter describing the purpose of the study, human subject consent forms, a demographic questionnaire (i.e., age, gender, team affiliation, event), a version of the Support Functions Questionnaire (Hardy et al., 1991; Pines et al., 1981), and questions examining self-efficacy and athletic satisfaction. Due to the length and complexity of the survey, we limited data collection to English-speaking teams managed by individuals known to the second author. Swimmers completed the questionnaires on their own or were given help by the authors or support staff if their sensory or physical characteristics prevented independent completion of the instrument.

The Australian Swimming Association technical coordinator, present at the Cerebral Palsy Games, was briefed on the nature of the study and agreed to collect data for us. In the following two months, athletes affiliated with the Australian Institute of Sport completed packets identical to those used at the CP Games, which the technical coordinator then returned to us.

## Results

A series of MANOVAs were conducted on the ratings of importance for each type of support, the number of providers for each type of support, the ratings of fulfillment for each type of support, and self-efficacy and satisfaction. The MANOVAs were completed to examine for differences among gender, sample,

country, and disability, and no significant differences were found among these groups. As a result of the MANOVAs, data were collapsed across gender, country, disability, and sample.

Table 1 indicates the means and standard deviations for subjects' ratings of importance, number of providers, and degree of fulfillment for each of the six types of support. A closer examination of the data (see Table 2) indicates who provided the various types of support.

Pearson product moment correlations were calculated to determine the relationships among self-efficacy and athletic satisfaction with the fulfillment scores for the six types of social support (see Table 3). As the correlations reveal, our hypothesis that self-efficacy would be related to social support was partially supported. Self-efficacy was moderately correlated with listening support and emotional and technical challenge. Our second hypothesis, predicting that social support would be related to athletic satisfaction, was not supported.

**Table 1** Scores for Each Type of Support for Perceived Importance, Number of Providers, and Degree of Fulfillment ( $N = 78$ )

	Perceived importance		Number of providers		Degree of fulfillment	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Listening	5.92	1.21	3.94	1.89	5.92	1.09
Shared social reality	5.59	1.40	2.90	2.13	5.86	1.14
Emotional support	6.28	1.21	4.14	1.74	6.31	0.83
Emotional challenge	5.78	1.41	3.27	1.79	6.13	0.93
Technical appreciation	6.27	0.95	3.82	1.70	5.96	1.05
Technical challenge	6.27	1.11	3.15	1.74	6.13	0.99

*Note.* Scores are based on a 7-point scale (7 = very important, 1 = not at all important).

**Table 2** Top Three Serial Order Rankings of Providers for Each Type of Support and Number of Times Listed

	Most frequent providers	Second most frequent providers	Third most frequent providers
Listening	Friends (45)	Mother (42)	Coach (40)
Shared social reality	Friends (42)	Mother (28)	Father (21)
Emotional support	Mother (55)	Friends (45)	Father (42)
Emotional challenge	Mother (44)	Friends (35)	Father (33)
Technical appreciation	Coach (59)	Friends (35)	Mother (30)
Technical challenge	Coach (61)	Mother (25)	Father (24)

**Table 3 Relationships of Self-Efficacy and Athletic Satisfaction to Types of Social Support**

	Self-efficacy	Athletic satisfaction
Listening	.37*	.18
Shared social reality	.25	.05
Emotional support	.27	.03
Emotional challenge	.40*	.12
Technical appreciation	.27	.16
Technical challenge	.37*	.27

\* $p < .05$ .

## Discussion

The first purpose of this study was to describe the social support systems of athletes with disabilities. As the results indicate, athletes rated the various types of social support as *important* to *very important*. In other words, no type of support was perceived as unimportant. For example, on a 7-point scale, scores ranged from 5.59 for shared social reality support to 6.28 for emotional support (see Table 1). These results are comparable to the perceived importance of support found with male and female intercollegiate athletes (Hardy et al., 1991). Additionally, similar to Hardy et al. (1991), we found no gender differences in the importance of each type of support.

For the number of providers for each type of support, we found averages of approximately three to four people providing support in each of the six areas (see Table 1). The number of providers ranged from a mean of 2.90 for shared social reality to 4.14 for emotional support. These results are in contrast to results of Hardy et al. (1991), who found that college-aged athletes listed approximately two people who provided support for each category (range = 1.39 to 2.21). Thus, it appears that the athletes in this study had more people to rely on for each type of support. It should be noted that the same people (i.e., mother, father) seemed to provide support across all areas (see Table 2). Should key providers be unable to continue their support, athletes could be susceptible to a lack of social support. It is possible that the differences between this study and Hardy et al.'s (1991) results could be related to the setting. For instance, it is likely that athletes in the current sample had access to their parents (e.g., lived at home), whereas athletes in Hardy et al.'s (1991) investigation lived away from home (C. Hardy, personal communication, May 30, 1995).

The third aspect of social support assessed was the degree of fulfillment in each area. All areas of support were rated as being highly fulfilled (range: 5.86 to 6.31). In contrast, college-aged athletes rated their degree of fulfillment somewhat lower (range: 4.35 to 5.02).

According to Sarason et al. (1983), two critical components of social support are the number of providers or people whom one can turn to and the degree of fulfillment with available support. The number of available people and the high

degree of fulfillment found in this study suggest that these athletes have healthy social support systems that may help buffer against stress, injury, or illness (Cohen et al., 1986; Passer & Seese, 1983; Petrie, 1992, 1993; Smith et al., 1990) as well as contribute to personal development, well-being, and, possibly, increased training volume (Golding & Ungerleider, 1991; Sarason et al., 1983). Interestingly, similar to Hardy et al. (1991) but in contrast to Sarason, Sarason, Hacker, and Basham (1985), we found no gender differences indicating that women were more satisfied with perceived social support.

A further examination of the data provides potentially important information about specifically who provides what type of support. As Table 2 shows, parents, friends, and coaches are the most frequent providers of support. For listening, friends, mother, and coaches all provide support with comparable frequency. Friends are the most frequent providers of support in shared social reality, which may reflect similarities in age, interests, education, sport, or profession among social support recipients and givers. The same pattern of results is found for emotional support and challenge, with mothers, friends, and fathers providing support. Thus, for the four types of support not requiring sport knowledge or expertise, support is shared between parents and friends. For technical appreciation and support, which require sport knowledge, coaches were most prominent. As with the previous four types of support, parents and friends also provided support in these technical areas.

Three important aspects of these athletes' social support networks stand out by their conspicuousness and absence. First, parents provide support across all areas, including sport-related support. This result may reflect the dependence many athletes with disabilities have on their families in terms of social support as well as functional (e.g., helping move a wheelchair) and economic (e.g., living expenses) support. Furthermore, it has been suggested that individuals with disabilities have less extensive social support networks due to limited employment, education, and social opportunities (McNeil, 1993). This lack of support outside of the family may heighten the importance of support derived from the family.

Second, there was minimal support attributed to teammates in the area of technical support. This result contrasts with results of Rosenfeld et al. (1989), who found that teammates provided technical challenge support, listening support, and shared social reality support. It is likely that college athletes living on campus and practicing daily have greater access to their teammates, just as athletes with disabilities have greater physical contact with their families.

Third, although parents as a unit provided much of the athletes' support, mothers were consistently rated as more frequent supporters than fathers on providing all six types of support. Although in some cases these differences were negligible (e.g., technical challenge), it appears that mothers were perceived as providing support more frequently than fathers. This finding is consistent with the suggestion that women are more receptive to others' emotional needs (Gilligan, 1982). It also supports previous research suggesting that women may have greater knowledge of socially skilled responses and may demonstrate a higher quality of speaking, looking, and interacting in social situations compared to men (Sarason, Sarason, Hacker, & Basham, 1985). One speculation is that fathers may have fewer opportunities than mothers to be supportive in all areas as a result of greater employment rates among males compared to females (McNeil,



1993). Additionally, fathers may provide functional support such as driving athletes to practice (Smith, 1986). Last, although fathers may be perceived as somewhat less supportive than mothers, limited research has reported no significant differences in parental time use between fathers and mothers of physically disabled children (Smith, 1986).

Finally, the correlational results suggest that athletes who received strong listening support and were challenged both emotionally and technically expressed greater efficacy in their ability to train well enough to reach their potential. Self-efficacy theory suggests that verbal persuasion is a source of efficacy information (Bandura, 1986). Technical and emotional challenges by coaches and parents may contribute to athletes' beliefs that they can achieve their athletic potential with intelligent, consistent, and hard training. In a similar manner, the act of listening may validate athletes' expressions of athletically related goals and aspirations. Alternatively, significant others may consciously or unconsciously be more supportive of those athletes who demonstrate the greatest potential to succeed in athletics (Horn & Lox, 1993). Finally, athletes already achieving excellence may express efficacy in their ability to continue to achieve success and, at the same time, receive substantial support as a result of their history of success.

The lack of a relationship between social support and athletic satisfaction suggests that fulfillment with social support has little bearing on satisfaction with athletic achievement. It may be that, regardless of social support, satisfaction with athletic achievement is contingent on performance-related variables such as goal attainment rather than social affiliation characteristics. This would suggest that these athletes' purposes for sport participation are more closely aligned with achievement-related motivations versus social affiliation-based motives. Recent research supports this view, as athletes with disabilities are highly invested in sport with important achievement goals (Brasile & Hedrick, 1991; Martin, Mushett, & Smith, 1995; White & Duda, 1993).

The current study suggests that athletes with disabilities rate both sport-related and non-sport-related social support as important and feel fulfilled in both areas. Additionally, athletes rely heavily on parents and friends for support in all areas. Finally, correlational data indicate a relationship between (a) support provided in the areas of listening and emotional and technical challenge and (b) self-efficacy. Future research examining athletes with disabilities may consider relating social support characteristics to stress and injury, as has been done with athletes without disabilities (Hardy et al., 1991; Petrie, 1992, 1993).

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## Acknowledgments

We would like to thank Anne Greene of Australian Swimming, Inc., for her assistance with data collection. We would also like to acknowledge two anonymous reviewers for their insightful and articulate comments.