

**Wheeling to London 2012: The Psycho-Social Health and Well-being of Great Britain's
Wheelchair Basketball players over time**

by

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Abstract

The purpose of this PhD was to explore the psycho-social health (PSH) and well-being (WB) of Great Britain's (GB) Wheelchair Basketball (WhB) players over time, starting from when they became disabled and culminating in the London 2012 Paralympic Games. The sample comprised 16 players (8 male, 8 female) and 4 coaches. They were interviewed on three occasions – 2 years before, within a year of and a year after London. Observations spanned this period, whilst data was also collected via two visual methods: auto-photography (AP) and timelining. All data was analysed using a thematic analytical approach. First the challenges to PSH and WB of being disabled are discussed, with the diversity of experience highlighted. Secondly in exploring the role of spinal units and story-tellers in initiating players into sport, a lottery which risked their PSH and WB is exposed. Whilst copious benefits of recreational disability sport are described, being a GB WhB player is revealed as an extreme health rollercoaster. Just as being a Paralympian offers perks and privileges, so too does it risk players becoming obsessed. Performance and health are shown to be uniquely related and yet not always simultaneously achievable. Finally, from the pride of wearing the jersey and competing at a home Paralympics, to shattered dreams and unfulfilled ambitions, London 2012 is relived. The research concludes that creating a 'Healthy Paralympian' is a challenging task and yet winning formula. Recommendations are made to realise this aim, whilst those which have already been adopted by GB WhB are also shared.

Abbreviations

AB = Able-bodied

AP = Auto-photography

FN = Field Notes

GB = Great Britain

GBWBA = Great Britain Wheelchair Basketball Association

LR = Literature Review

PC = Personal Communication

PSH = Psycho-social health

PTG = Post-traumatic growth

PWB = Psychological Well-being

QoL = Quality of Life

RJ = Reflective Journal

SCI = Spinal Cord Injury

SP = Sports Psychology

SWB = Subjective Well-being

WB = Well-being

WhB = Wheelchair Basketball

WHO = World Health Organisation

WR = Wheelchair Rugby

Chapter 1: Introduction

Becoming disabled can be a traumatic or difficult experience for many individuals, as they adjust to their new bodies and negotiate the perceptions and/or prejudices of others (Brittain, 2004; Kreuter et al., 1999). Given that health is synonymous with ability and ability with normality, in becoming disabled individuals can be labelled 'abnormal' (van Hilvoorde & Landeweerd, 2008), 'ill' or 'injured,' (Huber et al., 2011). Being disabled and being healthy can seem a paradox (Martin & Wheeler, 2011). But then what actually is health anyway?

Health is a complex, fluid phenomenon (Olsson, Hemström, & Fritzell, 2009) which does not lend itself to a singular definition. Whilst the World Health Organisation (as cited in Perry, Presley-Cantrell, & Dhingra, 2010) term it the state of 'complete well-being', as Bok (2008) asserts WB itself is multifaceted, and can be subjective or psychological (Durkin & Joseph, 2009). What's more Frank (2006) claims that our health is shaped by the stories we hear and is not solely a product of internal interpretation. Thus, as Thomas (2007) reasons a disabled individual could have their health impinged upon by a society who oppresses them, if they inherit these negative views. Then again disabled individuals may write their own rule-book, using different criteria to their able-bodied (AB) peers to judge their health (Nazli, 2012). Therefore their health and WB is as subjective as it is multi-dimensional.

One way in which disabled individuals may consider themselves healthy is through their involvement in sport. Many researchers (Gard & Fitzgerald, 2008; Goodwin et al., 2009; Lindemann & Cherney, 2008; Semerjian, 2009) point to the health-boosting properties of sport for disabled individuals. Indeed whilst Sir Ludwig Guttman used sport to rehabilitate world war veterans (Guttman, 1976), today disability sports are part of the fabric of society and a popular pastime in their own right (Schwark, Mackenzie, & Sprigings, 2004).

At elite level the Paralympic Games have also grown in size and stature (Smith & Sparkes, 2012). Whilst playing sport offers scope to gain a more socially advantageous identity as an 'athlete' rather than 'disabled person' (Ashton-Shaeffer, Gibson, Holt, & Willming, 2001), Huang and Brittain (2006) suggest that Paralympians can see this as a 'master identity status.' However, whilst this infers psycho-social health (PSH) and well-being (WB) gains, elite sport also has a dark side. From playing in pain (Theberge, 2008) to negotiating many stressors (Campbell & Jones (2002a) athletes can become obsessed by the sport (Peers, 2009). As Paralympians they must also negotiate classification (Jones & Howe, 2005), ward against secondary medical conditions (Shakespeare & Watson, 2002) and risk

the label of 'supercrip' (Berger, 2008). Finally in retiring they may lose their athletic identity and return to being 'just' a disabled person (Martin, 1996; Martin & Wheeler, 2011). Thus the PSH/WB of a Paralympian is not clear cut.

The purpose of this research was to track the GB WhB teams to and beyond London 2012, in order to explore their PSH and WB experiences over time and offer clarity regarding the aforementioned complexities. Therefore, in what follows Chapter 2 provides a review of the literature pertaining to the topic in question, including an overview of what is meant by the terms 'disability' and 'health,' alongside their associated models and theories. It explores what researchers have found with regard to the relationship between disability, health and sport, at both recreational and elite level, before giving rationales for this piece of research. Chapter 3 outlines the methodology of this PhD and introduces the methods of data collection which were employed in combination to realise its aims. Moreover, the ethical implications of the research are explored and the issue of reflexivity is examined. Chapter 4, the analysis, comprises four parts. Part 1 reveals the subjective, multi-dimensional relationship between PSH, WB and disability and challenges the notion that disability is 'unhealthy.' Part 2 focuses on the relationship between disability, PSH/WB, and sport. The place for sport in rehabilitation, both past and present, is considered, as is the role that storytellers played in socialising the players into WhB. The value of sport as a recreational endeavour for disabled people is revealed, before Part 3 turns the spotlight on disability sport in its elite form. Here the experiences of the players in real-time during 2011 are explored, whilst Part 4 centres on the run-up to, during and aftermath of the London 2012 Paralympics. A health rollercoaster is shared and the challenge to simultaneously achieve PSH/WB and performance is revealed. The recommendations laid out in Chapter 5 arise from these analyses, and encompass both those already taken up post-London by GBWBA, and suggestions for the wider Paralympic and disabled communities. Indeed it is hoped that the PhD will benefit those with invested interests, from disability sport organisations to healthcare practitioners, arming them with the knowledge to promote the PSH and WB of disabled individuals, whether newly injured or Paralympic hopefuls. Finally Chapter 6 brings this piece of research to a close and concludes that athlete PSH/WB must be more prioritised in order to achieve 'Healthy Paralympians'.

Chapter 2: Literature Review

A Literature Review (LR) matrix was used to organise the information found within the literature into themes (see Appendix 1). What is presented here is an overview of this literature pertaining to disability, PSH and WB, and sport. Interrelationships are explored, theories presented and questions raised.

Part 1: What is 'Disability' & Conceptual Frameworks

Given that this research seeks to explore with elite athletes their experiences of being born or becoming disabled in relation to their PSH and WB, it is important to first explore the concept of 'disability.' However this is no simple matter because 'disability' means different things to different people. As McDermott and Turk (2011) explain "in 2010, a central challenge in disability research continues to be the lack of a widely agreed-on case definition" (p. 2). Therefore what follows is an overview of the ambiguities and contestations resulting from these definitions, and a critique of disability models.

Medical Model. Originally disability was defined by the World Health Organisation (WHO) as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (as cited in Bickenbach, Chatterji, Badley, & Ustun, 1999, p. 1175). As Gannon and Nolan (2007) point out, this definition had a medical orientation, whilst as McDermott and Turk (2011) explain the associated medical model became synonymous with and preoccupied by medical diagnosis, conceptualising disability on the basis of impairment. However, despite being widely used and adopted, particularly within epidemiological circles (McDermott & Turk, 2011) the medical model has been criticised on several grounds.

Firstly, as McDermott and Turk (2011) explain its focus on impairment has been labelled dispassionate. This view is shared by Dubois and Trani (2009) who claim that "the main problem with the medical model is its negative approach, as it sees disability as deviance from what is accepted to be the norm" (p. 195). As Forhan (2009) explains the person is deemed defective, and remedial action lies with rectifying said defect. In this way a fundamental criticism of the model is its insinuation that disability equals personal tragedy.

Secondly Forhan (2009) criticises its refusal to acknowledge the role of external factors in the experience of disability. This point is taken up by Dubois and Trani (2009) who assert that its failure to consider environmental factors is naïve given their likely impact. Here, it could be argued that the medical model is unbalanced given its preoccupation with

impairment. As Forhan (2009) claims, it does not allow for an appreciation of social factors which contribute to disablement, instead offering a blinkered approach where only part of what 'is' disability is seen.

Indeed the result of such criticisms was the emergence of a new model which favoured the social and cultural over the medical and biological.

Social Model. The social model emerged in academic circles in the 1980s, advocated by Michael Oliver (Thomas, 2007) and accredited for changing the disability political landscape. It rejected the notion that disability was a personal ball and chain, claiming instead that the restrictions faced by individuals were society's manifestations (McDermott & Turk, 2011). Unlike the medical model, central to the social model, as Thomas (2007) explains, was "the assertion that impairment (characteristics of the body) could/should be separated from disability (social restrictions imposed upon people with impairments)" (p. 69). A key strength was its quest for the removal of society's structural barriers in favour of greater inclusivity (Shakespeare & Watson, 2002) and empowerment of disabled individuals (Dubois & Trani, 2009). This became the war cry and life blood of the model, prompting British parliamentary action in the form of anti-disability discrimination legislation. The subsequent imposition on organisations to eradicate structural barriers, something Jahiel (2007) calls "the compensation component" (p. 27), can be accredited for serving the interests of disabled individuals and promoting their civil rights (Gannon & Nolan, 2007).

A further strength of the social model was its political robustness. Adopted by WHO in 1999 (Gannon & Nolan, 2007), as Shakespeare and Watson (2002) explain, it was "the ideological litmus test of disability politics" (p. 3), sanctioned to judge society's successes or failings in disability activism. Its value as a political pawn is also recognised by Thomas (2007) who claims that it became the 'British approach,' endorsed and gratefully adopted by government departments and charity heavyweights.

However, whilst the social model may have helped to level the ability-disability playing field, to claim it was the answer to all disability prayers would be naïve, for many criticisms were levelled against it. As Shakespeare (2006) asserts "the strength and simplicity of the social model of disability has created as many problems as it has solved" (p. 31). This simplicity, coupled with its determination to ignore the lived experience of disability became a central criticism of the model. Watermeyer and Swartz (2008) argue that its socio-political focus caused the psychological experience of disablism to be overlooked, whilst Shakespeare and Watson (2002) claim it is a 'sacred cow.' That is, by relentlessly

claiming society is the root of disability oppression, they (2002) argue that it may have silenced disabled individuals from stating otherwise, swallowing moans of medical ailments, for fear of destabilising the model. And as Watermeyer and Swartz (2008) explain, favouring the political over the personal risks bolstering rather than breaking down this oppression:

A selective and depsychologised representation of disabled people may inadvertently incorporate a tacit but powerful delegitimation of the subjective lives of disabled people. There may be a danger through ignoring the psychological that the belief may be reinforced that a layer of disabled people's lived experience is illegitimate and to be obscured – even rendered inadmissible....If the social model is incorrectly read to imply that thinking about psychological aspects of disablism are secondary to more obvious political concerns, these same personal struggles may become delegitimised in the service of a movement which emphasises the need to challenge societal boundaries and discrimination from a position of strength. (p. 600)

Indeed a further criticism of the social model is its preoccupation with laying blame for disability oppression at society's door and neglecting the role of impairment, the opposite criticism with which the medical model was charged. Shakespeare and Watson (2002) consider such a position untenable, arguing that by sidestepping the subject of impairment, the integrity of the model is undermined:

The priority should be social change and barrier removal, as social models of disability have suggested. Yet there is no reason why appropriate action on impairment - and even various forms of impairment prevention - cannot co-exist with action to remove disabling environments and practices. People are disabled both by social barriers and by their bodies. This is straightforward and uncontroversial. The British social model approach, because it 'over-eggs the pudding', risks discrediting the entire dish. (p. 15)

This notion is supported by Thomas (2007) who concludes that the social model was a modernist concept built on Marxist thinking, and questions whether it is possible to maintain the disability-impairment distinction.

Therefore whilst the social model overcame some shortfalls of the medical model it fell short of its intended whitewash of disability irks and irritations. So, given these criticisms, where did researchers travel next?

Where next? The above critiques have led some researchers (Shakespeare, 2006; Thomas, 2004) to propose new approaches. Different broad positions have emerged, notably the relational/adaptation approach (of Thomas) and interactional/socio-contextual approach (of Shakespeare). Whilst Shakespeare (2006) suggested throwing out the social model, claiming it had been undermined by its own ambiguities, Thomas (2004) advised caution, maintaining that it was perhaps heralded as something it was never intended to be. Thus, in pioneering their own theories, it would be wrong to suggest the social model was thrown out altogether.

In first considering Thomas' (2007) approach, she recognises not only the role of impairment *and* social oppression in the lived experience of disability, but heralds them as heavily intertwined. Central to her approach is the notion of 'impairment effects,' which she (2007) defines as "restrictions of bodily activity and behaviour that are *directly attributable* to bodily variations designated 'impairments' rather than to those *imposed upon* people *because* they have designated impairments (disablism)" (p. 136). For example a double leg amputee cannot kick a football, a restriction imposed by their impairment or an 'impairment effect.' However as she explains, the impairment cannot be considered in isolation for the individual operates in a society which may oppress them on this basis. Thus if they label them unable to play football due to the impairment, this is disablism stemming from the impairment effect. Therefore as she (2007) explains:

In any 'real' social setting, impairments, impairment effects and disablism are thoroughly intermeshed with the social conditions that bring them into being and give them meaning. The materiality of the body is in a dynamic interrelationship with the social and cultural context in which it is lived. (p. 137)

As such Thomas (2007) adopts a *social relational* approach to understanding disability, and talks of the prevalence of psycho-emotional disablism. Thus, whilst structural barriers frustrate disabled individuals, society is capable of hurting them on a personal level, via insensitive comments or behaviours. Thomas (2007) rationalises that "social barriers 'out there' certainly place limits on what people *can do*, but psycho-social disablism place limits on who they *can be* by shaping individuals' 'inner worlds', sense of 'self' and social behaviours," (p. 72). She (2007) concludes "the effects of psycho-social disablism are often profound: the damage inflicted works along psychological and emotional pathways, impacting negatively on self-esteem, personal confidence and ontological security" (p. 72).

Figure 1. Thomas' Approach



Figure 1. Linking the theories to identify the potential for disability oppression.

In essence as Figure 1 shows, whilst Thomas maintains social oppression at the heart of matters, she considers this in a more layered, complex, humanistic and relational way than was appreciated by the social model. Impairment effect is the nexus between impairment and disability. The issue of impairment is not sidestepped but nor is it prioritised, for as Thomas (2004) concludes, disability is still a form of social oppression and thus for her priorities for combative measures remain here.

Shakespeare (2006) offers a different take on the social model, arguing that to discredit it, it is necessary to create “an alternative social-contextual approach” (p. 54). One of his grievances is the model’s preoccupation with the removal of structural barriers in society to eradicate all problems of disability, which he considers inherently unachievable. He recognises that whilst barrier removal has benefitted disabled people, arguably a saturation point has been reached, and yet difficulties remain. Ryan and Runswick-Cole (2008) agree, concluding that “while the removal of oppressive structures and practices may well remove the disablism experienced by some people, for others impairments will remain” (p. 202). Thus Shakespeare (2006) is keen to shift focus to prioritise efforts not solely on the external but internal, bringing this issue of impairment once again to the fore:

Rather than getting fixated on defining disability either as a deficit or a structural disadvantage, a holistic understanding is required. The experience of a disabled person results from the relationship between factors intrinsic to the individual and extrinsic factors arising from the wider context....The difference between my interactional approach and the social model is that while I acknowledge the importance of environments and contexts, including discrimination and prejudice, I do not simply define disability as the external disabling barriers or oppression. (p. 55)

Whilst similarities with Thomas’ (2007) approach are evident and Shakespeare (2006) also endorses a relational approach, he argues against disability being defined on the basis of oppression and questions her separate use of the terms ‘impairment’ and ‘disability.’ He

argues that by dealing with impairment (and impairment effects) and disability (and social oppression) separately, it could lead people to consider themselves in one instance ‘disabled,’ and another ‘impaired.’ Whilst perhaps Thomas does not intend them to be considered in isolation, Shakespeare’s (2006) criticism is borne from a concern that disability not be condemned to labels, for he considers the social model prescriptive and uncompromising. Instead he (2006) adopts a “critical realist perspective” (p. 54) which he deems more appropriate given the complexity of disability and life’s nuances. Indeed he (2006) further criticises Thomas for defining disability in terms of social oppression, arguing that it is not a given that disabled people will only endure bad experiences within society. Though he (2006) recognises that oppression does play a part in the lived experience, he does not consider that disability equals oppression.

Put simply therefore Shakespeare (2006) refuses to pigeon-hole disability or silence its diversity by applying a one size fits all approach. By contrast he views impairment as a continuum and celebrates disability as multi-dimensional and subjective. Huang and Brittain (2006) and Semerjian (2009) also claim that disabled individuals have multiple, fluid identities, reinforcing the difficulty in imposing parameters. Moreover, as Jahiel (2007) asserts, disability carries different meanings in different contexts, whilst McDermott and Turk (2011) suggest that it encompasses all manner of people, further endorsing Shakespeare’s viewpoint. Shakespeare and Watson (2002) summarise:

Disability is the quintessential post-modern concept, because it is so complex, so variable, so contingent, so situated. It sits at the intersection of biology and society and of agency and structure. Disability cannot be reduced to a singular identity: it is a multiplicity, a plurality. (p. 19)

Thus for Shakespeare (2006) the heterogeneity of disability prevents its universal definition and means that he is reluctant to surrender to labels. Whilst he sees that social barriers and oppression are key ingredients in the disability experience, for him they vary in measure and potency, which when coupled with other ingredients, produce different lived experiences. Unlike Thomas, he argues that the experience of disability is not so clear-cut or collectively-applicable, instead favouring a broader, holistic approach where individual and contextual factors play off. This interactional approach he (2006) claims “allows for the different levels of experience, ranging from the medical, through the psychological, to the environmental, economic and political” (p. 62), which he argues makes room for multiple rather than singular interventions.

In short, whilst Thomas and Shakespeare boast similarities in their approaches to understanding disability, their individual persuasions lead them to make different choices in how to challenge and champion the social model. This is summarised in Table 1.

Table 1

Thomas v Shakespeare's Approach to Understanding Disability

Thomas (Relational Approach)	Shakespeare (Interactional Approach)
Recognises role of impairment as well as social oppression in experience of 'disability' – considers them heavily intertwined (relational approach).	Recognises role of impairment as well as social oppression in experience of 'disability' – considers it a play-off between individual & contextual factors (socio-contextual approach)
Introduces notion of Impairment Effects & disablism stemming from it	Dislikes robust labels and inflexible models – avoids pigeon holing experience of disability
Considers psycho-emotional dimensions of disability	Appreciates the diversity/heterogeneity of disability affecting the lived experience
More prescriptive approach – separates disability (social) from impairment (biological)	More all-encompassing, holistic view to allow for nuances of life
Feminist tendencies. Social oppression remains at heart of matters. Priority is to target this.	Disability is multi-dimensional = multiple interventions/combatative measures are possible.

Part 2: What is 'Health'; Conceptual Frameworks

Health is a slippery term, one which has been rationalised and revised over the years and yet which remains difficult to define. While broad and specific definitions do exist, a widely-accepted contemporary one remains uncharted territory. However it is necessary to unpack the concept of health for the purposes of this research.

Health & Historical Perspectives. Originally health was considered, as Huber et al. (2011) explain the absence of disease or illness, a concept radicalised by WHO in 1948. Their definition paved the way for change, health becoming the “state of complete physical, mental, and social wellbeing and not merely the absence of disease, or infirmity” (WHO, as cited in Perry et al., 2010, p. 2337). Thus as Huber et al. (2011) point out, it introduced the idea of different types of health, mental health related to psychology, physical health as a

physiological state, with social health manifesting itself in relationships with others. Furthermore the definition recognised that these could not be considered in isolation, as they interact to make up health in its entirety. On one hand the definition was groundbreaking, in that it not only identified types of health, but relinquished the previous negative connotations in favour of a more holistic view (Huber et al., 2011). On the other hand as Bok (2008) asserts, it sparked controversy “variously called masterful or dysfunctional, profound or meaningless; defended as indispensable....seen as needing revision” (p. 590). Many criticisms followed.

One criticism is the definition’s reference to ‘complete’ wellbeing, a concept Godlee (2011) claims is unachievable. As Bok (2008) asserts it prevents degrees of health, labelling individuals well or ill and prompts misunderstandings which risk the healthcare system being abused. Huber et al. (2011) concur, suggesting that it has contributed to the medicalisation of society, as new-age illnesses fill medical encyclopaedias and early ‘illness’ indicators prompt increasing patient lists, in an attempt to plug gaps that threaten this ideal.

Furthermore Huber et al. (2011) argue that the definition no longer fits a modern society where illness is part of the fabric of life and medical advances mean chronic illness no longer equals death. Likewise Bok (2008) recognises that health has moved on from the 1940s and questions whether the definition is fit to inform current policy. And yet, whilst such scepticism has prompted experts to propose new definitions, a contemporary one is yet to supersede the WHO one. So what does this mean for the future of health studies?

The Future? Bok (2008) suggests that ‘health’ and ‘well-being’ are terms not easily containable, nor supplied with instruction manuals to unravel their complexities. Whilst he (2008) claims that they “provide ideal vessels into which people can place quite different, sometimes clashing sorts of content” (p. 592), Huber et al. (2011) concur, concluding that “redefining health is an ambitious and complex goal” (p. 2). Thus, in reporting back from the Conference of International Health Experts, they (2011) recommend a new approach:

Participants questioned whether a new formulation should be called a definition, because this implied set boundaries and trying to arrive at a precise meaning. They preferred that the definition should be replaced by a concept or conceptual framework of health. (p. 2)

Thus, with a universal definition an elusive goal, it was suggested that health be considered conceptually. Therefore health concepts must now be explored.

Well-being (WB). Given the focus of this PhD is on psychological rather than physical health, WB is a concept which must be examined. This is because psychological health is often talked about in conjunction with WB, the aforementioned WHO definition a case in point. However WB, as Bok (2008) asserts is not without its complexities:

The term ‘well-being’ is differently used in different disciplines. Whereas economists often address well-being in terms of preference satisfaction, philosophers inquire into its relationship to happiness and, with psychologists, ask how it may be enhanced or diminished by factors such as wealth, friendship and health. (p. 593)

The Subjective and Psychological. Durkin and Joseph (2009) claim that WB has a subjective (SWB) and psychological (PWB) form, arguing “whereas SWB refers to affective states coupled with life satisfaction, PWB refers to existential engagement with life, purpose, autonomy, and mastery” (p. 228). That they make this conceptual distinction is significant, given that they can be confused. Indeed Durkin and Joseph (2009) reveal that ambiguities exist, a notion supported by Linley, Maltby, Wood, Osborne, and Hurling (2009) who suggest they are distinct, yet related constructs. Thus to ensure clarity, it is necessary to explore each.

Subjective Well-Being (SWB). Whilst many like Jorgensen, Jamieson, and Martin (2010) consider SWB to be life satisfaction, quality of life (QoL) and happiness, as Jovanovic (2011) points out definitions can vary and the use of inconsistent terminology is misleading. This is summarised well by Angner (2010):

Some think of subjective well-being in terms of affective states: possibly in terms of moods and emotions, but typically in terms of hedonic experience. Some think of subjective well-being in terms of cognitive states: as an overall evaluation of, or general attitude to, one’s life. Some appear to adopt composite views, according to which subjective well-being has several irreducible components, some of which may be affective and some of which may be cognitive. That is, while some proponents argue that subjective well-being is one homogeneous, subjectively experienced mental state, others argue that it is a heterogeneous state consisting of some combination of affective and/or cognitive states. (pp. 365-366)

Many researchers (Gutiérrez, Jiménez, Hernández, & Puente, 2005; Jorgensen et al., 2010, van Praag, Frijters, & Ferrer-i-Carbonell, 2003; Vitterso, 2001) have investigated influencers of SWB, such as personality, age and gender. However more pertinent to this

research is the relationship between disability, impairment and SWB. According to Uppal (2006) “well-being is negatively related to the severity of disability but is independent of the type of physical disability...those disabled at birth are likely to be happier as compared with those disabled later on in life” (p. 536). Whilst this infers impairment to impinge on SWB, the multi-dimensional nature of disability means it is not this simple. Moreover Blanchard, Amiot, Perreault, Vallerand, and Provencher (2009) argue that “in the sports domain, hedonic well-being can be viewed as an immediate consequence, and one that is easily reported and identified by athletes” (p. 546). Thus, driven by the data such theories will be drawn on within this research to clarify the role that impairment and sport play in affecting the SWB of disabled individuals. Finally if as Blanchard et al. (2009) propound, coaches should create conditions to promote SWB, it must also be established whether this is the case or not.

Post-Traumatic Growth (PTG) and Psychological Well-Being (PWB). Linley and Joseph (2011) define PTG as the positive life change triggered following traumatic events, such as bereavement, accident or disability. As Splevins, Cohen, Bowley, and Joseph (2010) explain it can prompt the meaningful rebuilding of life, leading to “changes in an individual’s self-perception, relationships with others, and life philosophy” (p. 261). Some claim that PTG is related to PWB, Durkin and Joseph (2009) for example arguing an allegiance on the basis of similar derivations from the eudaimonic traditions of psychology. What’s more, there is much support (Burns & Machin, 2010; Linley et al., 2009) for Ryff’s (1989) multi-dimensional model, where PWB has 6 dimensions of “autonomy, environmental mastery, personal growth, purpose in life, and positive relations with others, self-acceptance” (Ryff & Singer, 2006, p. 1105). Thus as a type of growth, it could be further reasoned that PTG sits within the PWB camp. But why is PTG significant?

Given that this research focuses on those with disabilities for whom suffering may be no stranger, it is possible that PTG could be reported. However whilst “the concept of growth following adversity seems universally accepted” (Splevins et al., 2010, p. 272), Joseph (2009) reminds us that it should not be expected nor become a benchmark of success. What’s more, Park and Helgeson (2006) warn that all may not be as it seems, for some PTG “may represent illusions or cognitive distortions that individuals make in their efforts to cope with distress” (p. 791). Indeed Frazier and Kaler (2006) question whether all reports of growth are real, musing that society may be witness to orchestrated displays of ‘growth’. Watermeyer and Swartz (2008) suggest that this may apply to disabled individuals who feel compelled to show they are ‘ok,’ implying PTG, whether genuine or not:

Disabled individuals, more than others, are called upon to make other people feel comfortable with their difference. People with physical impairments may have to manage awkwardness or disgust of others; people with chronic pain may have to manage others' anxious imaginings regarding a life in which pain is ongoing; people with communication or sensory disorders may have to put others at ease about their own ways of communication....In order to be socially appropriate disabled people may have to hide or manage reactions to aspects of their lives and experiences which are always with them. (p. 603)

Consequently, whilst it may be that those with disabilities do grow in the face of adversity (Aspinwall and Tedeschi, 2010) equally PTG shouldn't be presumed. With this in mind, in examining the impact of trauma on the players within this piece of research, care must be taken to establish whether this was what Joseph (2009) calls "a springboard to a greater level of psychological understanding" (p. 341), or if any PTG was stage-managed.

Well-being: The Social Realm. Whilst WB has been discussed in its psychological and subjective forms, it is crucial to note that it is also socially driven. Typically when talking about psychology and WB, there has been a tendency of research to trace this to the individual, to presume it something that comes solely from within or exists in our heads. For example Roberto and McCann (2011) define everyday health as "daily, bodily feelings and sensations" (p. 99), implying our perceptions of health to be internally-manifested or based on how we feel inside. And yet WB also plays out within the social realm, and thus there is a need to appreciate how relationships with others can contribute too. Smith (2013) comments:

In sport and exercise psychology, through cognitivism of some form, meaning, thinking, affect, action, and so forth are typically viewed, either implicitly or explicitly, as having its origins within the individual. This is not to say that there are no conceptual steps toward the relational in this field. Nor is it to suggest that sport and exercise psychology never makes reference to social relationships. However, too often in sport and exercise psychology the social and relationships are *talked about*, thereby leaving it unclear what relations conceptually 'are' and the significance of these in human activity. Alternatively, relationships are *individualised* and a curiously *asocial* conceptualization of human beings is produced. (pp. 144-145)

Pertinently, Smith (2013) cites research on coach-athlete relations which bypasses the relationship. Despite these individuals existing and operating together they are spoken about

as independent creatures who are the masters of their own health and WB. This seems naïve, for as Smith (2013) asserts relationships play a huge part in the lives of individuals. As such the social dimensions which contribute to an individual's WB should be appreciated and not overlooked. Frank (2006) agrees, for he claims that the social culture in which we exist is paramount in shaping our health and WB. To understand this, the concept of health consciousness must be explored.

Health Consciousness. Frank (2006) proposes that our understandings of health are influenced by stories in society, and by consequence are externally influenced:

Health circulates inside bodies, as a condition of cells, tissues and organs, and outside bodies as signs. Health stories offer people bits of a subjectivity of health: an awareness of what is interior, expressed in signs that are exterior....These stories call out to people, bidding to be subjectifiers of health. (p. 421)

In essence Frank (2006) argues that we are subjected to a flow of stories which we process, and which influence our sense of health or WB. What's more the stories 'out there' in society are powerful as they can scare or reassure us, increase our awareness or reject an intervention. Thus as Frank (2006) concludes "these stories are subjectifiers: they offer people terms of health subjectivity" (p. 422).

In a society where health is in vogue (Crawford, 2006) individuals are subjected to stories from copious sources and, for Frank (2006), storytellers then have a moral duty. Having said this, a story, like a drug can offer different side-effects for different people, and therefore storytellers face challenges in negotiating their correct prescription. In addition, as Frank (2006, p. 424) concludes the pages keep turning as contrasting stories flex their muscles, before surrendering to new ones, forcing individuals to filter them;

Health for any person is a fluid process of living with certain stories and taking on board some new stories, while leaving many competing stories to float in the river of not-for-me. For a community, health is the distribution of which people are caught up in which stories, where those stories come from, and what different stories do to the lives of those who are caught up in them, with what reverberating effects on who else.

With these ideas in mind, and in terms of this research, thoughts must turn to the role of healthcare professionals and coaches in writing health scripts, and to the stories that players elected to take or leave along the way. Did some athletes have their health bolstered by some

individuals or stories, yet their teammates fall foul of others? Indeed, was a player's health affected by how successfully they vetted or vetoed stories? Regardless, in returning to the aforementioned discussion, Frank (2006) leaves little doubt that health and WB are as much socially driven as they are psychologically orientated.

'Psycho-social health and well-being'. Having revealed health to be synonymous with WB, and WB to be constructed socially as well as psychologically, this must be reflected in the research. As such the term psycho-social health (PSH) and well-being (WB) will be used. That said, before the research can begin there are further relationships to examine, not least that of disability and sport with PSH and WB.

Part 3: Disability, PSH and WB

The WHO definition labels anyone with disease or disability unable to "function with fulfilment and a feeling of well-being" (Godlee, 2011, p. 1), whilst Krahn and Campbell (2011) reveal that disability is a risk factor of poor health in 'Healthy People, 2020.' As such disability appears to sit outside the boundaries of health, deemed its nemesis even.

Indeed there is certainly evidence that disabled individuals *do* face challenges to their health. For example, whilst Wilhite and Shank (2009) argue that they tend to have poorer health than their AB peers, Rimmer (2011) explain this:

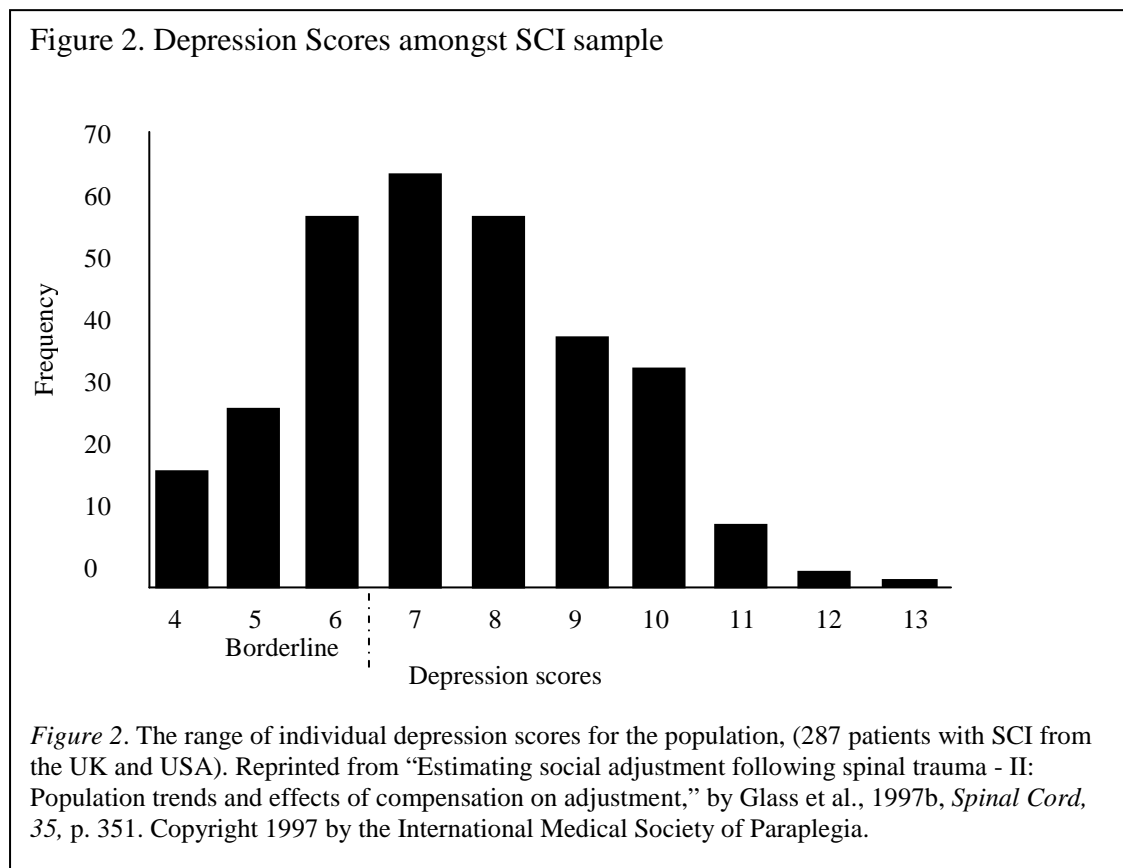
Individuals with physical disabilities, for example, frequently experience significant long-term physical and psychological secondary conditions such as pain, fatigue, obesity, decreased mobility, deconditioning, social isolation, and depression. These secondary conditions often impose a substantial burden on the individual and/or the individual's caregiver and frequently have negative social and economic consequences. (p. 8)

That said and as McPherson (2006) points out, to presume that all disabled individuals are unhealthier than AB individuals would be naïve. What's more, as Nazli (2012) explains, they may also use a different rule-book to assess their health:

For people with physical disabilities, their definition of "health" differs somewhat from the WHO definition. For people with disabilities, health does not mean being disabled; rather, it means not being ill. Thus, unhealthiness equals illness. Although these people have physical disabilities, they are healthy because they are not ill. Therefore, people with physical disabilities interpret themselves as healthy. (p. 238)

Indeed Wilhite and Shank (2009) also comment that “today’s concept of health dictates that it is not only possible for people with a disability to achieve and maintain good health, it is imperative that they do so” (p. 117). Thus, it may be that disability and PSH/WB share a more complex relationship than at first glance.

What’s more the heterogeneity of disability means that this relationship cannot be understood narrowly. As already mentioned, Uppal (2006) claims that those disabled from birth experience more happiness than those who become disabled, and indeed there is evidence that becoming disabled can be a difficult transition (Brittain, 2004; Kreuter et al., 1999). For example just as Eleftheriou (2005) found that individuals can spiral into sedentary living, drinking and depression, Glass, Jackson, Dutton, Charlifue, and Orritt (1997b) in their research with spinal-cord injured (SCI) patients share evidence of the latter, (Figure 2).



Moreover Harrison, Umberson, Lin, and Cheng (2010) found that the age/onset of disability was significant, whilst Reichard, Stolze, and Foxe (2011) claim that those with mobility

restrictions have worse health than those with cognitive limitations. Thus as Shakespeare and Watson (2002) conclude:

Different impairments impinge in different ways. That is, they have different implications for health and individual capacity, but also generate different responses from the broader cultural and social milieu. For example, visible impairments trigger social responses while invisible impairments may not....Congenital impairments have different implications for self-identity than acquired impairments. Some impairments are static, others are episodic or degenerative. Some mainly affect appearance, others restrict functioning. All these differences have salient impacts at both the individual and psychological level, and at the social and structural level. (p. 12)

Finally, and as this quote touches upon, the PSH/WB of disabled individuals may also be affected by how society perceives disability. Indeed, it can be viewed as deficient (Gard & Fitzgerald, 2008) or 'abnormal' (Apelmo, 2012), leading individuals to deny or disguise it (Watermeyer & Swartz, 2008). Moreover and as Brittain (2004) found, relationships can be strained or changed if loved ones treat the individual differently, whilst crossing the ability-disability divide can strip away their identity (Semerjian, 2009). Therefore this implies potential sociological as well as psychological health bullets for disabled individuals to parry.

In short therefore the relationship between disability and PSH/WB is complex. Just as with AB individuals, it is the result of many factors and inherently subjective (Glass, Jackson, Dutton, Charlifue, & Orritt, 1997a). And though there is evidence to suggest that being disabled presents further health challenges, ultimately the multi-dimensional nature of disability means that this can vary enormously from person to person.

Part 4: Disability, Sport, PSH and WB

A final influence on the relationship between disability and PSH/WB is sport. Many researchers (Gard & Fitzgerald, 2008; Goodwin et al., 2009; Lindemann & Cherney, 2008) claim that sport can bolster the health of disabled individuals. Indeed it is a relationship that has been well documented in the literature (Campbell & Jones, 2002a; Fitzgerald, 2005; Huang & Brittain, 2006; Levins, Redenbach, & Dyck, 2004; Martin, Malone, & Hilyer, 2011). From the culture of risk at elite level (Howe, 2004; Theberge, 2007, 2008) to the stakes and stresses of being a Wheelchair Rugby (WR) player (Rubin & Shapiro, 2005), the experiences of Paralympians in particular has received much attention. What's more researchers have examined how disabled athletes are depicted in society, including the role of

the media as puppeteer (Gard & Fitzgerald, 2008, Goodwin, Thurmeier, & Gustafson, 2004; Howe, 2008; Buysse & Borcharding, 2010) and public as judge and jury (Berger, 2008; Britain, 2004; DePauw, 1997; Martin & Wheeler, 2011). Finally the influence of injury (Latimer, Martin Ginis, & Arbour, 2006; Martin Ginis et al., 2010b), classification (Jones & Howe, 2005; Lindemann, 2008; Morgulec-Adamowicz et al., 2010) and technology (Moser, 2006; Semerjian, 2009; van Hilvoorde & Landeweerd, 2008) have also been investigated.

However, for the purposes of this research a distinction must be made between sport as a rehabilitative tool or hobby, and at elite level. This is because though many (Goodwin et al., 2009; Pensgaard & Sorensen, 2002; Tasiemski, Kennedy, Gardner, & Blaikley, 2004) point to the health benefits of sport for disabled athletes, there is also evidence that elite level sport has a dark side (Martin & Wheeler, 2011, van Hilvoorde & Landeweerd, 2008). Given the potential for different PSH/WB consequences, both must now be explored.

Disability (Recreational) Sport: Ludwig Guttman, a neurologist caring for war veterans at Stoke Mandeville hospital initially saw the value of sport in promoting the health of those with disabilities (Guttman, 1976). He (1976) mused that “the aims of sport embody the same principles for the disabled as they do for the AB; in addition, however, sport is of immense therapeutic value and plays an essential part in the physical, psychological and social rehabilitation of the disabled” (p. 12). From here sport evolved to become a popular pastime for disabled people (Schwark et al., 2004), not least WhB which is now played in over 80 nations (Molik, Kosmol, Morgulec-Adamowicz, Laskin, Jezior & Patrzalek, 2009).

One reason for this popularity, as Lindemann (2008) asserts, is that sport can be a normalising experience for disabled individuals. Goodwin et al. (2009) concur:

The competitive wheelchair rugby experience tied the athletes together through feelings of belonging with positive individual protection and group reassurance that was inherent in sport membership. Wheelchair rugby brought athletes with shared life experiences and sport interests together. Decreased feelings of isolation and affective investment in their sport were evident through a sharing of ties with others. (p. 108)

Pensgaard and Sorensen (2002) term this ‘group empowerment’, a notion reinforced by Swanson, Colwell, and Zhao (2008). As Goodwin et al. (2004) explain, these communities allow disabled individuals to be natives rather than foreigners, affording respite from society and its niceties and where disability jokes denote belonging instead of fears of political incorrectness. Tasiemski et al. (2004) also suggest that participation can facilitate the ‘social

reintegration' of those with acquired disabilities, easing their transition into this world.

Moreover, whether the disabilities are congenital or acquired, sport can offer great liberation and empower individuals (Ashton-Shaeffer et al., 2001; Pensgaard & Sorensen, 2002). For example WhB can foster physical confidence and body attractiveness (Ferreira & Fox, 2008), whilst athletes can experience satisfaction, social integration and fitness gains (Ferr, 1993). It can be an escape (Swanson et al., 2008). What's more it can be a vehicle for adjusting society's perceptions (Lindemann, 2008). Indeed rather than denoting weakness, a sports wheelchair can signify strength (Apelmo, 2012) and the individual's identity can alter from 'disabled' to 'athlete' (Ashton-Shaeffer et al., 2001). And this is significant for as van Hilvoorde and Landeweerd (2008) explain, disability can be deemed inferior and stigmatised, whilst athletes are heroes and celebrated. Thus, with all of this in mind it is perhaps not surprising that Gioia et al. (2006) found a positive correlation between sports involvement and the health of those with SCI.

That said, there is also evidence that disability sports can present PSH/WB challenges. For example athletes can segregate themselves from non-athletes (Berger, 2008), resent links to the Special Olympics (Gard & Fitzgerald, 2008) or participate as a means of avoiding dealing with becoming disabled (Asken, 1991). What's more, whilst Rauch, Fekete, Cieza, Geyh, and Meyer (2013) found that women could be put off by the masculine, performance-orientated nature of sports like WR, Fitzgerald (2005) discovered that disabled pupils could be segregated from AB peers via their inclusion in 'low-status' disability sports.

In addition there have also been suggestions that disabled athletes *cannot* shake off their 'disability' tag or assume a superior identity. Indeed Martin and Wheeler (2011) argue that they are not seen as legitimate, whilst Brittain (2004) and Levins et al. (2004) found that onlookers can react with scorn, or fail to deem them equal to AB athletes. Worse, as Berger (2009) and Smith and Sparkes (2012) explain, they can be labelled 'supercrips' and praised for overcoming adversity, reinforcing disability as tragic (Peers, 2009, 2012). Put simply, disability can trump being an athlete (Apelmo, 2012).

In short therefore there is evidence that disability sports can offer camaraderie and cohesion and be a hobby capable of health enhancement. And yet so too is there the potential for these communities to be fragmented, isolated or prejudiced, fuelling health degradation. And so what happens when the sport becomes an elite occupation?

Disability (Elite) Sport. Campbell and Jones (1994) argue the positive impact of elite disability sport on PSH/WB, having found that international wheelchair athletes had

greater self-esteem and less anxiety than national/regional ones. Martin et al. (2011) and Martin and Wheeler (2011) also found that in relation to Profile of Mood states successful disabled athletes exhibited 'Iceberg Profiles' (i.e. positive mental health). And when you consider the opportunities to travel the world, receive global accolades and be super-fit (Dickinson, 2009; Eleftheriou, 2005; Olberding, 2007) perhaps this is no surprise. Indeed Huang and Brittain (2006) summarise what elite sport offers disabled athletes:

Success in disability sport (i.e., becoming an elite disabled athlete) enables people with impairments to actively resist dominant ideologies describing the impaired body as defective and disabled people as weak, inactive, and dependent. Sport is a context that facilitates both resistance and empowerment beyond merely the sporting experience.... They feel physically empowered by their excellent health and fitness achieved by their regular sport practice. They consider it an advantage to be physically fit and energetic because it helps their daily movement and allows them to pursue other things. Moreover, these disabled athletes are empowered by the feeling of being physically skilled and by the increased sense of control that they have over their bodies, which further facilitate their mental strength to take charge of their own lives. (p. 368)

That said, Theberge (2008) warns that elite sport moves the health goalposts, arguing that "critical to the consideration of health, is that the competitive context of sport constrains participants to "play hurt" and in other ways subordinate their health to performance" (p. 207). Indeed she (2008) claims that the end goal can be so intoxicating that athletes rationalise health risks as 'the norm,' postponed to deal with later. Thus Peers (2009, 2012) suggests that care be taken when disabled athletes become elite, to ensure that they benefit rather than suffer the consequences. But *how* do they risk their PSH/WB in the name of performance?

Wheeler, Malone, Van Vlack, Nelson, and Steadward (1996) argue that elite athletes can have such "an intense commitment to sport" that it becomes "their whole life," all they live and breathe "to the point of personal risk and bodily harm" (pp. 388-389). Indicative of this is the lengths disabled athletes will go to, for example engaging in 'sandbagging' or classification 'boosting,'¹ (Lindemann, 2008; van Hilvoorde & Landeweerd, 2008). Indeed Campbell and Jones (2002a) in their research with Britain's WhB men also found many more stressors brought on by playing at this level. The pre-event ones are shown in Figure 3:

¹ This involves misrepresenting (or 'playing up') their disability for a favourable classification.

Figure 3. Pre-event anxieties of GB's WhB Men (2002)

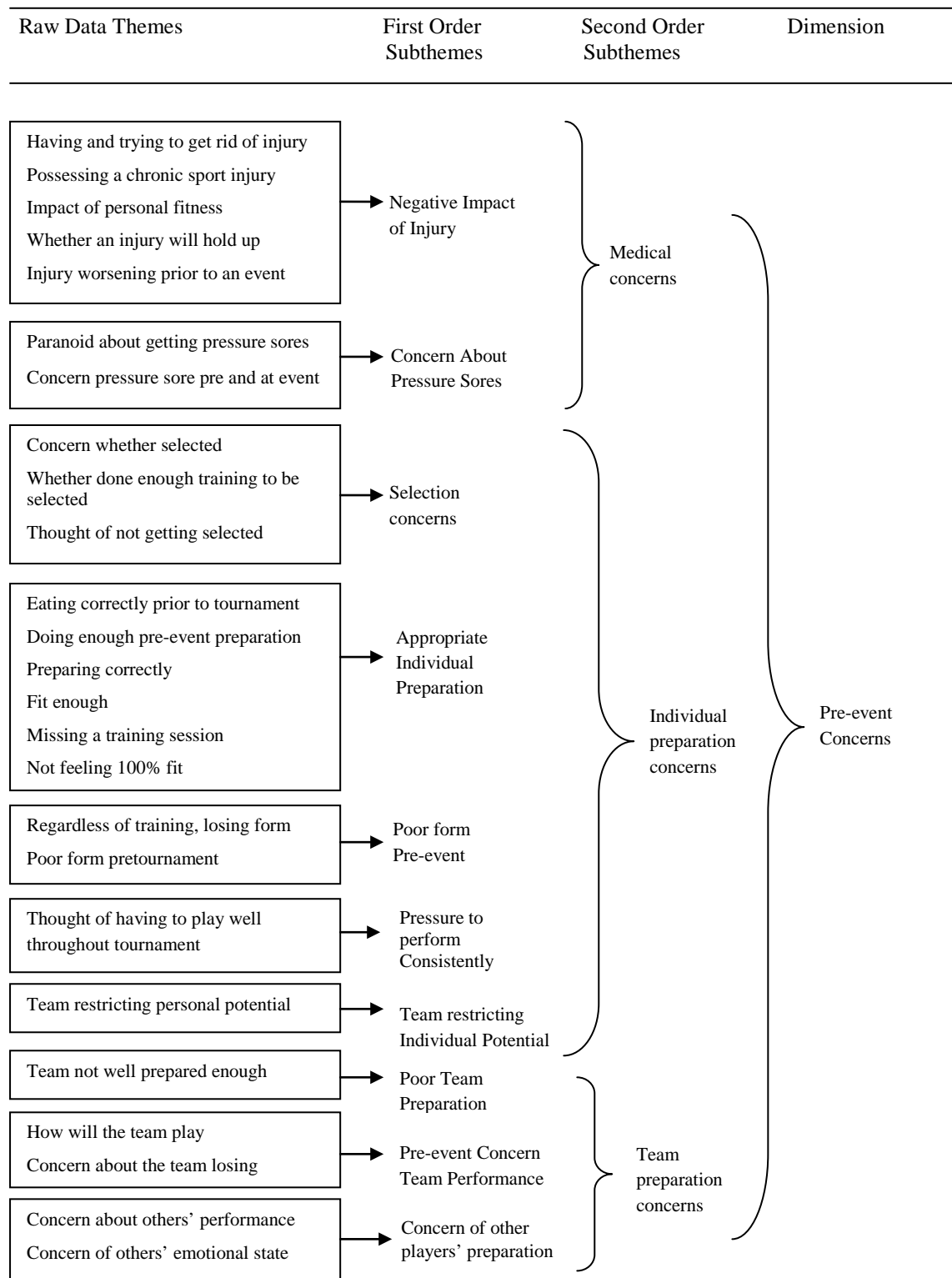


Figure 3. Pre-event concerns inductive content analysis, showing sources of stress experienced by the GB Men's WhB players. Reprinted from "Sources of stress experienced by Elite Male Wheelchair Basketball Players," by E. Campbell, and G. Jones (2002a), *Adapted Physical Activity Quarterly*, 19, p. 86. Copyright 2002 by Human Kinetics.

In taking just one example to illustrate, injuries (notably shoulder), and illnesses (e.g. pressure sores) have been readily reported as a source of stress for disabled athletes (Ferrara & Peterson, 2000; Martin, 1999, Nyland et al., 2000). And yet, despite pain being common in those with locomotor disabilities, according to Bernadi et al. (2003) this does not prompt performance cessation. Instead as Tsitsimpikou, Jamurtas, Fitch, Papalexis, and Tsarouhas (2009) found, 45.8% of WhB athletes used NSAIDs² at the 2004 Paralympics. Worse, Bhambhani et al. (2010) identified that 16.7% of athletes had used ‘AD boosting’³ at the 2008 Paralympics despite 94.7% knowing the risks. Thus this reinforces the willingness of elite athletes to compromise health for performance, with disabled athletes no exception.

Moreover elite sport can pose greater PSH/WB challenges for disabled athletes than AB ones, from classification issues (Howe & Jones, 2006; Jones & Howe, 2005) to lesser or unpredictable funding (Campbell & Jones, 2002a). And to add insult to injury, evidence (Depauw, 1997; Gard & Fitzgerald, 2008; Tasiemski et al., 2004) suggests that even at elite level disabled athletes are not seen as legitimate, but instead can be subject to what Chisholm (2010) call a ‘Cinderella service,’ treated as subordinate to their Olympic peers. And though this may be caused or compounded by the disproportionate, diluted media coverage, which favours sob stories over athletic critiques (Buysse & Borcharding, 2010; Goodwin et al., 2004; Howe, 2008), van Hilvoorde and Landeweerd (2008) outline the result:

Elite sport is about excellence within the boundaries of ‘self-chosen’ limitations; disability sports originated from limitations through fate. Elite sport symbolises the athlete as hero; it reproduces elitist ideals about the body (‘athletic’ and ‘beautiful’), about good sportsmanship and national pride. For many people in disability sport, the athlete is still a ‘patient combating their limitations’, instead of an elite athlete with specific talents or virtuosity. (p. 108)

Thus this once again speaks of the complexities in the relationship between disability, PSH/WB and elite sport.

In short therefore, evidence suggests that elite sport can offer disabled individuals great opportunities and yet challenges. Though it could be argued that this is no different to its recreational form, in raising the stakes, it appears that the benefits and risks are magnified and naturally this has implications for the PSH and WB of the performers.

Conclusion

The existing literature has offered an insight into the evolution of disability definitions

² NSAIDs = non-steroidal anti-inflammatory drugs. E.g. Ibuprofen.

³ AD = Autonomic dysreflexia. Athletes induce AD (e.g. by clamping the urinary catheter) to boost performance by increasing blood pressure and heart rate.

and models. The meanings of health have been explored and concept of WB deconstructed, giving rise to the notion of PSH and WB. In adding disability and sport to the mix a complex relationship has been revealed, and one which must be unpicked further. Indeed a platform for this study has been provided, whilst rationales for conducting the research have also become clear. These are explained forthwith.

Research Rationales

There are a number of rationales for this research. One is to explore the understudied *everyday* PSH and WB of Paralympic athletes. Health is a fluid concept and is thus unlikely to be appreciated by taking a snapshot and yet research of elite disabled athletes has tended to favour a one-off, reflective approach linked to one aspect of a Paralympics. For example in WhB research Ashton-Shaeffer et al. (2001) investigated the empowerment of the US women via single interviews, whilst Martin et al. (2011) examined their mood states at a pre-Athens selection camp. Campbell and Jones (2002a) explored stressors for the GB men, though not aligned to a Paralympics, whilst Wheeler et al. (1999) retrospectively studied the careers of retired disabled athletes from initiation to retirement. However no research has spanned the entire Paralympic journey in real-time. What's more, on reflection researchers have shared the pitfalls of their isolated enquiries and recommended a longitudinal, real-time approach.

We wanted to examine socialization of members who started at different times in the development of the social system. Instead we obtained a snapshot of the wheelchair basketball system at a particular historical moment. There was no indication of how the system or social context in which it is located had changed over time. (Williams & Kolkka, 1998, p. 367)

Findings were limited by wheelchair basketball players' ability to reflect accurately about the nature of the sources of stress they had experienced since they first played internationally. Future researchers, therefore, may consider identifying the sources of stress experienced at a specific event, or during training as they occur, or as soon after the event as possible, to facilitate accurate recall. (Campbell & Jones, 2002a, p. 97)

Moreover, more recently Smith and Sparkes (2012) suggested a new research direction:

There is the challenge of developing knowledge on elite disability sport. One direction of travel researchers might take to help meet this challenge is to examine the legacy of the Paralympics on both athletes with disabilities and disabled people in general.

Likewise, research is needed that examines the impact that sports like wheelchair rugby or tennis have on players' health, personal growth, and inter-generational relationships in the run-up, during, and after a Paralympic Games. (p. 341)

Therefore this research answers this call and heeds the recommendations, by travelling the road with the GB WhB squads in real-time and over time from 18 months before, to 12 months after the Paralympics. With health ever-changing and sport part of the everyday lives of elite athletes, it is hoped that regular contact and sewing the data together will enable a fuller picture of their PSH/WB to be captured.

A further rationale for the research is to hear the voices of disabled athletes, for little research has involved them speaking of their own health. However as Watson (2000) and Roberto and McCann (2011) explain, health is subjective and socially driven, a knowledge of which could enable its better promotion. Phoenix (2010) also claims that marginalised groups (e.g. disabled) should be asked directly about their lives if they are to be understood, whilst Semerjian (2009) claims that "attention to the experiences of athletes with disabilities and their interests, needs, and desires for sport participation can bring their voices to the forefront and lead to more effective population relevant research" (p. 267). Thus the research will place the athletes centre stage with a view to better understanding their PSH/WB.

Finally, the research hopes to address gaps highlighted in the elite disability sport and PSH/WB literature. For example Jefferies, Gallagher, and Dunne (2012) comment:

Research on the psychosocial aspects of disability sport participation has a relatively short history....Even less is known about the psychosocial characteristics of disabled-bodied athletes that perform to an elite standard, such as at the Paralympian level.... With the growing profile of the Paralympic Games and the wide-ranging investment that is made in Paralympic athletes to attend these competitions, it is becoming increasingly important to understand how these diverse athletes perform to the best of their abilities, invoking a holistic account of both biomechanical and psychosocial attributes. Some reviews of disability and sport have been undertaken in the psychosocial literature, though none, to our knowledge, have specifically investigated Paralympic athletes. (pp. 278-279)

Indeed with Ashton-Shaeffer et al. (2001) and Martin and Wheeler (2011) also criticising the lack of research into elite female disabled athletes, a final rationale is to address identified shortfalls in the literature.

In short therefore this PhD aims to explore from a unique and original position the PSH and WB of GB's WhB players. In doing so it hopes to arm stakeholders with the knowledge to optimise the health of Paralympic athletes and the wider disabled community. This is reflected in the aims and objectives of the PhD.

PhD Aims and Objectives

Aim. To understand the PSH and WB of GB's WhB players over time, from the point of acquiring their disability, up to and beyond the London 2012 Paralympic Games.

Objective 1. Examine the impact of becoming or living with a disability on the PSH and WB of the individuals.

Objective 2. Assess how getting involved in recreational WhB affected PSH and WB.

Objective 3. Ascertain the PSH and WB highs and lows of being a GB WhB player.

Objective 4. Examine how taking part in a home Paralympic Games in London in 2012 influenced the PSH and WB of the players.

Objective 5. Disseminate the knowledge gained, giving recommendations to the GB WhB community to better promote the PSH and WB of the players.

Chapter 3: Methodology

Thoughts must now turn to the methods selected to facilitate the research.

Qualitative Research

What is Qualitative Research? Qualitative research is the subject of much discussion, a complex phenomenon which doesn't conform to neat definitions. This can lead to ambiguity and disparity. For example Tenenbaum and Driscoll (2005) define qualitative research as "the collection of primarily non-numerical data, such as rich descriptions of research settings or interview transcripts with key participants" (p. 575). Conversely Fade (2003) views it as a way of "describing or illuminating social phenomena and human experience" (p. 140). Thus as Culver, Gilbert, and Trudel (2003) conclude it is difficult to arrive at a universal definition, a claim upheld by Stige, Malterud, and Midtgarden (2009).

Having said this, for the purpose of this research it is fundamental to define the parameters of qualitative inquiry, and establish what is meant by 'qualitative research.' As Madill and Gough (2008) further explain, it has for some time been rationalised as simply 'not quantitative research.' Yet of course the focus should not be on what it isn't, but on what it 'is' or can be. Different approaches can be employed in defining and contextualising qualitative research, notably a characteristic and paradigmatic approach.

In first considering the former, qualitative research possesses key traits which determine its character. One is its tendency to seek an insider's perspective whilst remaining an outsider, or as Gratton and Jones (2004) put it, to "try to understand the subjects 'from within'" (p. 19). Willig (2008) claims that qualitative researchers seek to see the world through the eyes of others and vicariously experience their feelings, rather than imposing their own reference on proceedings. Such research is thus characterised by its desire to establish meaning rather than make predictions, to celebrate individuality and subjectivity, and to offer an 'emic' perspective (Sparkes & Smith, 2014). As such it is arguably more humanistic than quantitative research, and given its desire to gain rich insights into human beings it tends to be ideographic. Streaan (1998) explains this:

Qualitative researchers tend to focus on a relatively small number of individuals or situations to preserve the individuality or specificity within their analyses. This approach tends to enable qualitative researchers to understand how events, actions, and meanings are shaped by the unique circumstances in which they occur. (p. 336)

Thus the key characteristics which are indicative of qualitative research are summarised in Table 2.

Table 2

Key Characteristics of Qualitative Research

Key Characteristics
Insider's Perspective
Meaning rather than prediction
Allows for individuality/subjectivity
An 'emic' approach
Focus on process as well as outcome
Ideographic

It is next possible to investigate the meaning of qualitative research via a paradigmatic approach. As Sparkes (1994) reveals “each and every individual who engages in research will make sense of the world through a particular set of paradigmatic lenses” (p. 11). In essence a paradigm is the world-view of the researcher, borne out of and shaped by their beliefs (Sparkes, 1994). Our ‘paradigmatic lenses’ influence how we view the world and translate that picture for others. As Sparkes (1994) explains, “these lenses can shape how different communities of researchers feel about the nature of social reality (ontology), along with the grounds of knowledge and how we might begin to understand the world and communicate this knowledge to others (epistemology)” (p. 12).

One paradigm is that of interpretivism, a world view which challenges the more traditional one of positivism (Gratton & Jones, 2004). Interpretive researchers adopt what Sparkes (1994) calls an ‘internal-idealist stance,’ rejecting the idea that data can be scientifically extricated from the subject by a robot-researcher, free of human interpretation. Instead at the heart of interpretivism is the belief that our minds shape our concept of reality (Sparkes, 1994) and thus research cannot be entirely objective. Indeed the ontological stance within this research was thus relativism and epistemological stance constructivism.

According to Sparkes (1994) one draw of an interpretive approach is the opportunity for researchers to ingratiate themselves into the culture of a group, enabling them to enter their lives and “see the world through their eyes, through their cultural lenses” (p. 12). It must be

said however, as Smith (2008a) points out that it is difficult to imagine another person's life, due to their 'alterity' and thus researchers must be mindful of this, for invading too crudely poses the risk of committing 'symbolic violence.'

Finally, in returning to the paradigmatic assumptions that inform qualitative inquiry, having collected the data researchers committed to interpretivism endeavour to translate it to construct meanings and interpret its value to the world. Qualitative research is thus again characterised by its personal, humanistic approach.

Why do Qualitative Research? Having arrived at an understanding of its meaning attention must turn to why it was chosen for this research.

Qualitative research offers many benefits, not least its orientation towards meaning rather than prediction (Willig, 2008). This is significant as this research sought to explore the meanings of health over time for WhB players. What's more, as Semerjian (2009) propounds "qualitative research on the experience of exercise and rehabilitation captures the experiences of individuals with SCI in ways that are simply unavailable through quantitative methods" (p. 273). Brustad (2009) agrees, revealing that human sporting experience is also a phenomena which cannot be picked up without qualitative inquiry:

Sport is an entirely human endeavour. Our involvement in sport and physical activity is full of personally and socially generated meanings as our participation occurs in interaction with other individuals in various social and cultural contexts. Qualitative researchers in sport and physical activity have an essential role in uncovering the meaningful nature of this involvement....In order to improve the sport and physical activity experience for individuals, we need to better understand the lived meaning of the experience and qualitative/interpretive forms of research provide us with important tools for achieving this goal. (p. 112)

As touched upon by Brustad (2009) the draw of qualitative research is not just its potential to understand the lives of others, but to generate data that is meaningful to them. It can also be significant to a wider audience than simply academics. Thus qualitative methods and methodology was selected for this research for its ability to generate data which was workable and accessible for the intended audience (Stearn, 1998) – coaches, players, and disabled people.

Methods of data collection

As Willig (2008) points out, opting to conduct qualitative research has implications in relation to methods of data collection available to the researcher. Gratton and Jones (2004) concur, explaining that the ontological and epistemological stance taken by the researcher affects their data collection decisions. This comes as little surprise given Sparkes' (1994) affirmation that all researchers own a set of 'paradigmatic lenses' which influence their view of the world, and therefore the tools with which they see fit to explore it.

Whilst researchers may favour traditional methods of data collection (Culver et al., 2003), Madill and Gough (2008) reveal qualitative research to offer an assortment of techniques, ranging from the more traditional interviews to the less well-known vignettes. Thus selecting methods was complex. Given the desire to embrace unfamiliar techniques whilst not dismissing tried and tested traditional methods, to achieve rich data, and to honour the epistemological beliefs, a number of methods were selected. It was hoped that their combination would enable data to be achieved which spanned time yet operated within a strict timeframe, which tracked multiple lives yet offered individual insights and which provided an insider's account whilst being an outsider.

Interviews: Life Histories. If the research was a vehicle, seeking to undertake a journey of discovery about the lives of WhB players, then interviews were the engine, the driving force behind the research. For if insights into the players' lives were to be achieved then interviews were indispensable. As Tenenbaum and Driscoll (2005) point out, "we cannot observe everything, and we cannot be sure how people organise the world and attach meaning to things unless we ask them" (p. 591). Nevertheless there were many complexities to unravel relating to their composition. This is due to the variety available, which contributes to the difficulties facing researchers in defining what an interview actually is. Tenenbaum and Driscoll (2005) argue that interviews exist to "gain information from the other person's perspective" (p. 591), and compartmentalise them unstructured, semi-structured and structured versions. Conversely Madill and Gough (2008) claim interviews "tap lived experiences" (p. 256), but cite fourteen examples, extending the previous list with additions such as narrative and reflexive interviews.

For the study to be successful it hinged on the participants being at its heart and empowering them to tell their stories, something Culver et al. (2003) claim can be hindered by over-zealous researchers preoccupied with their part. It was paramount that they took centre stage, relegating the researcher to the stalls. As such life histories were the most

conducive for the initial interview. These must not be confused with life stories which centre on a subject telling their life story, by recollecting experiences (Randall & Phoenix, 2009). Instead as Streaun (1998) asserts a life history is “where the life story is contextualised and theorised in its broader social, psychological, political and historical contexts” (p. 337). The participant positions their stories in relation to these contexts. In turn as Carless and Douglas (2013) explain the “stories individuals tell of their lives offer insights into the cultural settings in which they are immersed” (p.701). Thus, they may be autobiographical in nature, but they also offer a taste of the world in which they live. Huang and Brittain (2006) agree:

The life history approach, therefore, aims to capture the firsthand subjective accounts of the actual experiences of individuals from their own perspectives. It allows for individual voices to be heard and at the same time allows groups of individual voices to be compared in order to highlight both the individual and communal issues raised by the participants in a particular study. (pp. 356-357)

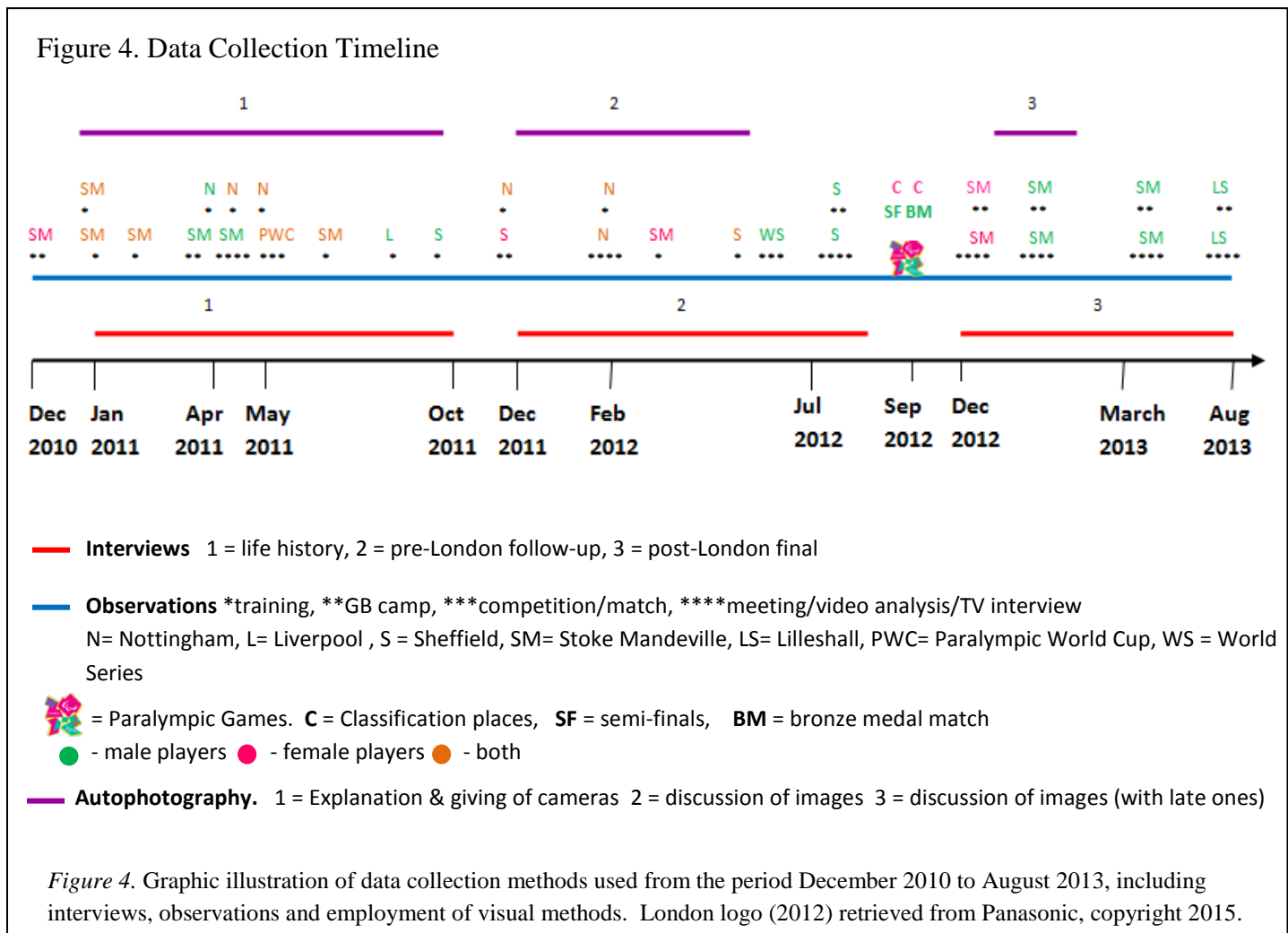
This notion is supported by Madill and Gough (2008) who call for the “elicitation of personal stories with minimum researcher prompting” because “participants will, unconsciously, provide important information about themselves” (p. 256). Thus one rationale for selecting life histories was the opportunity they offered for the participants to, in their own time and words (Smith & Sparkes, 2005) tell their stories. In fact Streaun (1998) reveals this approach to be particularly effective when seeking to understand athletes because this enhances the credibility and accessibility of their stories for others:

The emphasis on athletes’ perspectives and understanding particular performance contexts has great potential to inform practice because athletes are recognisable to themselves in the research findings. They can then relate to the analyses and results in ways that allow them to transfer across settings and make connections to their own performance conditions and practices. (p. 342)

Therefore, a further reason for using life histories was the scope they offered for athletes to speak directly to other athletes, optimising the achievement of workable data. They allowed players to reveal their journey to London, pausing to recount stories of trauma to training, mapped to their PSH and WB. Essentially they told the stories of their lives over time.

With regard to their timing, training and competition schedules were consulted to avoid disruption and ensure time for their completion. Typically they lasted an hour, though this was affected by the time players took to address topics, which was in turn influenced by

their length of service in the sport and their responsiveness. Coaches were also interviewed to gain their opinions on the relationship between WhB and player/team PSH and WB, and to establish how they affected player PSH/WB.⁴ All interviews took place between January and October 2011, as shown in Figure 4. One transcript can be found in Appendix 2, and the interview guide used with the players in Appendix 19.



Follow-up Interviews: Life Stories. According to Atkinson (2001) “a life story is the story a person chooses to tell about the life he or she has lived, told as completely and honestly as possible, what the person remembers of it and what he or she wants others to know of it, usually as a result of a guided interview by another” (p. 125). Whilst similarities can be seen with life histories, the follow-up life story interviews differed in scope and emphasis. Within the life history interviews players examined their lives and provided a historical timeline, flagging up significant days and dates and mapping stories to wider

⁴ The interviews (of players and coaches) totalled 1043 minutes (17.4 hours), with an average of 52 minutes.

historical and social contexts (Strean, 1998). Following this biographical excavation of their lives, the follow-up life story interviews focused on investigating forgotten stories, clarifying experiences and updating the timeline, even forecasting future directions. As such, one rationale for selecting them was the scope they offered to cement and build on foundations formed by preceding interviews, or as Atkinson (2001) puts it the opportunity “to understand the past and the present more fully, andleave a personal legacy for the future” (p. 126).

Moreover Smith and Sparkes (2012) in their review of the disability literature noted that qualitative research into elite disability sport has tended to favour single interviews, and instead recommend multiple ones, advocating narratives. Indeed, as already mentioned WhB research has followed this trend, with narrow, one-off enquiries favoured (Ashton-Shaeffer et al., 2001; Campbell & Jones, 2002a; Williams & Kolkka, 1998). And yet with researchers subsequently criticising their approach and stressing the need for more thorough enquiries, the decision to team up life story with life history interviews was further justified. Together they offered scope to achieve a more complex picture of athlete PSH and WB over time.

What’s more as Atkinson (2001) points out, these interviews can be enlightening. Sharing stories can evoke joy, release inner demons and be a normalising experience where feelings are validated (Atkinson, 2001). This was reflected in the researcher’s journal and vindicated their selection further:

04/02/11: Having now interviewed 4 GBWB women, one thing of note is their demeanour. Whilst I worried dredging up past experiences could open old wounds, there has been much laughter at recounting forgotten times of their youth. They have enjoyed telling a ‘foreigner’ like me about WhB, and I suspect they’ve liked having someone actually care about and want to hear their stories.....

Finally life story interviews offered the interviewer a degree of flexibility which was very useful. At times she could be a passive conduit (Potter & Hepburn, 2005) encouraging players to simply tell their stories. At others by being a ‘full recipient’ (Potter & Hepburn, 2005) or ‘collaborative storyteller’ (Rapley, 2004) there was scope to discover mutual experiences enabling the excavation of other stories. In short this allowed for multiple layers of data to be unravelled.

Ultimately life story interviews were chosen for the follow-up interviews as they enabled the exploration of experiences previously unearthed by the life history interviews yet the excavation of new ones. This ensured that the past could be understood, the present

examined and the future speculated, fleshing out and updating the timeline as the players made their way towards London. In terms of their number and duration, it was decided that two follow-up interviews would be conducted with players and coaches, taking place in the year preceding and following London 2012 (see Figure 4). They lasted 30-80 minutes.⁵ This decision was borne from the need to respect schedules, avoid interference with pre-Games preparation and ward against frustrating the players which seemed probable if several or lengthy interviews were favoured. An example of one interview is presented in Appendix 3.

Observation and Participant Observation. As Baker (2006) explains “definitions of *observation* per se are difficult to find in the literature” (p. 173), as some researchers focus on the observed phenomenon and others the observer. Gratton and Jones (2004) claim that observations exist to “observe behaviour, rather than question people about it” (p. 160) and classify them as participant or non-participant. On the other hand Tenenbaum and Driscoll (2005) claim that “the point of observation is to render a description of what is going on in that setting without unduly influencing what is being studied” (p. 581). They (2005) point to Shank’s (2002) eight categories of observers including the ‘Embracer’ or ‘Abstractor,’ as evidence of the ambiguities. Thus as Baker (2006) concludes, confusion arises out of “the variety of labels that seem to be used interchangeably by researchers to describe what was once called simply ‘observation,’” (p. 172).

Nevertheless common to all is the belief that they exist to “study and understand people within their natural environment” (Baker, 2006, p. 173). Moreover researchers (Culver et al., 2003; Fade, 2003; Streat 1998) are united in their endorsement of observations alongside interviews to allow multiple layers of data to be uncovered. Culver et al. (2003) stresses that “when other sources of data relating to human activity, such as various forms of observation, are combined with multiple interviews to study human activity, it is possible to capture a more complete picture of the processes involved in such activities” (p. 7). This is supported by Lindemann and Cherney (2008) who claim that the combination of observations with interviews of WR players was effective in providing insights into “on-court displays, athletes’ off-court talk, athletes’ off-court storytelling, spectator reactions, and organisational attributes of game conduct” (p. 112). Thus one reason for conducting observations was to strengthen the research by not just asking the players what they do (in interviews), but also observing what they do in various settings.

One type of observation used was participant observation, which Madill and Gough (2008) define as “a technique that utilises knowledge developed through the researcher’s

⁵ First follow-up interviews totalled 1025 minutes (17.1 hours), averaging 57 minutes (2 players were unavailable) Final interviews totalled 811 minutes (13.5 hours), averaging 48 minutes (1 coach & 2 players were unavailable)

social engagement with the phenomenon of study” (p. 257). As Iacono, Brown, and Holtham (2009) clarify, the researcher overtly participates in the observed activity, whilst recording their insights. The rationale for using such observations revolved around witnessing first-hand tiresome training, classification conundrums and for example ‘boyish banter’. Such an approach is endorsed by Lindemann (2008) and Lindemann and Cherney (2008) who found that using participant observations in their research with WR players generated data out of reach for the observer sitting in the stands. As Lindemann (2008) reveals, it provided access to “social talk” such as “sideline conversations about players’ displays of athleticism” (p. 103), which enabled an appreciation of how players constructed their understanding of their disabilities. Moreover Apelmo (2012), having employed this method with WhB players championed it as a means of getting accustomed with native jargon and situating comments from interviews. As Baker (2006) propounds, participant observations “allows the researcher to gain a better understanding of insiders from their own perspective” (p. 187). Iacono et al. (2009) concur, stating that “it offers the chance to obtain unique insights into the organisation or social group” (p. 39). Thus, it was hoped that the observer’s enculturation would enable behind-the-scenes insights into the players’ lives.

However, whilst there are many benefits of participant observations, Baker (2006) and Iacono et al. (2009) advise caution, for they also pose challenges. These include the need to agree a level of researcher involvement which aids data collection without becoming stifling. Consequently it was decided that observations would be used in partnership with participant observations. This afforded the opportunity to witness players in their natural habitat, without risking their behaviour being contorted by the presence of an outsider. Thus, whilst the observer engaged in participant observations, sitting with players during downtime or in meetings, she also retreated to the subs bench or stands to engage in non-intrusive observations, as team camaraderie or on-court clashes unfolded. Having the observer be both honorary player and avid spectator sought to optimise data collection.

A final consideration was the timescale, for as Baker (2006) asserts, “observation requires the researcher to spend considerable time in the field...in order to gain a more comprehensive understanding of the people being studied” (p. 171). Thus they took place over 3 years and continued until a ‘saturation point’ was reached, which Tenenbaum and Driscoll (2005) define as the point at which the researcher establishes that data is repeating itself.⁶ Having said this care was taken to ensure that they captured different locations and points on the road to, during and beyond London 2012 (see Figure 4), given the potential for behaviours and team dynamics to alter.

⁶ Observations totalled 60 hours: 35 hrs - training/camps, 15 hrs – competitions/games, 10 hrs – other (e.g. team meetings/video analysis/ press commitments). Further observations totalling 15 hours were conducted using television footage (e.g. games, interviews, documentaries).

Ultimately observations were chosen to allow the researcher to use different senses to see, hear and feel the experience of WhB (Baker, 2006). They were also favoured because of their symbiotic relationship with interviews, which enabled comments made to be better understood when witnessed during observations, whilst offering up sideline talk and on-court exchanges which could be explored in interviews. Therefore both were selected not only on individual merit, but for the collective strengths offered in combination.

Visual methods. As Prosser and Loxley (2008) assert visual methods have come into favour in recent years. Significantly Harrison (2002) claims that “a number of researchers within the health and illness domain have been successful in utilising a variety of visual methodologies in their work” (p. 585). Phoenix (2010) also endorses visual methods as a fruitful methodology within the social sciences revealing that:

Adopting visual methods can enhance our understanding of the social world. By encompassing a multitude of forms including photographs, videos, maps, diagrams, symbols and so forth, images can provide specific information about our existence. They can also act as powerful indicators regarding the multiple meanings embedded within our culture. (p. 93)

Therefore it comes as little surprise that researchers working with wheelchair performers, such as Goodwin et al. (2009) have also employed visual methods to literally look at their cultures. Indeed Smith and Sparkes (2012) claim there is a need for alternative methods of qualitative analysis, notably visual methods within elite disability sport research to arrive at further layers of data. Thus visual methods came highly recommended and offered a different vantage point from which to explore the WhB community.

The research sought to examine the PSH/WB highs and lows of the players over time. However experiences such as pain can enter the realms of what Sparkes and Smith (2008) call the ‘unspeakable.’ In being so emotionally-wrecking they cannot be portrayed by language and are thus inaccessible via traditional methods like interviews. Instead Phoenix (2010) argues that visual methods can help overcome this barrier for they “offer a different way of ‘knowing’ the world of physical culture, which goes beyond knowledge constructed and communicated through written and spoken word alone” (p. 94). Schwalbe and Wolkomir (2001) advocate the benefits of one method, when working with men in particular:

Reporting emotions in the absence of some concrete stimulus can seem to imply an unmanly degree of emotionality. This impression can often be dispelled by focusing

the participant's attention on an object that is seen as legitimately evocative of strong feelings. For instance, many men are more willing to describe—and to show—emotions when looking at photographs than when merely conversing. (p. 96)

As such one rationale for employing visual methods was their ability to access data unattainable by more traditional methods. That said, as Harrison (2002) explains it does not follow that untellable states can be depicted through image. Thus it would have been short-sighted to presume that they would capture *all* information inaccessible by other methods. They simply offered the chance to add missing pieces of the jigsaw to the research picture.

Whilst there are a multitude of visual methods, auto-photography (AP) was preferred. This involves the subject taking photographs to represent a particular phenomenon as directed by the researcher. Phoenix (2010) explains that “any photograph, it would seem, can hold some form of ethnographic interest, connotation or significance at particular moments in time, for particular people, and particular reasons” (p. 97). Participants were asked to take 5-10 photographs that represented them as a disabled person and 5-10 that depicted them as elite performers. As Packard (2008) reminds us “the act of seeing is inherently subjective” (p. 69), and thus a reason for choosing AP was to have the players hold the camera and the audience see through their eyes. Harrison (2002) claims that this collaborative approach is a draw of visual methods. Packard (2008) agrees, arguing that they “decrease the power differential between the researcher and the researched” (p. 63), adding that “nobody knows the situation of the research participants better than the research participants themselves” (p. 65). Indeed, as Prosser and Loxley (2008) point out, they are experts of their own lives. Thus electing to use AP ensured that the players could remain at the heart of the process.

The participants were equipped with disposable cameras following initial interviews and took photographs in their own time.⁷ Disposable cameras were favoured due to their ubiquity (Prosser & Loxley, 2008) and low-cost, which made it likely that they would be familiar with them, unlike complex digital versions (Packard, 2008). However Harrison (2002) reminds us that photographing harrowing images such as those depicting a life of illness are not those conventionally taken, and may influence the nature of the images. Having said that Packard (2008) argues that it is their very nature that is revealing and thus seeing what players opted to include and exclude was telling in itself.

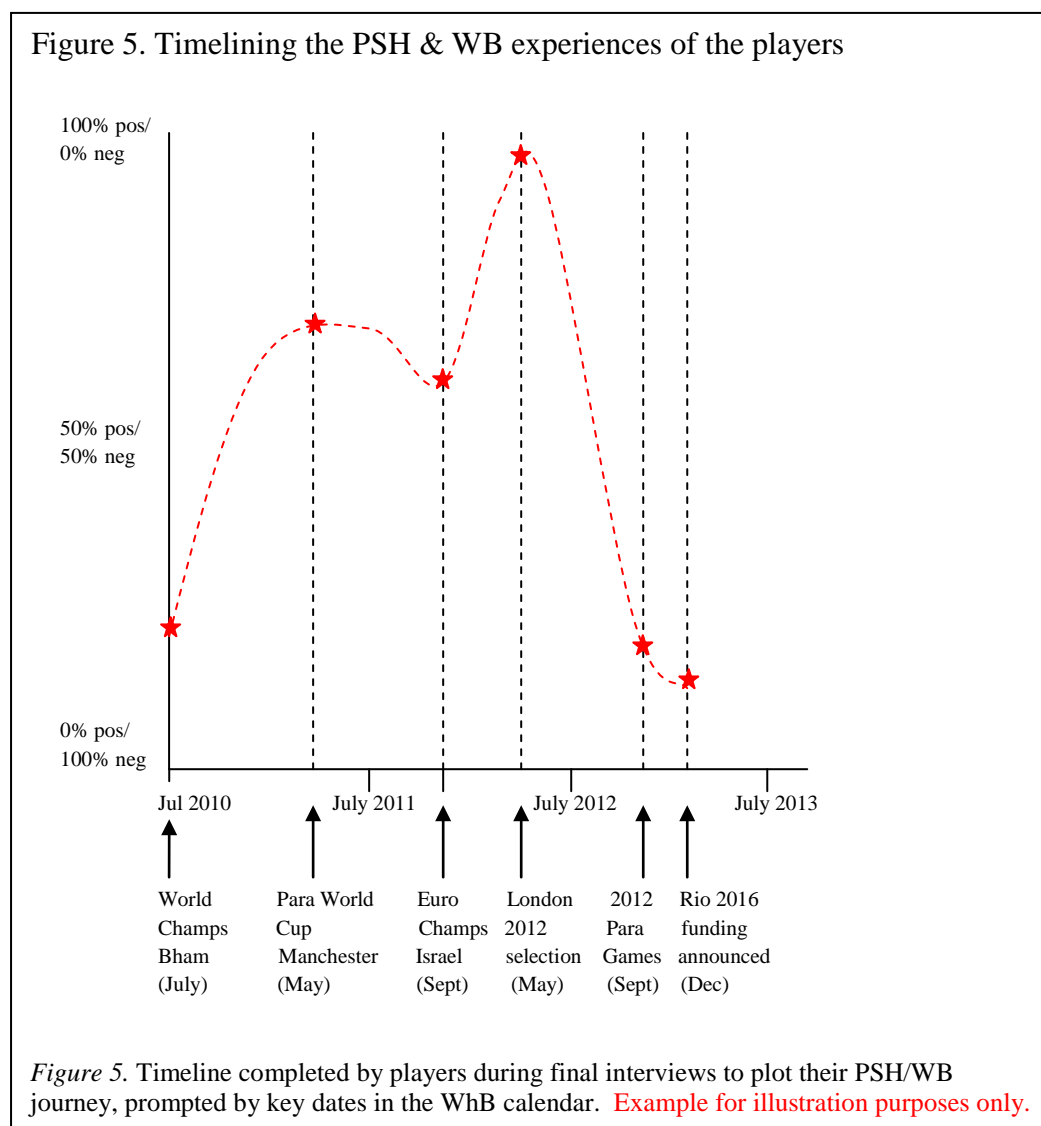
Having completed the AP task, participants were invited to discuss their photographs during follow-up interviews (see Figure 4). Harrison (2002) explains this process:

⁷ Four male and three female players chose to take part in the AP task. The average number of photographs taken was nine.

Produced images can be used in conjunction with in-depth interviews or ethnographic field work as eliciting techniques. This is referred to in some texts as photo-elicitation. It is the reflexivity between image and verbalisation which produces the data for the investigator. In some respects, the use of the visual is simply a technical means to an end: that is, the generation of verbal data for analysis. (pp. 864-865)

Put simply, teaming up AP with interviews gives rise to ‘photo-interviewing’, opening up new lines of enquiry (Packard, 2008).

Finally, in the last interview another visual method known as ‘timelining’ was used. This graphic elicitation technique involves participants plotting information on a particular subject on a graph, mapped to times in their lives (Sheridan, Chamberlain, & Dupuis 2011). Players were asked to think back over the 3 years during which the research had taken place and plot their PSH and WB journey. Figure 5 shows the template used.



Sheridan et al. (2011) argue strongly the worth of timelining, citing multiple benefits:

Timelining has particular value for narrative research. The timeline provides a means to lay out for a participant a comprehensive, multi-textual (re)presentation of her life. It pulls together rich data, promotes narrative accounting, and allows both participants and researchers to focus in on specific aspects of the data to deepen and enrich storytelling. It is a particularly effective means of highlighting turning points and epiphanies in people's lives. (p. 565)

Thus it was employed during final interviews to encourage players to critically reflect, enabling their journey to be committed to paper and the curtain to be drawn on a piece of research they had collaborated in over 3 years. Subsequently during the analysis it was possible for interview comments, observed behaviours and photographed images to be cross-referenced with the timeline, enabling a deeper exploration of their PH and WB experiences.

Ultimately the decision to employ visual methods alongside the more traditional ones was borne from a desire to arrive at further layers of data, whilst empowering the participants to become more like co-researchers. Such methods have received much acclaim. Indeed as Harrison (2002) propounds: "research using visual imagery is seen to have educational, clinical or therapeutic aims and benefits arising either directly from participation or from the research findings" (p. 867). Similarly Prosser and Loxley (2008, Intro) conclude that "few critically reflexive researchers can doubt the significant potential contribution visual methods can make, methodologically, theoretically and substantively, to contemporary social science." Such endorsements further reinforced the inclusion of visual methods within this research.

Sampling and Access

Having explained and explored the data collection methods opted for within this piece of research, it is important now to consider how the participant group or 'sample' was selected. Sparkes and Smith (2014) comment:

Sampling in qualitative researcher is best described as *purposive* or *purposeful* in which an attempt is made to gain as much knowledge as possible about the context, the person or other sampling units. Researchers choose an individual, a number of individuals, or a group in whom they have an interest and who they feel will provide 'information rich' cases based on them having specific characteristics. These may be members of a subculture or community who have knowledge of the setting or the phenomenon that is of interest to the researcher. (p. 70)

However, whilst purposeful sampling was used to select Britain's WhB players for the research, there are many types of this sampling strategy (Patton, 1990, as cited in Coyne, 1997). Many of the sub-types had a role to play in arriving at the eventual sample.

In first selecting WhB over other sports, typical case sampling was used. Here, as Sparkes and Smith (2014) explain "participants are chosen because they fit in with a norm for a given population or reflect the 'average' person, situation, or instance of the phenomenon of interest" (p. 70). With the research seeking to explore the PSH and WB implications of being a disabled athlete, and looking to yield data applicable to the wider Paralympic community, it was vital that the sport selected represented this fraternity. Given the diversity of disability and disability sports this presented challenges. However WhB typified this community better than other sports. That is, GB WhB included individuals with congenital and acquired disabilities, boasted large squads and comprised male and female participants, with a wide age range. Consequently a varied sample could be achieved and one which represented different genders, ages and impairments. In contrast sports such as goalball or boccia (where the impairment range is limited), WR (where female participation is low) or adapted rowing (where numbers are small), were less suitable for the research.

Having said this convenience sampling, in which the sample is governed by which participants are accessible to the researcher (Marshall, 1996) also contributed to this selection. That is, access to GB WhB was possible due to existing links with the Peter Harrison Centre for Disability Sport at Loughborough University, enabling initial contact to be made.

Having decided on the population, thoughts turned to the sample size. As Luborsky and Rubinstein (1995) explain "there is seldom a simple answer to the question of sample or cell size in qualitative research. There is no single formula or criterion to use....Sample sizes in qualitative studies can only be set by reference to the specific aims" (p. 10). Thus a sample size of 8 male and 8 female players was chosen, on the basis that this would be representative of the two squads which comprised 20-30 players each. It also took into account player availability (with many male players living abroad) and the need to work within a strict time frame (with London 2012 at the mid-point of the research).

From here, to achieve 16 players who represented the WhB community, maximum variation sampling was employed. Sparkes and Smith (2014) explain:

Researchers define the dimensions of variation in the population that are most relevant to their study and then systematically select individuals, sites, or times that represent

the most important possible variations of these dimensions. A range of different perspectives on one situation are explored by recruiting people from a variety of backgrounds. Often attempts are made to find views which are as different as possible to disclose the range of variation and differentiation in the field. This form of sampling assists researchers to explore multiple facets of a problem and investigate issues holistically. (p. 70)

In conjunction with coaches efforts were made to recruit players of different classifications (determined by impairment), experience (new and previous Paralympians) and age. Training venues were taken into consideration, as was their experience of foreign and domestic leagues. Finally, by using coach predictions, the sample sought to include those who would and would not be selected for London 2012.⁸ It was hoped that this would enable different PSH/WB experiences to be captured. Table 3 summarises the characteristics of the sample.

Table 3

Characteristics of the sample

Player	Age	Impairment Information	WhB Experience
Male Player 1	Late 20s	Acquired, non visible (internal)	Been to major GB Senior tournaments (not a Paralympics).
Male Player 2	Late 20s	Congenital, wheelchair user	Been to Paralympics
Male Player 3	Mid 30s	Congenital, amputee/visible	Been to Paralympics (not with WhB)
Male Player 4	Mid 30s	Acquired, wheelchair user	Been to Paralympics x 2
Male Player 5	Mid 30s	Acquired, wheelchair user	Been to Paralympics x 2
Male Player 6	Late teens	Acquired, wheelchair user	Experience of GB Juniors – not Seniors
Male Player 7	Late 20s	Congenital, amputee	Been to Paralympics
Male Player 8	Late 20s	Congenital, wheelchair user	Experience of GB Juniors – not Seniors
Female Player 1	Mid 30s	Acquired, wheelchair/crutch user	Been to Paralympics x 2
Female Player 2	Mid 30s	Congenital, wheelchair user	Been to Paralympics x 3
Female Player 3	Early 20s	Acquired, wheelchair user	Experience in GB Juniors – not Seniors
Female Player 4	Early 20s	Congenital, amputee	Been to major GB Senior tournaments (not a Paralympics).
Female Player 5	Late teens	Congenital, wheelchair user	Been to major GB Senior tournaments (not a Paralympics).
Female Player 6	Early 30s	Acquired, non visible (internal)	No experience (new to sport)
Female Player 7	Late 20s	Acquired, crutch user	No experience (relatively new to sport)
Female Player 8	Early 20s	Acquired, non visible impairment (can use crutches)	Experience of GB Senior tournaments (not a major or Paralympics)

Note. Details correct at the start of the research (Dec 2010). Player pseudonyms not provided to avoid identity disclosure.

⁸ Four of the men and six of the women were selected for London. (One man and one woman were reserves).

Players were initially approached during training camps and provided with written and verbal information regarding the study, before being contacted by email and invited to take part. On the few occasions that participants were not willing subsequent choices were made. All correspondence with players was completed by email, whilst telephone and text messaging was used to confirm meetings or advise of delays.

Finally criterion-based sampling, where participants are chosen for their specific experience or characteristic was used to select a sample of coaches (Sparkes & Smith, 2014). The researcher was keen for the coaches to fulfil certain criteria, to ensure different lines of enquiry were explored. Thus 4 coaches were selected. They were AB and disabled, assistant and head coaches, ex and non-players. All had significant player contact and therefore were well positioned to comment on their PSH and WB.

In short several types of purposeful sampling were employed in order to arrive at a sample best placed to realise the aims of the research.

Ethical Issues

Given that the research focussed on PSH and WB there were ethical conundrums to work through. First, ethical approval was granted by Loughborough University, who commended the rigorous approach taken (see Appendices 4a-d). Next informed consent was acquired from every participant in the research (see Appendix 5).

However ethical research extends well beyond that of ethics committees. As Sparkes and Smith (2014) explain there are many considerations in qualitative research, with 'privacy,' 'non-maleficence' and 'justice' to name a few. These will be explored in brief to highlight some of the further challenges of ensuring an ethical piece of research.

In terms of privacy, plus the fact of deductive disclosure efforts were made to protect athlete identities, though this was made difficult by the AP task. Harrison (2002) explains:

There will be ethical issues also, since by its very nature visual materials can make much more information (including identities) available to a public gaze (from either covert or overt investigation), raising questions about anonymity, confidentiality and invasions of privacy. (p. 860)

On this basis it would be naïve to claim that player identities could be entirely protected, especially considering their high-profile status, and the potential when images were combined with quotes for deductive disclosure to occur (Kaiser, 2009). Whilst efforts were made to avoid this, for example by sometimes neglecting to link a player's pseudonym with a

particular quote or image, equally players were aware that complete protection was not possible. They were also advised that a black stripe could be placed across their faces in photos but none took up this option, indicative of their willingness to risk such disclosure.

Non-maleficence, relates to ensuring the participants are not harmed by the research, a genuine concern given Schwalbe and Wolkomir's (2001) assertion that "to agree to sit for an interview, no matter how friendly and conversational, is to give up some control and to risk having one's public persona stripped away" (p. 91). This was particularly pertinent given that the interviewer was asking players to reflect on their health. As Watson (2000) explains:

There are obvious ethical dilemmas implicit in this 'privileged' status – not least because it allows the idea that the researcher, by getting the informants to talk about health, something they do not normally do, has the potential for encouraging reflection about and alteration of existing practices related to health. (p. 12)

Whilst Brown (2001) upholds this notion, she suggests that any discomfort can be dismantled over multiple interviews or if they deem the interviewer a professional. Henceforth efforts were made to avoid any uneasiness, and when seen, as recommended by Rapley (2004) the interviewer changed topic. It was also made clear that players could request that a topic be left unexplored. The RJ notes one such occasion:

01/08/11: This interview was the first time a player said they "didn't want to say" and the questioning was closed down. It's important to recognise a 'no go' area. I am expecting a lot. I have a moral duty to back off when necessary.

Justice, as Sparkes and Smith (2014) explain is concerned with fairness and requires the researcher to avoid participant exploitation. Thus whilst it was important to forge positive relations, care was taken to avoid too zealous or artificial an approach. Indeed, as Willig (2008) propounds "the close personal relationship between researcher and participants in qualitative research carries a particular risk for the abuse of trust, for example, when the researcher 'fakes friendship' in order to obtain information" (p. 20). Moreover as Potter and Hepburn (2005) assert "it is also common (and appropriate) for PhD researchers to care deeply about the topics they are studying. The issue for us is not the interestedness or not of qualitative interviewers, but how issues of stake and interest are managed" (p. 296). Thus the researcher was careful not to smother participants, nor manipulate them for selfish gains.

Finally, as the research evolved further ethical issues arose which were not anticipated. One related to cultural responsiveness. Sparkes and Smith (2014) explain:

Researchers must be aware of the cultures in which they are personally embedded and then attempt to understand the intersection of the varieties of culture in which individuals are nested. This may include race, ethnicity, citizenship, gender, class, age, sexual orientation, and (dis)ability....Researchers need to prioritise not their own personal time frame, but the other's whilst maintaining an affirming attitude toward cultural differences. (p. 212)

Indeed, whilst the researcher was an AB, white woman in her late twenties, the participants were disabled men and women of different races, aged 19-36. It was vital that such cultural differences be acknowledged. Taking the issue of disability as an example, the researcher had to recognise that empathy was not always possible, something which Smith (2008a) also alleged when interviewing men with a SCI:

I cannot, in other words, transcend my flesh and bones to entirely imaginatively put myself in another's embodied place and experience their pain. Thus our capacities for imaginative projection depend in very concrete ways on features of our specific embodiment. These may constrain our abilities to imagine other persons, whether, for instance, in the mode of imagining oneself 'in the other's shoes' or imagining being another.... Being an able-body means that one has no physical or experiential knowledge of the bodily pain involved if one becomes disabled. (p. 146)

Consequently care was taken to enquire about the experience of disability, without claiming to be able to imagine it. This is discussed in more detail forthwith.

In conclusion there were a multitude of issues to manage to foster an ethical piece of research. At every stage decisions were taken with the interests of the participants in mind. Indeed, for any research to be truly defensible it is not just a question of academic credibility, but morality. This research sought to honour the players who had agreed to be its subjects.

Research Relationships and Reflective Journal

As Jones and Ficklin (2012) explain "when using qualitative methods establishing rapport with participants through trust and empathy are part of the process" (p. 111). How open a participant is may hinge on their view of the researcher (Randall & Phoenix, 2009). Thus positive relations were vital to facilitate successful data collection. Having said this, the

perfect rapport is not a given and as Randall and Phoenix (2009) explain, research relationships are not a simple science:

Every interview thus entails a kind of ‘wildcard’ factor, for neither party can possibly know beforehand the direction that their interchange will take....the relationship which develops as the interview unfolds has the potential either to close the interviewee down and push them to resist the interviewer’s intrusions into their world or, alternatively, to open them to fresh perspectives on particular issues they may be facing....As a factor in such change, the relationship of interviewer and interviewee could go either way. Sometimes it develops in a warm and easy manner, with a natural chemistry emerging between the two. Sometimes –or indeed at another time within the same interview – it is cool and stiff and awkward, with the interviewee ill at ease, feeling that their words, indeed their stories, are being judged and found wanting – a perception that could intensify any reticence they may have and shut them down even further in their telling. (pp. 133-134)

Indeed, whilst strong relationships *were* formed, some challenges were faced. For example, as an AB female researcher interviewing disabled men, efforts were made not to threaten their masculinities. Whilst this was largely achieved, the ‘inappropriate sexualising’ of a few indicated a desire to maintain a power differential (Schwalbe & Wolkomir, 2001). That said, multiple interviews fostered trust and, as Brown (2001) also found, most of the men came to see the researcher as androgynous, or were unfazed by her gender.

The degree of empathy that could be shown has already been touched upon. Kreuter et al. (1999) suggest that the rehabilitation of those with a SCI can be hindered by medical staff trying to be experts. Similarly care was taken by the researcher to show empathy and share experiences, whilst admitting that she could not identify fully. In fact by *not* claiming to understand what it was like to be a disabled WhB player, relations were strengthened insofar as the players seemed to enjoy being the ‘experts’ and educating the researcher.

Ultimately, any challenges encountered in achieving a rapport with the players were met head on and strong bonds were fostered. This was vital, for as Rapley (2001) remind us interviews are collaboratively produced. Indeed, as Randall and Phoenix (2009) conclude, the interviewer is the puppeteer and thus how well they ‘work with’ their characters will affect the direction the story takes and reception of the audience:

In qualitative research in sport and exercise sciences, for better or worse, the interviewer *is* ‘the instrument’ for gathering ‘the data’. And as we have found in the course of our own research, every interviewer – even when armed with the same set of questions, the same script – will tease out a slightly different (maybe greatly different) versions of an interviewee’s life. Furthermore, depending on his or her interests or intuition, each question that an interviewer sprinkles among the scripted ones can open rather different narrative avenues for the interviewee to wander down in telling about their lives. Inescapably, listeners shape what tellers tell. (p. 134)

It is indeed the significance of the research relationship which prompted the researcher to occasionally step in front of the curtain, via extracts from the reflective journal (RJ), in order to grant the reader behind the scenes access and insights into these relationships.

Talking of the RJ, Willig (2008) explains the notion of reflexivity:

Personal reflexivity involves reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research. It also involves thinking about how the research may have affected and possibly changed us, as people and as researchers. (p. 10)

As Stige et al. (2009) propounds, it can reveal the researcher’s preconceptions and moral stance. Yet, such reflections must be organised somehow, hence a journal:

One way of ensuring reflexivity is for the researcher to keep a reflective diary throughout the research process. This could be analysed using a recognised approach to reveal any biases, which the researcher should account for when reporting the findings. Researchers should also make their personal stance clear in relation to the subject being studied, along with any relevant personal characteristics such as their relationships with the participants. (Fade, 2003, p. 141)

Lindemann (2008) noted the benefits of recording his reflections when studying WR players, and similarly it was felt that posting extracts from the RJ in this research would be worthwhile. They allowed the research journey to be seen:

1/02/11: When some players revealed they coped ‘ok’ after a SCI I probed presuming they were finding this traumatic. Having now heard this many times I realise my ignorance. Disability doesn’t automatically equal devastation. Given that the PhD seeks to explore disability prejudice and the impact on PSH/WB, I can’t believe my own double standards. I feel a fraud. But this will not deter me, but strengthen me. I have learnt to expect nothing.

As Willig (2008) argues, this promotes the validity of the research, a notion upheld by Stige et al. (2009) who claim that readers can better situate what they are reading. However, aside from seeking to do this, RJ extracts were also intended to disrupt the realist tale...

Representation

According to Hopper et al. (2008):

The issue of representation is focused on the ability to represent the experience of the “other,” the voice of the other, as well as the author’s voice. In particular, this issue challenges how the writing form, the literary mode of expression, creates a cultural portrait of the people and social setting being examined. (p. 215)

As Sparkes (2002) propounds, the issue of representation within the social sciences has moved from being an after-thought to a priority. Broadly speaking there are several methods, including ethnodrama, realist tales and ethnographic fiction (Sparkes, 2002).

Sparkes (2002) claims that qualitative researchers have historically surrendered to traditional styles of writing and by consequence produced uninspiring work. Instead he (2002) advocates the use of less tried and tested but more empowering writing practices. In encouraging a more personal touch, he (2002) asserts that researchers become more than just scientists, and their writing more than academic prose. Instead they become narrators, their writing a journey of discovery, making their work arguably more inspiring and readable. Thus he (2002) encourages researchers to dare to be different and to reap the rewards of their writing courage. With this in mind, the representation opted for in this research was a realist tale, an approach which requires the author to evacuate proceedings, telling the stories of others as an outsider, whilst being ‘invisible’ in the text (Biddle, Markland, Gilbourne, Chatzisarantis, & Sparkes, 2001).

Indeed, the decision to favour a realist form of representation in this research was prompted by a desire for “me” to be an ‘experiential authority’ (Sparkes, 2002, p. 44) unravelling the culture of another group as an outsider. It allowed the research to be “a treasure hunt, rather than a construction process” (Willig, 2008, p. 13), the researcher simply excavating the data and offering it up for inspection. It was felt that this would better allow the audience to hear the players’ voices first-hand, via frequent quotes (Stewart & Lord, 2010). It also avoided the risk of the rawness of the data being lost in translation, and as Biddle et al. (2010) explain enable the reader to accept that “the views put forward are not those of the author, but are the authentic and representative remarks of those people in the

culture under study” (p. 801). Finally Sparkes and Smith (2014) offer a resounding endorsement of the realist tale, for they see great value in the ‘interpretive omnipotence’ which it offers, wherein theory and practice can be married up.

Together these conventions operate to foreground the voices of participants, allowing the reader to gain important insights into their perceptions of events....Realist tales, when well crafted, can provide compelling, detailed and complex depictions of a social world. Realist tales remain the dominant way of representing qualitative findings and will continue to make a major contribution to research into SEH [Sport, Exercise and Health]. (p.155)

Having said this, there are weaknesses to this approach, namely that the author becomes an absent presence. As Hopper et al. (2008) explain it “creates a separation between the researcher and those being studied” and “limits the capacity of researchers to...connect with the reality of the participants and to appreciate how we can best assist in improving the human condition in which the participants are engaged” (p. 215). What’s more, Willig (2008) maintains that “it is impossible for a researcher to position themselves ‘outside of’ the subject matter because the researcher will inevitably have a relationship with, or be implicated in the phenomenon that he or she is studying” (p. 6).

In light of these concerns and to avoid the research suffering from author anonymity, the realist tale was disrupted. That is ‘I’ appeared as the author at times to reassure of research validity (Sparkes, 2002) and facilitate reader engagement (Stewart & Lord, 2010). As touched upon, this was achieved by implanting sections of the RJ in the text.

Ultimately opting for a disrupted realist tale enabled ‘me’ to be the puppeteer pulling the strings to bring the story together, whilst appearing at times to remind of my presence and connect with the characters, before finally drawing the curtain.

Analysis

Analysing qualitative research can be complex. As Potter and Hepburn (2005) explain “although qualitative interviews are treated as relatively easy to perform...they are very hard to do well. On top of this they are hard to analyse and even harder to analyse well” (p. 300). And yet in assessing the quality of research pertaining to the PSH of Paralympians Jefferies et al. (2012) paid particular attention to the depth and suitability of the analyses, implying its importance in successful research. Table 4 illustrates.

Table 4

Comparing the quality of qualitative research into the PSH of Paralympic athletes

Criteria – qualitative studies										
Author(s)	1	2	3	4	5	6	7	8	9	Quality
1 Campbell and Jones (2002a)	+	+	+	-	+	+	+	+	+	8 (excellent)
2 Eddy and Mellalieu (2003)	+	+	+	+	+	+	+	+	+	9 (excellent)
3 Garci and Mandich (2005)	+	+	+	+	+	+	-	+	-	7 (good)
4 Omaz-Fauzee et al. (2010)	+	+	+	-	+	+	+	+	+	8 (excellent)
5 Pensgaard, Roberts and Ursin (1999)	+	+	?	-	+	+	?	+	-	5 (good)
6 Wheeler et al. (1999)	?	-	+	-	+	?	+	+	+	5 (good)

Note. Comparing the research used criteria, of which some related to their analyses, as follows: 3 = Analysis appropriate for data collected, 7 = Analyses rigorous in relation to the analytical technique selected, 8 = Data rich and convincing, 9 = Results discussed beyond a surface level of analysis. Ratings were + (positive), - (negative) and ? (not known/unsure). Reprinted from “The Paralympic athlete: a systematic review of the psychosocial literature,” by P. Jefferies et al., 2012, *Prosthetics and Orthotics International*, 36, p. 281. Copyright 2012 by The International Society for Prosthetics and Orthotics

Given this and the desire for the research to sit within and be deemed a worthy addition to this literature bracket, it was vital to ensure a vigorous process of data analysis.

As such it was decided that an approach commonly used within qualitative studies, namely thematic analysis would be opted for. Braun and Clarke (2006) define this as “a method for identifying, analysing and reporting patterns (themes) within data” (p. 79), whilst Madill and Gough (2008) elaborate. They state that it “focuses on the coding of qualitative data, producing clusters of text with similar meaning, often searching for concepts appearing to capture the essence of the phenomenon under investigation” (p. 258). Thus, given the longitudinal nature of the research and scope for considerable data to be unravelled, themes were deemed an apt and appropriate way of organising it.

Smith, Tomasone, Latimer-Cheung and Martin Ginis (2014) reveal that there are a number of steps to thematic analysis. Initially the researcher must immerse themselves in the data, for example interview transcripts, to decipher preliminary codes. Indeed, within this PhD no computer software was used to analyse the data. Instead the researcher personally transcribed the interviews verbatim, which, though a time-consuming process, enabled initial and comprehensive codes to be identified, (whilst also informing the lines of enquiry in subsequent interviews). From here the preliminary codes were “collapsed into potential themes and all data relevant to each potential theme [was] gathered” (Smith et al., 2014, p. 4).

This involved the creation of a ‘themes’ document into which relevant data snippets were siphoned off and sorted. The next step laid out by Smith et al. (2014) involves cross-checking the themes against all of the data to allow for their adjustment, refinement and combination, giving rise to larger themes which are named. Here the researcher used a read, re-read approach to verify existing themes and establish further ones from the transcripts. This was a significant undertaking which saw the ‘themes’ document evolve, with pertinent, similar and contrary data added and meanings established. Finally the last step requires that comparisons be made with the literature on which the research is focussed, to enable theme titles to be tweaked or altered to reflect this work. However this is not to say that the themes of the PhD were deductively generated. Instead they remained true to and represented the patterns identified within the data set. It was simply that they also benefitted from being connected to the relevant wider body of research.

It must be noted that this process of analysis applied to all types of data gathered and not just to the aforementioned interview transcripts. That is, the visual data and observations were also analysed using a thematic analysis to allow for typical behaviours or images to be identified and shared. What’s more and as discussed, the different data types were also analysed simultaneously to allow for cross-referencing, whilst efforts were made to tap into and analyse less ‘obvious’ data. Indeed as Schwalbe and Wolkomir (2001) note “paying attention to what is glossed, evaded or reluctantly articulated is, of course, an important part of this [analysis]” (p. 99), whilst Potter and Hepburn (2005) suggest that switching a recorder on early can capture the mood and better situate an interview. By consequence the more ‘informal’ or ad-hoc data acquired in these ways were also subject to thematic analysis.

In short therefore, a thematic analysis was used in this PhD to enable a deep level of analysis, and one which would earn Jefferies et al.’s (2012) seal of approval, enabling it to join company with the aforementioned pieces of research on the PSH of Paralympians.

Validity

Finally, it must be noted that this PhD, in terms of validity, was guided by a relativist approach. As Tracy (2010) asserts, quantitative research, with its positivist tendencies, uses criteria such as reliability, objectivity and generalisability to prove scientific validity, and yet these are not appropriate for judging the ‘goodness’ of qualitative research. Instead and as discussed, qualitative research is characterised by its humanistic, individual, ‘emic’ nature (Sparkes & Smith, 2014), and thus ‘truth’ is relative and realities constructed experientially. Put simply, its paradigm is one of interpretivism.

In accordance with this, Smith et al. (2014) explain that, using a relativist approach as a guide means that the “criteria for judging the quality of qualitative research are not applied in a universal manner, but rather are drawn from an ongoing list of characterising traits” (p. 4). They (2014) point to criteria such as the worthiness of the topic and significance of its contribution, appropriateness of sample and meaningfulness of data. They (2014) also talk of a need for coherence, with rationales, methods and results marrying up. Thus, care was taken in this PhD to heed this advice and ensure its validity and quality. For example, as discussed, efforts were made to select an appropriate sample and to use methods which would enable the exploration of an understudied topic, thereby giving rise to data which could contribute to the existing literature, whilst being credible to the wider Paralympic family.

What’s more the characterising traits highlighted by Smith et al. (2014) to enhance the quality and validity of their research were also adopted. These included them having an audit trail in the form of an independent person who oversaw their data collection. Thus, in this PhD senior academics at Loughborough University, including the researcher’s mentor (Dr Brett Smith) and independent reviewer (Dr David Howe) vigorously critiqued it on a regular basis throughout its 5 year undertaking. What’s more, with Smith et al. (2014) also asserting that a final characterising trait of quality work is its ability to resonate, allowing the reader to make naturalistic generalisations, efforts were made, (notably when making recommendations) within the PhD to enable its translation to as wide an audience as possible.

In short therefore, care was taken to make appropriate decisions and heed the advice of others, in the interests of ensuring the academic rigor and validity of this PhD.

Chapter 4: Analysis

Having employed the aforementioned methods to conduct research with the GB WhB teams between 2010 and 2014, the data was organised to enable its dissemination. Thus in what follows the players' experiences in being disabled, finding WhB, becoming elite athletes and competing at the London 2012 Paralympics are shared. In doing this the work of other researchers are critiqued and challenged, parallels acknowledged and new avenues explored. The fluid and complex nature of PSH and WB, not to mention disability is revealed and celebrated. Creating a 'Healthy' Paralympian is shown to be a challenging task and yet winning formula. Finally recommendations arising from the data are shared, including those already taken up. It is hoped that these will inform change, be it in healthcare practices or on the basketball court, for the parent of a disabled child or a coach seeking Paralympic glory. So let the games begin....

Part 1: Being Disabled and PSH/WB

The opening part of the analysis concentrates on the experiences of the players in becoming and/or growing up with a disability. In examining the relationship with their PSH and WB, Frank's (1995) narratives of restitution, quest and chaos are considered. The data highlights and yet questions disability stereotypes, whilst revealing player prejudices and hypocrisy. In navigating the disability minefield, collaboration as a means to social inclusion is suggested, whilst the ranking of disability is explored alongside the identity consequences. Finally the notion of a 'non-disabled Paralympic athlete' is put forward.

“Becoming disabled was ok” - The disability paradox and shades of grey

For some players their disability was congenital or the result of an illness as a baby; spina bifida, meningitis, ectrodactyly, polio. For others it was acquired later in life, often due to a traumatic injury.⁹

“I had a motorbike accident when I was 5. I lost control and hit the rugby post. It smashed all me pelvis.”

“When I was 16 I was working for the local milkman, just as a part-time jobI jumped on the back, it was an open top mini cabby and as he were reversing he hit a pothole where I fell off and he reversed over me.”

“It was the day before my 23rd birthday. So yeah. Happy Birthday! You've got cancer! Brilliant!”

“I had my accident when I was 20. I jumped from a rocky edge into the sea and the way I landed in the sea I had a burst fracture of my spine”

“I had a car accident when I was 9. It was a head on collision and I was in the lap strap. ...that's what caused the back to break because the back's stayed in one place and the lower back's snapped”

⁹ Seven players had congenital disabilities (4 men, 3 women). Nine had acquired disabilities (4 men, 5 women).

For those with acquired disabilities their bodies became irreversibly changed and this affected how they saw their lives. Hockey and Collinson (2007) explain this:

The body is not so much an instrument nor an object, but rather the subject of perception, socially and indeed subculturally mediated though that perception may be. For us, we know the world through the body, just as that body produces the world for us. (p. 117)

In making the transition from a working to a wounded body, players had to learn new ways of functioning. Just as Rauch et al. (2013) found in those with SCI, they mourned their pre-injury bodies, as the following extracts indicate.

[I had] 9 weeks bed rest just to heal...then they fitted me for a jacket, a brace, which I had to wear for the first six months....They put you in braces just so you can control the chair, and get back in your chair if you fall out, transfer to bed, transfer to baths, because obviously you don't know how to do it and your balance is worse and you've got no idea...they just teach you everything....It was horrible really. (Max, pc, April 20, 2011)

I went to watch my friend play netball...and I cried because I was like 'I can't do that' even if I wanted to I couldn't do it and I hadn't played netball for years beforehand but the fact that I could not do that and I knew there was no chance because it was so, you know the netball's very impactful on your legs and your knees and you forget. And then you watch it in all it's technicolor glory and you can hear and I quite literally had tears down my face. (Kate, pc, February 2, 2011)

With this in mind it was not surprising to hear some of the players describe the experience of becoming disabled as somewhat harrowing and detrimental to their PSH and WB:

I was very depressed for a while, very, very depressed for a while. I wouldn't go out. I didn't really want to hang out with my friends and stuff because most of my friends were dancers and then it was 'oh you, we've got a show' and stuff and it was rubbing it. I just felt like everything was rubbing it in my face, cause you get quite bitter at the start. (Sue, pc, January 24, 2011)

I didn't think I had a future to be honest. Er, well they first told me that I wouldn't ride a bike which I thought meant well, I'd walk again but then it clicked that I

wouldn't walk again so yeah I thought life was over. I'd never saw anyone in a wheelchair, didn't want to be in a wheelchair, thought first chance I get 'I'll do myself in sort of thing.' (Max, pc, April 20, 2011)

Parallels certainly exist between these comments and those of researchers who have examined the PSH and WB challenges facing those with acquired disabilities. Just as Sue admitted to being prescribed anti-depressants, Muraki *et al.* (2000) found depression and anxiety to be prevalent amongst those returning home following a SCI. As Brittain (2004) rationalises individuals endure a change in their identity and can feel burdensome. In fact Kreuter *et al.* (1999), in reflecting on their work with a tetraplegic, pointed to his reluctance to engage in social activity and negative self-identity as examples of this. Whilst this mirrors the sentiments of Max and Sue, so too can parallels be drawn with Harry's comments. The sudden deterioration of his disability proved very challenging:

I walked 'til I was tenish. There was no real issues [but] from then I just really started to struggle walking....I had a big chip on my shoulder, um, I don't think other people bullied me but I excluded myself from some stuff....I wasn't happy and kind of like that 'why me?' kind of thing 'cos I'd always walked like I say pretty much until that six week period and then when I stopped I couldn't go to the secondary school near where I lived so I couldn't go with any of my friends....I just got frustrated and I just had an attitude problem....I piled about three stone on...and then you're into the girls as well and can't get none of them 'cos you're a fat kid but then you don't want to blame that so then you blame your disability and it's just a big circle. (pc, September 2, 2011)

Whilst Harry struggled to come to terms with a new way of life, for Max this was magnified. That he described becoming disabled as 'game over' is most interesting, given Frank's (1995) claims that disabled individuals typically fall into one of three categories—restitution (where hope is pinned on a cure being found), quest (a new life is accepted and forged) and chaos (hope is lost and the individual enters a spiral of despair). Whilst Emma, like Harry also admitted struggles in accepting a wounded body, Max and Sue, reported being swallowed up by chaos, their PSH and WB savaged by this predicament.

Indeed in reflecting back Max and Sue admitted that they had engaged in what Martin and Wheeler (2011) term 'Affective Forecasting,' overestimating how they would feel in response to a situation. This reflects the fact that individuals can presume a disabling

accident to be the end of their lives, to the detriment of their PSH/WB. In hypothesising why this ‘disability=disaster’ equation *is* formulated in the minds of newly disabled people, Anne and Ben suggested that it may be fuelled by misconceptions circulating in society. They mused that negative connotations of disability exist, stemming from an ignorance and fear of something unknown and which suffers the injustice of limited, misleading education. From films depicting disability as life-ending such as ‘Million Dollar Baby’ (Boyle, Millington, & Vertinsky, 2006) to media coverage projecting it as a tragic misfortune (Goodwin et al., 2004), individuals can inherit and propagate these prejudices themselves. Lucy commented:

I think some of it comes from media in that they like to, and journalists often have to be picked up on that point that I don’t sit here longing to be able bodied. That doesn’t occur to me in any part of my day. Yet they would still put that in, the story would be you know, ‘she can’t wait to walk again’. (pc, April 16, 2012)

There are similarities here with the comments of Peers (2012), a former WhB player herself. In revealing the bewilderment of her doctor when she did not crumble following his ‘killer blow’ that she may end up in a wheelchair, it showed the negative messages which can greet newly disabled individuals. To be disabled and enjoy a good QoL can seem a paradox (Martin & Wheeler, 2011) despite, as Pollard and Kennedy (2007) explain this being the case for the majority of those with a SCI. Even the WHO definition of health implies people with a disability to be unwell or unhealthy (Godlee, 2011). Thus in the absence of knowing anyone disabled, as Max admitted, the perception of being disabled, can be the product of such influences, the yardstick by which they interpret their future QoL. Worryingly Huang and Brittain (2006) warn that this can lead to PSH and WB degradation for, in being viewed as undesirable it “has led many disabled people to reject disability as a social identity for themselves and to become tangled up in various forms of self-oppression” (p. 354). In reality as Lucy and Ben pointed out, disability is actually ok. It is the assumptions which are not.

Indeed, to presume that all newly disabled individuals have or inherit negative views of disability would be naïve, for four players recalled very different reactions to being told that they were disabled. As Lucy explained “this thing had happened to me that everybody’s always terrified of, you know this big event in your life and actually I was ok” (pc, January 31, 2011). Thus, just as Pollard and Kennedy (2007) assert, a period of depression is not a given for those who suffer a SCI, with acceptance and positive reinterpretation examples of positive coping strategies. Mike’s comments reflected this:

If anybody said to me ‘what do you think about being in a wheelchair?’ I would actually answer them honestly and say ‘I’ve not really thought about it that much’ cause I hadn’t. My thought about being in a wheelchair was actually how to use it, how to get up and down kerbs. It wasn’t ‘why am I here?’ (pc, October 10, 2011)

Therefore, for some players acquiring a disability was not the end of their world, but the opening of a new door and they appeared to fit Frank’s (1995) ‘quest’ category. Just as Pensgaard and Sorensen’s (2002) claim that for some disability can enrich lives, Kate saw her transfer from AB to disabled as an opportunity.

So before I was diagnosed I did, I was horse riding and then after diagnosis, well when I was diagnosed, it was like ‘that’s okay I can be’...and this is really quite honest, it was like ‘that’s okay there can’t be that many disabled people and that many disabled people that play sport, that are sporty and I am one of them so it knocks out the competition.’ (pc, February 2, 2011)

This reinforced the notion that many disabled individuals do not see this as an unfortunate existence even when others may (Pensgaard & Sorensen, 2002), instead considering it to offer them a good QoL where they can still enjoy great life satisfaction (Glass et al., 1997a) and thus SWB (Durkin & Joseph, 2009). It may be, as Weitzencamp, Gerhart, Charlifue, and Whiteneck (2000) explain, that disabled individuals perceive their QoL using new criteria. Thus players like Kate and Mike were quickly aware of the possibilities of a disabled life and actioned aspects of their life on which they based their life satisfaction. As such they appeared to experience genuine PTG (Hefferon, Greal, & Mutrie, 2009).

Finally and interestingly, some players like Anne appeared to have shifted between quest, chaos and restitution (Frank, 1995).

It was a slow realisation that actually this is quite a long term thing and I’m not going to be straight back into stuff, actually I might not be able to go back to [my job]. It takes a lot of getting used to. It’s the realisation ‘can I go running with my kids in the snow?’ or something like that, that you won’t necessarily be able to do....When I was in [hospital] I was the youngest one there by a good 40 years so that was quite depressing.... People who are used to living in a wheelchair, whereas me, I just saw this wheelchair as a stepping stone. I wasn’t going to be in it full-time...a temporary thing....I only let myself get low for short periods of time like an afternoon or an

evening and then I'd, it doesn't achieve anything so...I might let myself have a cry and then get on. (personal communication, August 1, 2011)

On the one hand Anne saw her injuries as surmountable and temporary, and yet equally was sobered by their gravity and permanence. Whilst at times her PSH and WB suffered, her tough mentality prevented a collapse. She ricocheted back and forth between the stories of quest, chaos and restitution. Smith (2008b) in sharing her experience of a brain injury also revealed the turbulent inter-change between these narratives which she endured. With Whitehead (2005) finding a similar predicament among those with CFS/ME¹⁰, time and circumstance prompting a shift towards chaos or into quest, she rationalised that “narratives are continuously made and remade as episodes happen” (p. 8). Indeed, the positioning of Anne and others (see Figure 6) within and between the narratives following the onset of their disability, confirmed that category ‘shades’ or areas of grey do exist.

Figure 6. Player Positions: Shades of Quest, Chaos & Restitution

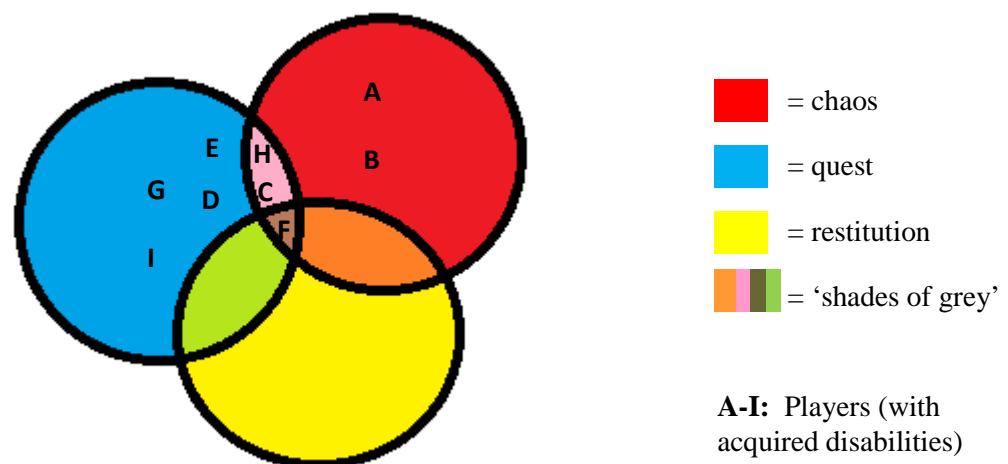


Figure 6. The narrative states entered by the WhB players following the acquisition of their disability. Produced by the researcher but based on the three narratives – quest, chaos and restitution outlined in “The Wounded Storyteller - Body, Illness and Ethics” by A. Frank (1995), *Chicago, University of Chicago Press*. Copyright 1995 by the University of Chicago.

This reaffirmed the complex, fluid experience of becoming disabled. Whilst most players sat within ‘quest’, with a few in ‘chaos’, as Figure 6 shows for some the boundaries were blurred, as they teetered under the cloud of chaos, whilst in the shade of quest. What

¹⁰ Chronic fatigue syndrome/myalgic encephalomyelitis

was of great significance was that all players subsequently moved into quest. Whilst reasons for this and the role of sport in particular will be explored in due course, this implied that occupying these shades of grey was only a temporary predicament.

In short, it would appear that the process of walking to wheeling was experienced by the players with varying degrees of difficulty. Whilst many escaped relatively unscathed, for others it was immensely challenging for their PSH and WB and this was indicative of the multifaceted and subjective nature of disability. Further analyses were required to account for the differing experiences of the players and to appreciate the PSH and WB ramifications.

Subjectivity of disability and factors affecting of PSH and WB

Stephens, Neil, and Smith (2012) support the individual, multi-dimensional nature of disability, commenting that “physical disabilities can either be acquired or are congenital, and the impact they have upon function and independence can vary considerably from individual-to-individual” (p. 1). Similarly Glass et al. (1997b) reason that “social adjustment to spinal cord injury remains an individualistic response dependent upon numerous psychosocial, physical, financial and situational variables” (p. 353). Thus the players were asked to share what had influenced their experience of being/becoming disabled.

One reason three players with acquired disabilities gave for their favourable transition was concerned with a genetic predisposition or personality. For example a comment from Ben revealed how his personality had proved enabling, when those around him faltered.

I just felt lucky. It felt like you couldn't be down because at the end of the day the person who paid the ultimate price, she's dead, so's the women in the other car, so two people have died. I'm not going to sit and say my life's over, because it's not.... At the end of the day you know, I was able to walk, now I'm not but just get on with it, and that's the way I've always seen it. What was weird, at the age of nine I was talking to adults to try and convince them not to be down...because they thought their lives were over, they were done. While I was in hospital I met so many people. They used to come and ask me to go and speak to them, basically other people in the same scenario, they think their life's over and would mope. (pc, May 11, 2011)

Gutiérrez et al. (2005) agree that personality traits (e.g. extraversion) can influence SWB, whilst Asken (1991) in interviewing disabled athletes found that personality pre-injury could determine successful adaptation post-injury. Ben's disposition appeared to lend itself to a successful transition. Lucy and Kane even implied that as elite athletes, they may not be

representative of the disabled community, their success in life/sport arguably down to unique personality traits not inherent in the wider population.

However further reasons were also given by players for their successful transition. For Mike his unstable family background pre-injury equipped him to cope with his SCI:

From 4 until 10 I was in sort of 4 different children's homes and 5 or 6 different foster care...I was on a 6 month lease I would call it...and I just got on with it you know, so I think I didn't have the grief because my life from the age of 4 was all about change and different people and different things anyway. (pc, October 10, 2011)

Players who had experienced disability from birth or shortly after also reported encountering fewer challenges compared to their once-AB counterparts. In echoing her teammates with congenital disabilities Sammy enthused about school life, saying "loved it, yeah, yeah. Just treated the same as everyone else really, always kind of got on with sport and everything," (pc, February 14, 2011). This was in contrast to Sue, who found returning to school as a newly disabled teenager somewhat harrowing:

I used to hate going to school, because you know you've got the school bullies and stuff, and then they just thought I was faking it....I remember, this sounds really stupid, there used to be ramps and stuff that I had to go down that they put in for me and they used to stand at the bottom of the ramp and like block the way and say 'get up and walk you faker.' And I just used to be mortified. (pc, January 24, 2011)

The notion that becoming disabled offered greater challenges to PSH and WB than being born disabled was also reported by Uppal (2006) who found the latter to be happier. Whilst this claim could be criticised for its simplicity, Shakespeare and Watson (2002) reason that those with acquired disabilities face identity alteration, which does not apply to those with congenital disabilities. One player for example spoke of how it took 3/4 years after his accident to stop dreaming of himself as AB, indicative of this. Having said this, whilst Saurat, Agbakou, Attigui, Golmard, and Arnulf (2011) also found it typical for those with SCI to dream of their functioning legs, they counter that this may be simply how the brain is programmed, given that those with congenital disabilities also reported such dreams. Then again, as Hanrahan (1998) explains, as formerly AB athletes, imagining their fully functioning limbs can be frustrating when the reality does not marry up, something which *does not* apply to those born disabled and who do not have such memory recall. Indeed, for James (disabled as a baby) there was an inevitable distinction in experience:

Well I would imagine obviously if you've had 15, 20 years of you know, being you know, mainstream so to speak and then obviously have an accident and suddenly you've got to change, I would imagine it's a massive wake-up call or difference whereas for myself it's just what I've always known. (pc, December 14, 2011)

And yet the complexities do not end there, for players reported the age at which they became disabled to be significant. Lucy said:

I was at university, things were already up in the air. I had nothing settled and I think when people are in like steady relationships and already got children and they're trying to get back to that settled life, that settled job and they find they can't do it, that's the hard bit....at the time I'd just met my boyfriend., you know, nothing was set in stone, my life was changing ... I was looking forward so I think there is a point where if somebody wants to change their life and then that happens they adapt to it better than someone who absolutely does not want any change. (pc, April 16, 2012)

Glass et al. (1997b) in examining the social adjustment of those with SCI, also found those disabled younger to experience the best adjustment. Harrison et al. (2010) rationalise:

The timing of disability affects long-term health outcomes. Those who are young when they become disabled might still be developing identity and subsequent health behaviors. On the other hand, those who are older when they become disabled might have a more stable sense of identity, lament the loss of function that supported an earlier identity, and cling to previous health habits and patterns of behavior. (p. 816)

However, whilst this was also endorsed by the comments of Luke and Ben (disabled at age 5 and 9), for Max and Sue (15 and 13 respectively) being teenagers meant that, for them, they were *not* equipped to cope with such a trauma, once again highlighting the subjectivity of experience.

Finally, in terms of Frank's (2006) idea that stories are subjectifiers which affect our health consciousness, four players revealed how loved ones enabled their successful transitions and life choices. For example Harry commented:

My mum when I was 11 I think, I'd not long stopped walking and I always remember saying to her 'are you going to push me then or what?' and my mum said 'it's your legs that don't work not your arms, sort yourself out' and I was like 'huh.' I mean for a few days I was that was like 'that's a bit harsh' but thinking about it now I think it's

spot on you know 'cos I've got friends, they're not in sport at all but they've got the same disability as me and I've known them right through and some of them are so dependent on other people still now. They're like 27, 28 years old and it's because the parents did everything for 'em and mollycoddled them. (pc, September 2, 2011)

With James sharing a similar tale, it revealed the significance of storytellers and showed how stories worked FOR these players (Frank, 2010) and their PSH and WB.

Ultimately the players shared many characteristics which shaped their experience of being/becoming disabled. Though trends did emerge, contradictions were also made, the different combination of factors therefore delivering various PSH/WB experiences. What's more, in compounding the complexity of the disability experience, some players claimed that they were not disabled at all. Thus the tangled web of 'disability' had to be unravelled.

“I am not disabled” – Disability, identity and normality: a tangled web

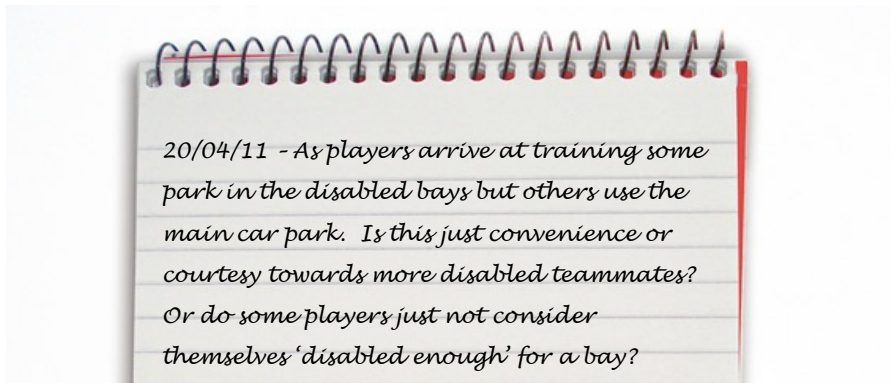
In discussing with the players the meaning of disability and how they deemed this term to apply, disability models and theories were brought into the spotlight. As participants attempted to unpick the terminology and unravel the tangled web of 'disability' they simultaneously revealed and rationalised where and how they positioned themselves to speak on this subject. This inferred their views about their own disability and those of their teammates, with PSH and WB ramifications dished out accordingly.

According to Thomas (2007) 'impairment' and 'disability' must not be confused for whilst the former makes reference to a biological limitation, the latter is concerned with society's behaviours which can oppress individuals. However whilst she (2007) considers these intertwined, the players frequently challenged their definition and relationship. That is, Kane and Luke recognised that they had a physical difference but did not see this as an 'impairment' or worthy of medical labelling. Nor did they consider society to be disabling them, or that their impairment made them 'unhealthy.' Like the subjects in Nazli's (2012) research, they threw out the theory underpinning models of disability, rejecting the need for political pigeon-holing and special treatment. Kane's comments illustrate:

I didn't particularly think of myself as disabled....I had a woman who was supposed to help me at school but she didn't do anything because I could walk around on my own....[Disability means] literally not being able to do something. (pc, May 4, 2011)

Parallels exist here with Huang and Brittain's (2006) research, insofar as some of the disabled athletes argued that they were impaired, but not disabled, on the basis that they could conduct

tasks independently and 'normally'. As Moser (2006) stressed and Harry also claimed, the locus of control is important to disabled individuals, and thus in being able to take charge of their own lives the ability-disability divide can be bridged, such that the identity of disability can be rejected. Evidence of this was also noted in the researcher's Field Notes (FN).



Notepad (2010), retrieved from Freestock, copyright 2008-2015.

This extract also reveals another way in which players justified being 'not disabled.' Using the theory of social comparison (Buunk & Gibbons, 2007) they were 'able' by virtue of having less limitations than their teammates whose impairments seemed to them cut and dry. Two players for example spoke of their teammates as if separate to them and occupying a different position within the disability framework:

It's a pain in the ass being disabled, honestly I feel for them and I tell them. Do you know what I mean? Oh Jesus Christ, but they're used to it I suppose. Well it would be rude for me not to recognise the fact that I'm able bodied and they're not. It would be rude to think that I was exactly, that I was in the same position as them. I'm not. (Kate, pc, February 2, 2011)

I honestly, honestly don't know how some of the lads like cope. There's one guy in particular, he's not involved in the set up but he was doing really, really well for himself, and then he crashed the motorbike and he was paralysed from there down. I don't, I don't know how they cope. (Luke, pc, May 2, 2012)

Interestingly however the teammates on the receiving end of this sympathy sometimes also deemed themselves too able to fit the disability mould, albeit using different criteria. Thus the benchmark for disability was constantly moved.

Finally, though players may well have deemed themselves too 'able' to be classified as disabled, there was also evidence that their dissociation was borne from wanting to forgo the label of 'abnormality' (Dubois and Trani, 2009). As Semerjian (2009) explains:

Individuals with disabilities do not conform to notions of the normal able body, and as a result are seen as having bodies that are problematic....In defining disability it is important to remember that disability is typically constructed in contrast to what is considered normal, or the "able body." When the able-bodied individual or athlete is considered the norm, then individuals or athletes who are differently able are seen as "other" and non-normative. (pp. 260-261)

James confirmed that disability equated to 'difference':

Well it's summat different isn't it and what, what people don't, don't understand I suppose that's what the fear is and what isn't classed as the normality. I mean I class myself as everyone else, you know as yourself, as anyone else. For me there's no difference. (pc, April 20, 2011)

Thus, with the players sharing copious examples of being treated as 'different', these offered an insight into and reaffirmed their desire to leave the disability box un-ticked. They reported enduring pity, being stared at or having help forced on them, condemning them as abnormal. Bec spoke of men becoming instantly disinterested on learning she was an amputee, whilst five players and Coach Will spoke of mainstream schools trying to prevent their inclusion. From Kane to Sammy, their parents had acted as 'vigilantes' (Ryan & Runswick Cole, 2008), fighting for a 'normal' education, following their segregation into 'Special Schools,' (Jahiel, 2007). What's more, with wheelchairs a visual cue of their difference (Apelmo, 2012) Sammy provided an example of the ignorance it could bring.

Somebody asked me how I switched a light bulb on once...or 'who cooks your dinner' or 'who does your washing' or 'how, how do you cope?' You do just get stupid things said to you. 'Did you have to pass a test when you started driving?' 'No they just let me on the road!' (pc, February 14, 2011)

That her impairment could prevent her functional ability is what Thomas (2007) termed an 'impairment effect' and yet it was the subsequent stereotyping or 'psycho-social disablism' that was damaging to her health. According to van Hilvoorde and Landeweerd (2008) this is par for the course and thus "a disabled person may need to adapt to a world that is primarily

built around standards of normality and even experience a lifetime characterised by stigmatising and discrimination” (p. 98). Naturally it was easier to be ‘normal.’

Here a final debate ensued. Though the aforementioned treatment may have tempted players to disassociate with disability, they resented the label of abnormality which rendered this necessary in the first place. Van Hilvoorde and Landeweerd (2008) hypothesise that everyone has abilities/disabilities and it is simply society who decides their social standing, and the players endorsed this viewpoint. Jen for example mused:

I don't see myself as disabled because you know, everybody has something they can't do that someone else can do. Yeah I can't walk but someone else might not be able to sing you know, so it's, I don't know, it's just the fact that what I, the thing that I can't do you know, it takes a big role in society really....They don't discriminate against people who can't sing. (pc, June 22, 2011)

Sammy agreed, saying “I just honestly think everyone's got a disability. That's how I look at it.” (pc, February 14, 2011). On this basis, and in returning to the players' earlier cynicism, they questioned the need for disability models or any difference in treatment when those with other limitations did not require a different rule-book.

Ultimately, in evaluating what it is to be ‘disabled’, the players scoffed at the notion of being ‘different’ and questioned the need for models which have caused political pigeon-holing and special dispensation. Where society implied abnormality, they countered that disability extends beyond a malfunctioning limb. And if they were abnormal what is normal anyway? They were so capable that to qualify them as anything other than ‘able’ would have been naïve. Indeed they may have been ‘disabled’ by virtue of medical labelling and social oppression which held them at arm's length from AB others, but it was being impaired and imperfect that made them normal, uniting them with others. And yet with society having not got this memo, ‘being able’ was easier. It meant ‘being able’ to forgo the frustrations and prevent the fall-out on their PSH and WB of ‘being disabled’. And so this is what they did.

Disability Oppression: pride and prejudice

As already touched upon, disability prejudice was readily described by the players, yielding different ramifications on their PSH and WB.

Wheelchair's just got a tag on it, just saying disabled, old, rickety, you can't do anything, electric wheelchair or... it's just got that tag. If you go out for a drink years ago, ‘well done for coming out. Let me buy you a drink’. (Max, pc, April 20, 2011)

A few years ago we went into a nightclub and someone told my friend ‘oh people like that [wheelchair user] shouldn’t be in places, it’s not good for them’ sort of thing, and my friend just went ballistic at her. (Emma, pc, June 22, 2011)

According to Williams (1994) disabled individuals can be ‘passive recipients,’ deemed unqualified to have an ‘able’ identity by others. Huang and Brittain (2006) claim that they have multiple identities, a notion upheld by Semerjian (2009), and yet society can often remain blinkered. Instead the players revealed that the public hone in on their disability, their prejudices manifested in several forms. Thus whilst Emma revealed her mortification once at waiting in a queue only for the cashier to direct her questions at the person behind presuming him her carer, Mike shared the irony of an old lady, laden with shopping bags thrusting her help on him. Watermeyer and Swartz (2008) term these ‘manic defensive’ responses:

[It] involves managing what feels like an emptiness, a frightening lack or void, with a ‘doing’ response. A familiar situation is that of a disabled person being gently coerced into receiving – and appreciating – unwanted and unsolicited assistance with an everyday task, such as crossing the road or pouring a cup of tea. What may have occurred here is the rearing, within the observer, of an anxiety-laden sense of perceived lack, of a shameful inability or deprivation, which must be filled. (p. 604)

The players reported feeling stung by the behaviours of others, by the implied inferiority, their pride wounded by such prejudice. For one, while the reaction of others to her impairment caused her pain, the self-deprecating terminology she used in the following quote indicated the effect it had on her own self-concept:

You get funny looks...a number of people particularly in the military because you’re expected to be able bodied, you’re expected to be fit and healthy ...so if a number of people see you with a walking stick ‘oh sore leg is it, when’s that going to get better?’ but you’re like, ‘no I’m a proper crip, I’m not going to get better, this is me now’. (pc, August 1, 2011).¹¹

This also conveyed that a negative identity can come from the individual themselves. And yet Shakespeare and Watson (2002, p. 22) suggest that individuals *can* take control:

To assume that disability will always be the key to their identity is to recapitulate the error made by those from the medical model perspective who define people by their

¹¹ The pseudonym of the player has not been provided here, as information given in the quotes makes their identity clear. By consequence this would enable other quotes under the same pseudonyms to be linked to them. Thus the non-disclosure of the pseudonym is to protect them.

impairment. Any individual disabled person may strategically identify, at different times, as a person with a particular impairment, as a disabled person, or by their particular gender, ethnicity, sexuality, occupation, religion, or football team. Identity cannot be straightforwardly read off any more, it is, within limit, a matter of choice.

In fact as Williams (1994) propounds, disabled individuals can be 'active agents' promoting the identity they desire and proudly displaying their capabilities. This notion is upheld by Goodwin et al. (2004) who suggest that they can undertake tasks to demonstrate competence, or as Levins et al. (2004) put it, show they can do it. Ben did just this:

Someone said to me I couldn't climb a 30 foot climbing wall, and I climbed it, and that's the kind of person I am. If someone says I can't do something, I find out how I can do it and I'll do it. I remember that took me 45 minutes, and it was taking people with legs 10 minutes and I came down black and blue from the harness, but I came down thinking I've won something. (pc, May 11, 2011)

Indeed researchers rationalise why this approach, using sport in particular, is readily adopted:

Individuals may engage in sport as a form of denial or counterphobic response to their medical situation and its emotional concomitants. Participation may be an attempt to show how uninhibited or how unencumbered they are: how wrong everyone, including the physician, was in their cautious estimations of a return of ability. (Asken, 1991, p. 375)

Sport can be a powerful channel for communicating positive messages about persons with disabilities as healthy, fit individuals that can support one's desire to secure and maintain health. It can challenge and dispel common misconceptions about the abilities and health of people with disabilities, even those held by persons with disabilities themselves. (Wilhite & Shank, 2009, p. 124)

Therefore Ben, not to mention Sean, James and Kate found they held the tools to a more socially advantageous identity, reaping the health benefits of this preferable status, vindicated to wear their disability with pride and challenge prejudice. From training to be a Gym Instructor to excelling in school teams, they relished the scope sport provided to squash oppressive stereotypes (Stephens et al., 2012) and transcend their impairments (Wheeler et al. 1999)- (something which will be discussed in more detail later). Having said this, it must be noted that for the aforementioned player her transition was not yet complete, evidenced by

her self-deprecation which fed off society's prejudices. Similarly Bec revealed how past prejudice had left scars:

Even if a guy says 'it doesn't bother me about your disability I really don't care, I think it's really cool that you play basketball' I get freaked out and push them away because I've had so many experiences of people like pushing me away and leaving me that I don't believe. It's very rare that a guy is persistent enough for it to actually last because I just panic. I think it's kind of a defence mechanism....I'm always convinced that people are talking about me behind my back and stuff because it happened so long when I was a kid. I'm just convinced that people will be like that again now.... It happened from such a young age, when I was little kids telling me I was ugly and stuff. (pc, March 1, 2012)

What was also interesting however, and reflected in the comments of all players, was that, despite the struggles, acceptance within society was integral to their PSH and WB and thus eagerly sought. That said, they considered that they had to initiate this or write these health scripts themselves. Thus, rather than becoming politicised by prejudices, they sought to alter perceptions. However getting said prejudices parked required quite a performance on their part and could prove emotionally draining, as explained next.

Making Others Feel 'Ok': The Ability-Disability Divide

Goodwin et al. (2004) argue that people with disabilities are not rejected by society, nor readily accepted and they are viewed as neither healthy nor ill. This "liminality suggests that persons with disabilities not only manage their own emotions in public, but also the emotions of the people they meet" (p. 381). Indeed the players reported strategies they used to make others feel 'ok.' Thus whilst for Max this involved joking about his disability, Sean would deliberately display his amputation, both seeking to convey their comfort with their impairment so that others could follow suit. It could be argued that this performance places an emotional strain on people. Yet, Goodwin et al. (2004) claim that these performances are commonplace. A comment from Sammy confirms this:

I mean a lot of people are weird towards you anyway when they first meet you so you've got to try and compensateIt's like when I'm at work, um people just don't react to you until you've made them feel comfortable, that you're human kind of thing. (pc, February 14, 2011)

That it is the responsibility of the disabled person to make society feel 'ok' is, it might be argued, an absurd predicament, the minority charged with romanticising the masses. As Lucy revealed, if the injury were temporary society would be only too quick to share war wounds. It appears that it is the permanence which alters the social make-up of the situation.

When I first started at the school and I still used my crutches and the first year when Bobby was in reception, after a few months people started to say to me 'how long are you gonna be on those crutches for?'.... That also makes me laugh cause people never expect it to be permanent. 'What, forever?'...I remember the first time I turned up in my chair...I had one Mum she went 'oohh, are you alright?' and she was very nervous, and I think 'I've seen you every day for about half a year and you're acting very strangely cause I've turned up with my wheelchair.' (pc, January 31, 2011)

Thus perhaps disability is a taboo subject to talk about because AB people cannot collaborate for fear of appearing a fraud. Instead disabled individuals find themselves having to reach out to narrow the ability-disability divide. As Goodwin et al. (2004) concludes "until the liminality of persons with disabilities dissipates, they will have to continue to largely assume the responsibility for managing interpersonal contact with members of the public" (p. 395). That said the emotional outlay of energy this performance requires can at times see players loath to play their part. Kane, like his teammates, at times opted instead to feign injury:

I walked worse before the operation than afterwards ...but before generally old people, would say 'oh have you hurt your leg?' and I'd just go 'Yeah playing football' and that would be the end of the conversation so it would be quite easy rather than it being some big spiel with a stranger about why you're limping. (pc, May 4, 2011)

This illustrates that, whilst an impairment can be deliberately displayed to instil confidence in an AB-recipient, its visual nature can also be a hindrance, prompting individuals to disguise their injury. For example players also spoke of putting their hands in their pockets to hide a deformity or wearing trousers to disguise an amputation. Whilst such strategies could be deemed wise to protect their PSH and WB, Watermeyer and Swartz (2008) consider the consequences of disability denial:

The motivation to obscure or disguise evidence of impairment, or of its severity, which flows out of this may serve to produce a form of human alienation not only between the disabled person and others, but also within the disabled individual. If one

is shut off, partially or completely, from being able to behave in a real, authentic manner with others, the possibility of receiving that most precious human resource, a glimpse of being fully known and accepted by another, is precluded....All humans require validation and acknowledgement, particularly of our more painful and difficult experiences, in order to foster self-compassion and acceptance. What we describe in the lives of disabled people is a pervasive cultural patterning surrounding this issue, which works to starve disabled people of this experience of being truly 'seen' and accepted. (p. 602)

Thus players were caught between putting on a performance to win the audience over or dressing up to hide their true identity. Both presented challenges for their PSH and WB. And yet interestingly players with acquired disabilities claimed the ability-disability divide was at its greatest when dealing with loved ones. Max spoke of the strain on his parents, particularly his father who turned to drink (alcohol) to deal with the ordeal of his accident. Whilst the comments of other players also inferred vicarious post-traumatic stress, Levins et al. (2004) reasoned that it can take time for loved ones to adjust to the individual's new identity. In fact in taking on board society's stereotyping of disability this can inadvertently affect the degree of support they can give, once again putting the onus on the disabled person to soothe them.

My Mum and Dad were still seeing me as their little girl that's had this terrible accident and 'isn't it terrible, what can we do for her?' so I do think they had it worse in that respect of dealing with it and I still think they sometimes don't know how to act around me. I think they still find it hurtful...like when I was pregnant my Mum worried so much about 'how you gonna do this, how you...?' I wasn't bothered at all but she took all that on, you know it was just like she's the one that needed the reassuring that I was gonna cope....I think the difference is that, once you're disabled it's still your body, you know how your body works, someone watching you is going 'how did you do that?' (Lucy, pc, January 31, 2011)

Indeed the alterity or 'otherness' that Lucy describes means, as Smith (2008a) explains, that one can never transcend the ability-disability divide. Ryan and Runswick-Cole (2008) suggest that some have even questioned whether AB mothers are suitable role models, although this seems a blinkered argument. What is clear however is that this undeniable difference can, as players reported, place a strain on relationships. In having to reassure

loved ones, as Watermeyer and Swartz (2008) explain, this affects how reciprocal and real these relationships feel. It can mean players manipulate their behaviours to appear 'ok,' this PTG stage-managed rather than genuine (Frazier & Kaler, 2006). Whilst one player, Kate stressed that her PTG *was* real, the extract below reveals the performance she put on to get her family singing from the same hymn sheet.

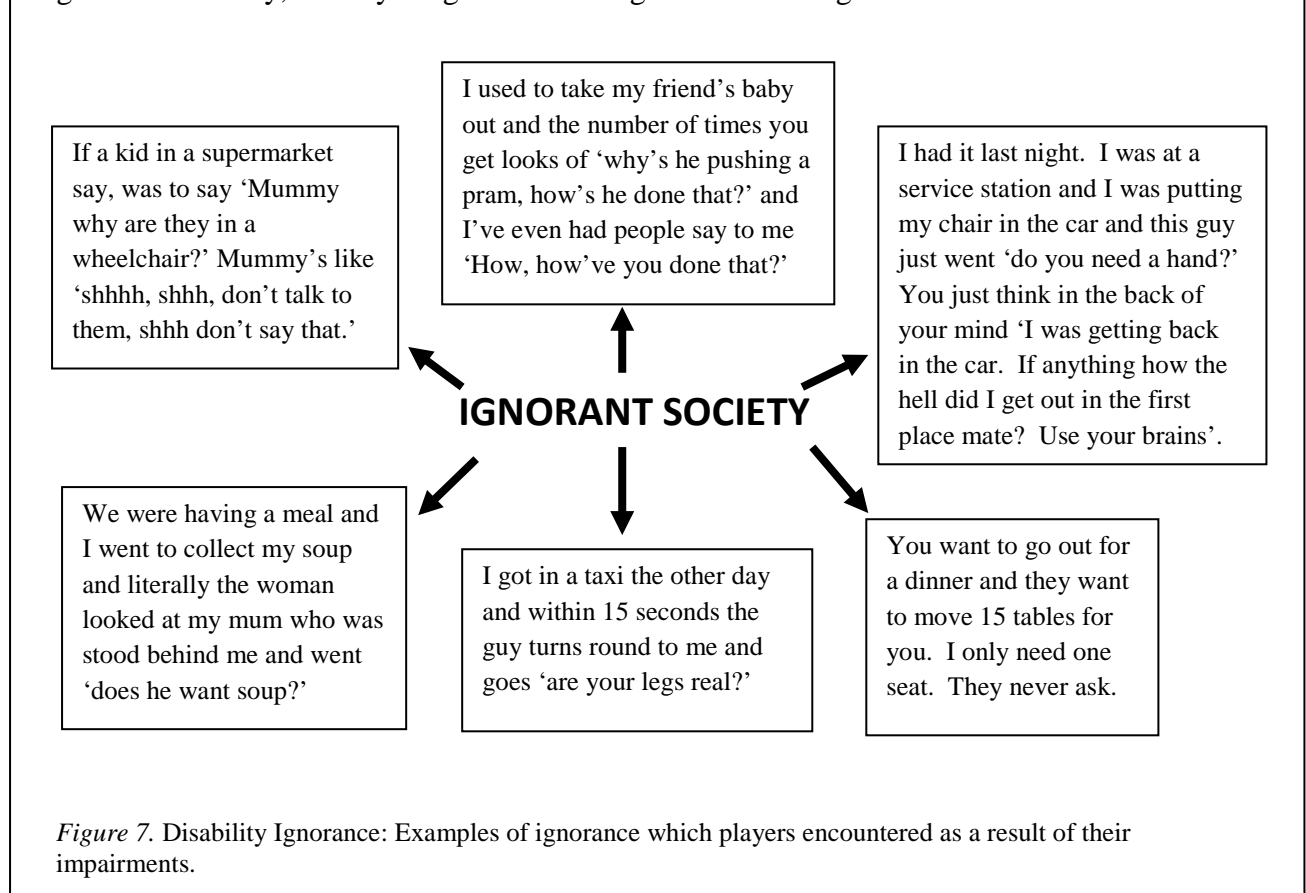
After I was diagnosed and told that I had to have chemotherapy I remember I was still living at my mum and dad's, walking downstairs and I put concealer on my eyebrows. I went 'da da, this is what I'm gonna look like,' just to kind of let everybody else know, it's like 'I'm alright, you can be alright too.' (pc, February 2, 2011)

Ultimately in having a permanently wounded body, disabled individuals can find that they are given over to a new identity and become separate from the rest of society. And yet should they wish to belong, the onus is on them to make this happen, with orchestrated displays often the means of doing so. Whilst this can prove energy-sapping and impinge on their PSH and WB, they must endure this performance in order to become part of the main societal cast. And whilst their loved ones seek to support them in this quest, they can be the very ones who struggle to help them learn their lines or are disbelieving of their act.

Disability Minefields – to ignore or not to ignore

In reiterating what the data has just shown, whilst their AB peers bathed in the security of their automatic membership to mainstream society, the players, as disabled individuals were left seeking a side entrance. Whilst this was far from health-empowering, in sharing the ignorance that they faced within society (see Figure 7), at first glance it appeared that this predicament was being perpetuated by public attitudes. And yet perhaps it was not this clear cut. For the public's behaviour may instead have reflected an uncertainty within society on how to 'handle' disability, their good intentions wrongly presumed ignorance.

Figure 7. Disability, Society & Ignorance: To ignore or not to ignore



Indeed it could be that society was stuck between a rock and a hard place. For the comments of the players suggested that whilst ignoring an impairment risked being seen as ignorant, too direct an enquiry risked being deemed intrusive. Just as offering support could be seen as patronising, not offering it could be seen as discourteous. Thus AB society could find themselves negotiating a disability minefield.

In adding a further layer to the disability minefield that AB people have to negotiate, the players themselves differed in how they felt AB society should behave. For example whilst Lucy reported her embarrassment once in a bar as people stood back, obliging her to pass through in her wheelchair despite having reached her friends, Anne revealed her annoyance when people walked into her chair because they fail to notice her. Similarly whilst Ben felt it patronising when people rushed to hold doors open, for Fred this was common courtesy. Therefore it appeared that there was no simple rule-book to navigate this minefield. This was reflected in Kate's comments, for whether she deemed herself disabled or not, she revealed how easy it was to 'get it wrong.'

I met [the girls] for a coffee at the Trafford Centre and um, I got a coffee and I sat in a really stupid place because I didn't think that there were going to be two wheelchairs and I felt bad. I was like 'oh shit' but I felt bad that I sat in a really rubbish place that meant that they had to move chairs and then they were in the way. I felt bad because I put them in that position, that they would almost feel embarrassed and they're young girls as well. And when I went out with Jen before Christmas we stayed in a hotel and I'd asked for a disabled room, I kind of make sure, I just need to cover all boxes. I had to think and I didn't want to book a table because I didn't want to be the person that messes up the disability. (pc, February 2, 2011)

And yet players like Jen simply wanted people to stop over-analysing and remove the kid-gloves. As Emma explained, making the wrong call was forgivable but dithering with political correctness or encountering red tape was the real nuisance:

People do get a bit worried as well like if you see someone in a wheelchair sort of almost panicking in a way. You can almost see in their faces, 'what do I do, like do I open the door, do I do this, do I like walk round them?' and they kind of just sort of freeze.... I think it's a bit over the top sometimes with the health and safety precautions, like I can't sit an exam in the same exam room as everyone else. I have to go in some little room somewhere else....like if there's a fire someone might trip over me or something like that! (pc, June 8, 2012)

Instead players advocated a joint responsibility between themselves and AB society to break down the barriers. They suggested that AB individuals take the time to judge the situation, for as Lucy and Luke revealed jumping in is the cause of many faux-pas:

I had a traffic warden, he must have been like 21 or something, and I had shopping on the back of my chair and Billy was about 8 months old and was strapped to my front... I came to my car and he goes 'excuse me, please can I help you?' and I looked at him and I thought 'there is no way you are gonna be able to help me whatsoever,' so in the end I just took Billy off my lap and gave him to this kid and said 'can you just put him in his seat?,' put my chair away, put the shopping away and he went 'I'm sorry, I don't know how to do it up,' so I had to do it as well so he was very sweet but I do remember how useless he was. (Lucy, pc, January 31, 2011)

I was training a couple of weeks ago. I parked outside and I was going to go in and a traffic warden walked past. 'You're not leaving that there.' I went 'I've got stickers.' He went 'I want to see them. Are they yours?' and he couldn't believe, like his face dropped 'cos he thought he was going to catch me out or something. (Luke, pc, September 2, 2011)

However, Mike also suggested that disabled people have a part to play:

I think it's, it's 10% the person asking and 90% the person responding such as myself. It's up to me to respond in the right manner that gives you the confidence to see somebody else who is struggling to go up to them again and say 'do you want help?' because there is a danger if you go 'go away' that they'll think 'I'm never going to do that again.' (pc, October 10, 2011)

If somebody looks at me and you know exactly what they want to say or what they want to do I smile at them so that encourages them to either ask or give a smile back and walk away knowing that you're managing. It's something as simple as that. If I get in my chair in my car and it rolls away I'm going to shout 'somebody, can you help me?' Not a problem. If somebody sees the chair rolling away and they look at me and go 'do I need to ask him?' then I encourage that by saying 'oh dear', I make a joke, something like 'bloody hell, look what's happened here. You couldn't pass us my chair could you?' (pc, June 1, 2012)

This was backed up by Luke who admitted that, just as the AB public shouldn't over-compensate for disability, the disabled person must avoid being over-sensitive.

Ultimately the players conceded that whilst disability ignorance still existed, so too had political correctness contributed to their liminality, both challenging their PSH and WB. With this in mind, for the ability-disability divide to be bridged and disabled people to enter the security of the mainstream bubble, they pointed to a need for education of those inside to dismantle lingering prejudices. Equally though, they acknowledged the need for disabled individuals to direct the AB insiders to invite them in. Put simply collaboration was the key.

Disability on disability: hierarchies, rankings and double standards

Given that the players were frustrated by others' ignorance, it was interesting to discover that they too could be discriminate, something which Brittain (2004) also found among Paralympic track and field athletes. The comments of two players reflected this:

This is going to sound so, so bad....I don't like socialising with disabled people. That's so bad. I'm even prejudiced myself.... It's because of other people's perceptions. If there's more than one of you it's like a disabled outing. Like a lot of people's perceptions are they'll never approach you if there's more than one of you. I'm on about in wheelchairs now....All the lads have got the same opinion. Like when we're on camps I'll go in a car to Tesco, and we'll split up. We won't go round the shop together, we'll meet back in the car later, because if there's more than one of you people look at you and go 'ah, ah.' (Ben, pc, May 11, 2011)

I'm not a big fan of disabled people, like it sounds daft but you know I went down to Wembley last year and I had to go on the disabled supporters' bus and it was the most tortuous experience of my life, because there's a lot of them that have like mental disabilities and I didn't fit in on that bus. I was just like 'I don't know how to deal with all that.' We passed one of the normal um, fans' coaches on the motorway and one of the women on the bus went over to me and she went 'you'd rather be on that wouldn't you?' 'Yeah, pretty much'....All the disabled are together, you know, all the wheelchair bays are together and I keep saying they should have two sections, a section for and I don't mean it nastily but for the people who know why they're there like myself and people that barely know they're at the game. (Harry, pc, May 2, 2012)

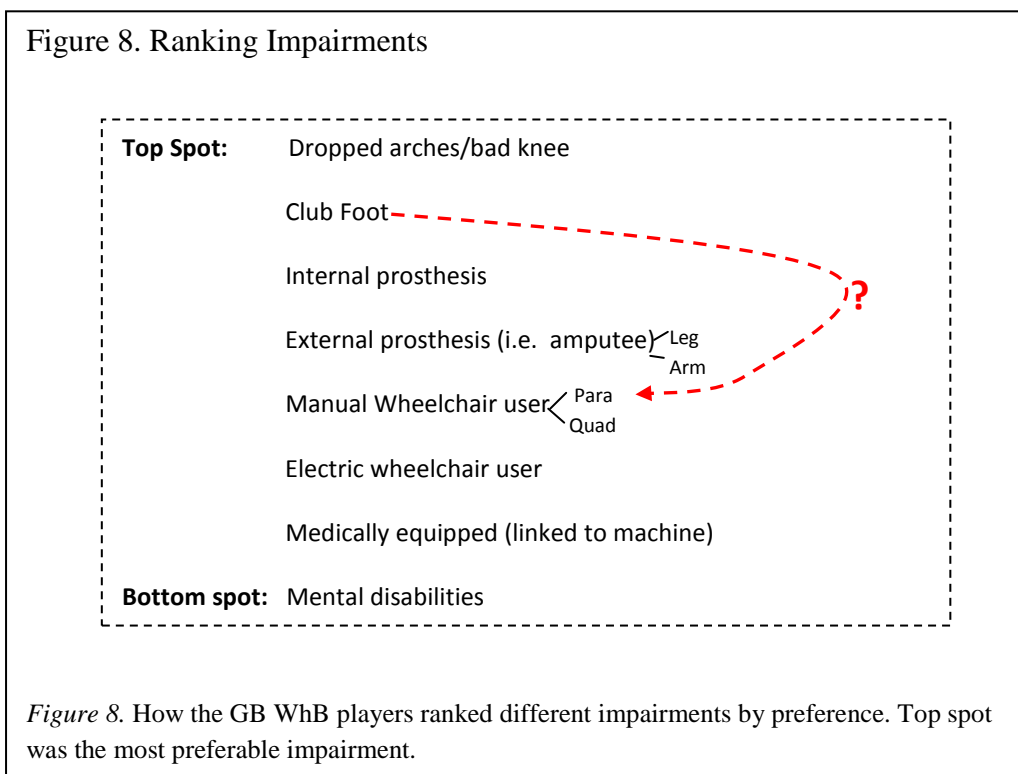
Whilst the players professed to being 'normal', by avoiding association with other disabled people they were arguably reinforcing the prejudices which qualify disability as different in the first place. What's more, the players may have, just as Gard and Fitzgerald (2008) found with WR players, resented the misconception that the Special Olympics were the same as the Paralympics, but they could not stop the public tarring disabilities with the same brush. For example Sue commented:

If you've never been around people with disabilities, you [society] always presume that they're like complete dribblers that can't do anything for themselves and they're not independent in any way, shape or form and they're actually not normal people, and it just, it really, really annoys me. (pc, January 24, 2011)

As Pensgaard and Sorensen (2002) explain "it is not unusual that individuals identify primarily with people who have a similar disability and try to distinguish themselves from other disability groups" (p. 58). This was true of Bec who, in accordance with the earlier data, admitted to disassociating from "really disabled" friends of her sister because she

“didn’t want to be a part of the disabled community” (pc, March 1, 2012). Likewise the derogatory terminology used by Sue also inferred a desire to maintain her superiority over more disabled individuals, and implied the social advantage of a lesser impairment.

In fact players indicated there to be an order of preference of impairment, something which Mastro, Burton, Rosendahl, and Sherrill (1996) also found amongst elite disabled athletes. Interestingly, in justifying the rankings (shown in Figure 8), the players revealed their perceptions of the interplay between impairment type and PSH/WB.



In echoing the data presented, the ease of passing off an impairment as ‘normal’ factored in its degree of favourability. Thus, just as Mastro et al. (1996) found that athletes placed amputees above quadriplegics and paraplegics, Bec claimed they looked more ‘normal’.

Kane agreed:

...people looking, seeing ‘oh he’s an amputee,’ I don’t think react the same as looking at someone in a wheelchair because in a wheelchair could mean any number of things...if you’re walking around as an amputee they’re not thinking there’s anything wrong with your head, they’re just, it’s a more visual thing, it’s more obvious what’s wrong...and just practically it’s more hard work to use a wheelchair, you know, the

amount of places that aren't that accessible or are accessible but it's just awkward, a supermarket is awkward in a wheelchair...You see amputees all the time, every time there's news from Afghanistan...so that's something that people are quite aware of. They see disabled sport, they'll see Oscar Pistorius running round, people are more comfortable with it. (pc, May 4, 2011)

The work of Cacciapaglia et al. (2004) upheld the argument about the advantage of a visible impairment. They found that the public interacted in close proximity to a researcher wearing a prosthesis implying its social acceptance. Conversely Harry felt that teammates with non-visible impairments enjoyed the greatest social perks. And yet for Luke, how preferable an impairment was, was not dictated by what others thought, but by functionality. Like Kane Ben conceded that being a wheelchair user could be restricting. Thus an amputation was preferable on both counts (social acceptance and functionality). Then again for Kate who had an internal prosthesis, this would have proven too health harrowing to handle. She commented "I think if my leg had to come off I don't think I would have coped the way I did. I think I'm too vain" (pc, February 2, 2011). This is interesting for as van Hilvoorde and Landeweerd (2008) point out, whilst Floyd Landis' internal hip prosthesis allowed his continued competition within AB sport, Pistorius' external prostheses were the subject of controversy when he sought access to AB competition. It appears that an internal adjustment enables the individual to still appear 'normal', whereas a 'fake' leg makes the link to normality too tenuous. Thus, in ranking the impairments, the degree of normality they afforded often proved the yardstick.

In upholding the work of Uppal (2006), the rankings also reflected a negative relationship between impairment severity and WB. For example Luke commented that his ability to cope had been the result of having only a minor impairment. He could not fathom how his paralysed peers coped. And yet this was of course subjective, for whilst Ben claimed that players with club foot would top the rankings, joking that they had just 'stubbed their toe', Kane and Bec's views differed. In opting for amputations as an alternative they felt that their decision was vindicated by the QoL it had afforded them. Thus Lucy concluded that, having not experienced each other's impairments, they could only muse as to how they could impact PSH and WB.

Having assessed the desirability of their impairments and revealed a want for the public to recognise their position in the rankings, it was interesting that different rules applied within their own disability community. That is, disability jokes were fair game and players

had carte-blanche to call one another ‘cripple’ or tease about classification rating. Whilst this may smack of hypocrisy, not least given the earlier criticisms of AB ignorance, disability was what united them and as such was used to infer membership to this community. Their PSH and WB may have been enhanced by ‘outsiders’ correctly gauging their position in the disability pecking order, but as ‘insiders’ it was bolstered by deliberate disability goads and gaffes. Taking a disabled sports club by way of example Goodwin et al. (2004) reason that players enjoy not having to make allowances. Whilst society’s over-sensitivity to disability can prove wearing, a ‘no holds barred’ approach within the safety of a disabled community can be empowering. Disability prejudices which are normally harmful, can be healing. As Lucy’s comments indicate, it was also nice to turn the tables on the AB world for a change:

[Being in a WhB club people were] telling me what able bodied people are like rather than the other way round...giving you nicknames and things instead. The ‘ABs.’ I got told ‘you haven’t been in the cripp world for long. You’ll have to forgive her. She’s still an AB.’ Patronising on the other foot. It was quite nice. (pc, April 16, 2012)

Finally, according to the players being disabled can offer advantages too, enabling them to play the disability card. Whilst Luke admitted using disabled parking bays when in a rush, Sue said “a prime example of when I use that is if flights are delayed or cancelled. You get priority if you’re ‘disabled.’ You’re like ‘oh I can’t do this, I’m disabled.’ And they’re like ‘ok, next flight’.” (pc, January 24, 2011). Thus players may have been frustrated by others misinterpreting the degree of their impairment, but it was fine for them to manipulate this for their own gain. Just as being disabled posed health challenges, the tables could turn.

Ultimately there was an almost paradoxical position adopted by the players. There was a desire to align with disability as much as alienate themselves from it, whilst being a disabled ‘native’ permitted the kind of behaviour which they would judge a ‘foreigner’ for. And yet their behaviour was governed by what offered the greatest boost to their PSH and WB. Thus, at times the possession of a disability was advertised to reap a reward and at others kept hidden to avoid an unflattering position on the impairment hierarchy. Whilst, as the earlier data attested, it could leave them feeling on the fringe of society, so too did it afford entry to a world where they could revel and rebel. By consequence being disabled was far from straight forward because it could both empower and undermine their PSH and WB.

Non-disabled Paralympic athlete –disability malleability

As the data has already shown players did not always perceive themselves disabled,

choosing to forgo the negative connotations by disassociation. They may have accepted the label when an advantage could be sought, but refused it when they considered the cap not to fit. Thus Sammy did not tick the 'disability' box on forms despite being a Paralympic veteran, whilst Coach Will spoke of a WhB chair being simply a piece of sporting equipment, like running shoes. In fact both felt that their wheelchairs afforded them the same capabilities as AB individuals. Though perhaps a contradiction in terms, Semerjian (2009) comments:

With technological advancements disability becomes a transmutable category. If individuals can use technologies that enable them to do what they were previously unable to do (and therefore placing them in the category of "disability"), then the label no longer applies....the individual no longer has a disability. (pp. 261-262)

By this reckoning players using prosthetic limbs became AB. And yet this opened a can of worms, wherein a few players feared their impairment being trivialised in case they were deemed an imposter. For example Kate's anxieties were borne from occupying this shady position as a 'non-disabled Paralympic athlete':

I'm kind of on the cusp of disability. I've kind of got bittersweet feelings about that. It's kind of 'no I'm not disabled but I'm not able bodied either so do I really want to be a Paralympian and be known for that' because actually unless you really know my story and kind of really understand then people just look at me and judge and go 'oh she's not disabled' and I'm not, you know fair play to them I'm not....I don't want that backlash of having to justify you know. (pc, February 2, 2011)

This is interesting for Kate seemed to be teetering between society judging her as 'abnormal' but accepting her as a Paralympian or maintaining a more favourable mainstream identity and yet feeling a fraud as a disabled athlete. This issue was also faced by Peers (2012) who, on telling others she was a Paralympian noted their change from anger at presuming her a cheat (when she labelled herself AB), to pity (following her concession of a minor disability). She (2012) ricocheted between feeling an imposter and 'gimp', her identity confined to and yet confused by her degenerative condition. Like Kate she was both AB and disabled, a normal citizen and yet Paralympian, their identities fluid and complex.

Therefore, just as being disabled could at times be an unwanted ball and chain, it appeared that the sporting opportunities it presented could also make it a golden ticket, and this could leave players in a quandary. Indeed van Hilvoorde and Landeweerd (2008) also note the irony of a 'disability' in regular life becoming an advantage in the world of elite

sport. And yet, the role that sport played in altering the desirability stakes of disability and moving the health goalposts is not for discussion here, but later. Instead this simply reaffirms the malleable nature of disability and the complex relationship that it has with PSH and WB.

Conclusion

This opening part of the analysis has focussed on the PSH and WB implications of being disabled and the complexities of this for the players. It has questioned disability models and terminology, highlighted pride and yet prejudice, and illustrated the need for inclusion and not ignorance. It has brought into the spotlight issues of normality and hierarchy, revealing how being 'disabled' triggers an array of PSH and WB bullets to parry. Moreover with some players untroubled by the commotion, others distancing themselves from association and some suffering at the hands of oppression, the heterogeneity of the disability experience has also been revealed. Disability has been shown to be different and controversial, something to be feared and yet desired, which can close doors and yet offer possibilities. Paradoxes have been highlighted and the disability-health relationship revealed as a most complex one. Indeed as this first part of the analysis draws to a close, it leaves many more questions to be explored, notably how sport came to influence this relationship.

Part 2: Disability, Recreational Sport, PSH and WB

This part of the analysis first examines the people and processes which initiated the players into sport, namely WhB. In particular the process of rehabilitation¹² is put under the spotlight, to establish the role that medical practitioners and spinal units played in writing their health scripts. In doing so political agendas and patient lotteries which risked sending them down very different life and health paths are also revealed. The role of WhB in moulding their lives, reconstructing their identities and promoting their PSH and WB is also explored. Just as the existing literature on the disability-sport-health relationship is added to, so too is an insight provided into the community and camaraderie that WhB offers.

Storytellers, Sports Participation and PSH/WB

Frank (2006) insists that stories are subjectifiers that shape our perception of health, and there was certainly evidence of this in learning how the players came to be involved in WhB. As Levins et al. (2004) explain family, friends and professionals can be ‘enablers’ or ‘barriers’ to the participation of those with SCI. Thus, just as Giaccobi, Stancil, Hardin, and Bryant (2008) found that friends and family were responsible for initiating individuals into WhB, this was the case for Coach Fred. He talked of how different his life would have been had it not been for his mother introducing him to a WhB club, where he was still a member 36 years on. James shared a similar story:

I were really obese so my mum and dad said ‘look you’re gonna do something’ so I tried swimming, athletics and then I just found basketball at National Junior games. It was definitely my parents who were the driving force.... After playing for so long I got selected for the Under 22 squad and we got took to Canada for first World ChampionshipsMy dad came with me...paid his own ticket and he got out there and everything, so it were really good. (pc, April 20, 2011)

In supporting James his parents legitimised his sporting endeavours, something Fitzgerald and Kirk (2009) stress is vital. That Ben’s got involved themselves was also significant for Hutzler, Chacham-Guber, and Reiter (2013) found that disabled children playing integrated basketball had better PSH than those playing in segregation/not at all. It tells of the role AB others can play in shaping their health. And yet this is not always the case.

Ryan and Runswick-Cole (2008) explain that mothers can inadvertently oppress their disabled children, and Coach Fred did confirm a tendency of some to smother their children when first starting WhB. Worse, parents can be wary of them playing disability

¹² Rehabilitation is “the health strategy that aims to enable people with health conditions experiencing or likely to experience disability to achieve and maintain optimal functioning in interaction with the environment,” (Stucki, Cieza, and Melvin, 2007, p. 282).

sports due to the fear of segregation (Wheeler et al., 1999) or injury (Shapiro & Martin, 2010), which can jeopardise their participation (Fitzgerald & Kirk, 2009). Here players had to rely on hearing positive stories of sport from elsewhere. Indeed in turning the lens on rehabilitation, some found health professionals writing their health scripts.¹³

Two players told of the organisations and speakers that they were privy to as part of their rehabilitation and who proved influential story-tellers.

There's a few organisations that are involved sort of coming into spinal units and I think Back-Up's one of them um, and they did inspire me quite a bit when I was um, in my spinal unit. I think my consultant was really good at sort of trying, sort of saying well 'this is what you could do'. (Emma, pc, 8 June, 2012)

I went to the Inter Spinal Unit Games and there was a [WhB] guy. He gave a speech about going to Belgium and I remember it so vividly 'cos I thought to myself 'well when we go abroad all our toiletry problems, they all change, it's not easy' and he would tell a toiletry story that was so funny yet so embarrassing for him, it just made me think 'what the hell, these things happen, so what?' So it wasn't about him going to play wheelchair basketball. It was about him being embarrassed and done something but still getting through it...Obviously he knew what he was saying 'cos it was guys that had just been in the chair for either 3 months or up to 12 months . 'Get on with it.' (Mike, pc, October 10, 2011)

Stephens et al. (2012) claim that disabled people are responsive to those already engaged in sport, and it did appear that their stories worked for these players (Frank, 2006). In reflecting on their QoL today they were mindful of all that they owed their storytellers, recognising that they had directed them down a path which could have otherwise remained hidden, and which had proven very powerful health-wise. Wilhite and Shank (2009) also endorse the power of positive story-tellers, pointing particularly to those in healthcare:

Most often, adaptation of health promoting behaviors results from timely and sensitive exposure and support from health professionals in ways that match the needs and desires of the person with a disability and from readily accessible community resources. The social influence of health professionals has a positive influence on physical activity. For people with a disability, the influence of health professionals is likely to be more important than in the general population. (p. 117)

¹³ Six players (3 male, 3 female) experienced rehabilitation within spinal cord units.

And yet equally the players challenged this statement. As Mike elaborated, stories arising from rehabilitation and healthcare professionals could turn from triumph to tragedy.

I went to see my consultant 12 months ago and he said to me ‘are you still playing wheelchair basketball?’ I said ‘yeah.’ ‘Do you still get a few U.T.Is?’ I do get urinary tract infections. It’s all part of the nature of my disability. It’s not because of the sport. He says ‘I’d rather you sit at home with a remote in your hand watching telly’...so if he’s a consultant on a main spinal cord injury hospital and he’s got that attitude as well as some of the staff, they’ve all got the same attitude. It’s not because that’s the way they’ve been taught by the medical association. It’s just that’s the way the world is going with all this political correctness, because they can’t say ‘right there’s a sport, go, play it.’ They will not encourage them to go and take sport up. They will not encourage them to go and take jobs up. They will not encourage them to do anything because as far as they’re concerned anything they do is wrong....If you keep feeding negativity towards [patients] they’re just going to feel negative about their lives and it’s wrong. It’s wrong. It’s absolutely crap.... Eventually it will wear you down and all hell’s going to break loose in that mind. (pc, June 1, 2012)

Similarly, in reflecting on a recent stint in hospital, Coach Fred observed:

I watched a guy who’d lost a leg and he never once stood up on his good leg for the three and a half weeks I were there. And I questioned him why. ‘Well I’ve been told to sit in a wheelchair.’ I said ‘there’s nothing wrong with your good leg. Get on it’.... He’d been told ‘this is what you do because you’ve lost a leg’, and I’m like ‘wow.’ I think the world’s a bit slow at the moment. (pc, July 24, 2012)

Further investigations revealed that these comments were indicative of a damaging trend, where stories work on patients (Frank, 2006) and risk them becoming sedentary. Whilst Asken (1991) discovered that physicians could be over-protective and reluctant to endorse sport, Rauch et al. (2013) found that this was due to the fear of secondary health conditions. Finally, and in perhaps reflecting this, Williams and Kolkka (1998) found that physiotherapists were not the main agents responsible for initiating patients into WhB. Instead, in echoing the earlier data, it was existing players. Table 5 illustrates.

Table 5

Socialisation Agents who first got individuals involved in WhB

Agent	Males (%)	Females (%)	Combined (%)
Wheelchair basketball friend	46.7	58.8	48.0
Another player	15.6	5.9	14.5
Physiotherapist	11.9	11.8	11.8
Teacher	6.7	11.8	7.2
Other (generally self)	8.1	0.0	7.2
Nonwheelchair basketball friend	4.4	11.8	5.3
Coach	5.2	0.0	4.6
GBWBA development officer	1.3	0.0	1.3

Note. Participants were male (135) and female (17), representing UK clubs. Reprinted from “Socialization into Wheelchair Basketball in the United Kingdom: A Structural Functionalist Perspective,” by T. Williams, and T. Kolkka, 1998, *Adapted Physical Activity Quarterly*, 15, p. 362. Copyright 1998 by Human Kinetics Publishers.

In short therefore it seems that certain storytellers were significant in directing players down sporting paths which hitherto offered PSH and WB gains. It was just that it was pot-luck as to whether in looking to healthcare professionals they would receive a prescription which was good for their health or suffer at the hands of political correctness. With many players having spent much time in SCI rehabilitation units, there was a need therefore to further explore the role that they played in moulding player PSH and WB.

Politics require the rehab, not rehab the politics

Etched into the wall as you enter Stoke Mandeville Stadium, a leading facility for disabled athletes in the UK are the words of Sir Ludwig Guttman; “if I ever did one good thing in my medical career it was to introduce sport into the rehabilitation of disabled people” (“How Ludwig Guttman”, 2011). Whilst these words originate from the 1940s, sport did indeed become threaded into rehabilitation and this was significant. For Mike and Max their 1990s rehabilitation consisted of nurses taking them to the pub to get used to independent living and of compulsory sport. They felt they owed their standard of life to this, their PSH and WB boosted by their initiation into WhB. This echoed what Muraki et al. (2000) found, namely a connection between the participation and psychological health of those with SCI. That is, those with high activity levels suffered less with depression and anxiety, and had greater vigor compared to those who were inactive.

And yet as Gioia et al. (2006) and Semerjian (2009) assert disabled individuals, notably those with SCI tend to be sedentary, implying that they do not reap these gains. In

reasoning why Max pointed to a different healthcare agenda today, saying “nowadays in hospitals the patients don’t have to do the rehab, they don’t have to go to the gym, it’s their choice, it’s PC, it’s wrong. They should be made to” (pc, April 20, 2011). Mike agreed:

There are so many red tapes and so many things you have to do before you’re allowed to do something now and I think it’s wrong....They would never ever think about taking a patient out of the hospital down to the town centre or to the pub ‘cos it’s political correctness gone mad....I reckon if I’d had my accident maybe 5, maybe 7 years later... I don’t think I’d be in the position I’m in, possibly from the rehabilitation side. (pc, June 1, 2012)

Indeed whilst Wheeler et al. (1999) confirm that rehabilitation was a key mechanism 15 years ago for getting patients into sport, more recently Whalley Hammel (2007) found evidence to the contrary, rehabilitation beset by bureaucracy and policy. This led four players to gratefully reflect on their own latter-day experience but fear for others. They told stories of acquaintances who’d not had a positive experience and taken a different path, unaware of life’s possibilities. One player, in applying what he had seen in practice to Frank’s (1995) theory of restitution, quest and chaos explained the risks:

I think given the chance they [patients] would definitely go that route [quest] but if they don’t know what’s out there and if it’s not reinforced or something happens within the spinal cord injuries unit which exposes them to sport or to something positive they’re never going to know about it. They can only dwell or go into the Chaos theory. (Mike, pc, June 1, 2012)

What’s more Pollard and Kennedy (2007) found that those with SCI who suffer anxiety and depression 12 weeks post-injury will likely still suffer 10 years on. They argue that rehabilitation shapes long-term WB, and therefore stress the need for it to initiate positive outcomes. That this may not be occurring is thus concerning.

Ultimately therefore the data revealed that some players had benefitted from past rehabilitation practices which had done what they ‘said on the tin’, set them on a sporting path and offered PSH/WB gains. However current practices, with the ‘opt-out’ sporting culture and preoccupation with policy were criticised for changing the meaning of rehab, and risking patient PSH and WB. Put simply they stressed that it was not rehab which required the politics, but politics which required the rehab.

Spinal Cord Units: A Health Lottery?

Though the shortfalls of current rehabilitation practices have been noted, all players nonetheless found themselves adopting a sporting life, a sporting career no less. And so did those who experienced rehabilitation more recently have their spinal unit to thank for this after all? Or, given the demographic of the GB squads, namely the lack of representation of some units (see Figures 9 and 10), did this indicate a postcode lottery? Indeed, if so, did this lottery influence their initiation into sport, not to mention their PSH and WB?

Figure 9. Location of Spinal Units in Great Britain & those represented in the GB squads

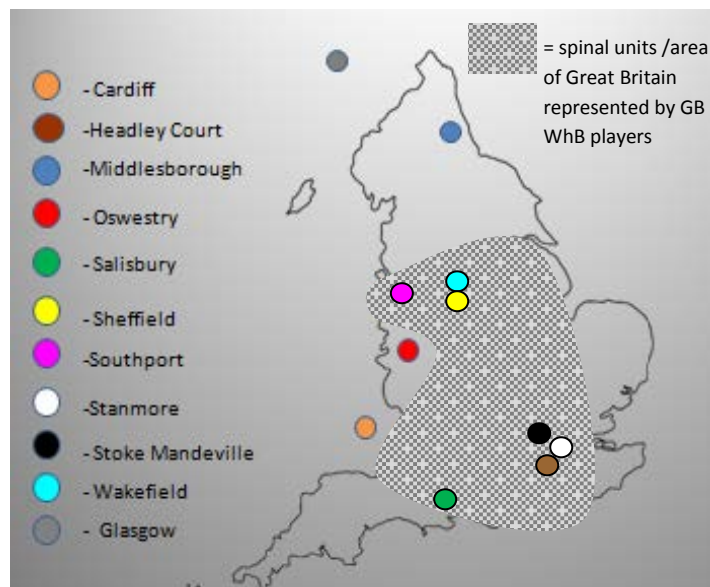


Figure 9. The location of spinal units within GB and those represented within the GB WhB programmes (men, women, juniors). Data collected via personal communication with all players (January 17 – March 1, 2013).

Figure 10. Number of players originating from the different spinal units

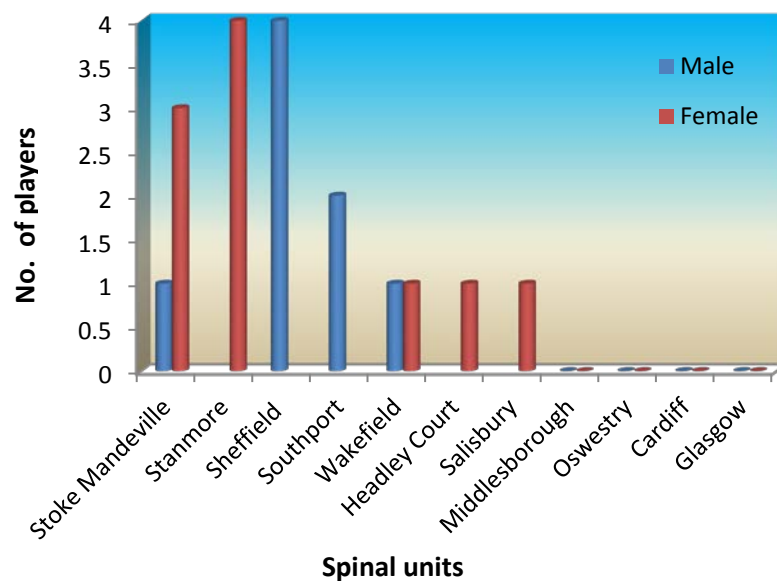


Figure 10. Spinal units across GB and numbers of players (from men's, women's and juniors' programmes) originating from each. Data collected via personal communication with players, (pc, January 17- March 1, 2013).

Latimer et al. (2006) claim that individuals with SCI, despite being a sedentary population are amenable to change if interventions are staged, whilst Wilhite and Shank (2009) argue that disabled people are just as keen to be healthy as the AB population. And yet with England the only home country represented in all of the GB WhB squads and 67% of players hailing from only three units, it could be suggested that such interventions were not reaching all. It also implied that the players may have had different experiences of rehab, and this was likely to have played out differently on their PSH and WB.

Indeed having researched the provision offered at the units in England, inequalities were found (see Appendix 6)¹⁴. Though this fuelled policy suggestions moving forwards (which are later discussed), what is significant here is how this affected the players, their initiation into sport and most pertinently their PSH and WB.

It is arguably of little coincidence that the spinal units from which most players came (Stanmore, Stoke Mandeville, Sheffield) were those with great sports facilities, substantial sport programmes and on-site WhB clubs. As Williams and Kolkka (1998) comment and Ben, confirmed, the latter makes a real difference:

¹⁴ Data was collected via personal communication (email) with physiotherapists and doctors at spinal units between August 2012 and April 2013.

Most players were first introduced to Wheelchair Basketball in related clubs (47%), disability sports clubs (19%) and hospitals (17%). This latter context reflects the use of wheelchair basketball in the rehabilitation process and the fact that some clubs use hospital gymnasiums for training and competitions. (p. 362)

The team that played and trained out of there was the Steelers and two of their players came up and said ‘hey you know, do you want to come down and play?’ and it was kind of another thing to do whilst I was in hospital and once a week it was nice to go down there....I’d watched them a lot ‘cos there’s little windows so I watched them train....The link between the team and the hospital is very big....It’s like a cow market for them. When they get someone fresh in they hear about it straight away. A doctor will come to them and go ‘hey, hey look, got a new guy. Do you want to come up and talk to him?’ and they will...it is good. (pc, February 1, 2012)

Ashton-Shaeffer et al. (2001) found that disabled women were motivated by seeing other women playing WhB, whilst Stephens et al. (2012) claim such ‘incidental learning’ inspires individuals to revise their goals. Thus those like Ben received a boost to their PSH/WB from their spinal unit allocation and access to WhB. However not all players were privy to this for some units reported budget problems or politics which stopped them attending the spinal unit games or forging club links. Coach Fred spoke of these inequalities whilst Anne rued her luck, musing “I was at Salisbury and [they] did little to encourage sport. If I’d been at Stoke Mandeville I would have been in the sport almost 2 years earlier” (pc, January 18, 2013).

It appeared therefore that the players experienced different access to sport during their time in rehab which in turn affected their initiation into WhB and arguably their PSH and WB. The health benefits of sport for those with SCI may be readily reported (Levins et al., 2004; Martin Ginis et al., 2008, Martin Ginis et al., 2010a) but opportunities to realise them for patients today may rest on their unit allocation. Just as Headley Court, the rehab centre for military personnel has received significant recent press coverage and boasts an impressive activity programme (from alpine skiing to skeleton bobsleigh), the limited patient numbers, facilities and funding at Oswestry and Middlesbrough may account for their absence from the GB squads. It appears that a health lottery did and may still exist.

Ultimately all of the players came to be involved in a sport which, as subsequent discussions will reveal, entranced them, taking them on an unbelievable journey which altered the course of their PSH and WB forever. It was simply that the role their spinal unit played in initiating them into this sport varied, some chivvied almost immediately into

Running head: WHEELING TO LONDON 2012

the sports hall, whilst others delayed on-route. This reflected an inequality in provision at the units. With this arguably continuing to risk patient pathways today the players argued for interventions to remedy the lottery, unpick the politics and empower patients. They wanted them to know what they knew, to find sport and all of its benefits. They would never have lived the lives they had lived or experienced the PSH and WB journey they had been privy to had it not been for the people and processes they had encountered and for some rehab had been key to this. This mirrored the findings of Ashton Shaeffer et al. (2001, p. 20):

Although the participants in this study were elite level athletes, their interest in and initiation into sport began in the community and/or in rehabilitation. When describing their initial experiences, the participants identified the importance of role models and supportive programs in the community for their continued involvement and development. Without those initial opportunities for participation, the benefits, such as identity formation, empowerment, self confidence, health and fitness, friendship, and travel, they identified at this level of participation never would have been realised.

Thus having explored *how* the players came to be involved in sport, attention must now turn to their experience in actually playing it, alongside the PSH and WB consequences.

Removing the cotton wool but getting a bug!

Ben, like his teammates described the freedom he felt in first strapping himself into the WhB chair. “I thought it was human bumper cars. I got to go as fast as I can and crash the chair all the time so that was the best thing about it” (pc, May 11, 2011). This bore close resemblance to Sheridan (2006) who provided this account of WR:

I rolled onto the court that night and pushed with everything I had, never stopping for two glorious hours. I hit other people in wheelchairs. I rammed into them with all the force I could muster, disregarding technique or strategy. In my mind I was back on the football field, sprinting toward the end zone, kicking field goals, tackling halfbacks. I crashed repeatedly onto the floor, struggling each time to pull my paralyzed body back up into the chair. Small beads of sweat welled up on my forehead as my fingers became blackened by rubber and blistered from friction. I was born again. (p. 81)

As such it appears that wheelchair sports are *carte blanche* to defy everything that being disabled seems about. Rather than feeling weak players could be strong, rather than treated

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like glass and contained in body braces, they were free to fly out of their chairs. It was cathartic and satisfying. As Bec explained “I think it was more just being able to be in a chair to finally like have like an exercise where I was actually allowed to just mess about and hurt myself and to fall over” (pc, March 1, 2012).

What’s more as Swanson et al. (2008) explain, sport can offer an escape from troubles. Whilst Luke labelled it ‘a godsend’, Mike found it a comfort from reality:

I always found that sport was my ‘go to’....It was always something that made me smile even when life was actually treating me pretty damn unfairly....I’ve always had insecurities. That’s obviously down to the background of how I was brought up, not knowing where I was going, who I was going to be with but the one thing I did find true was when I was in sport, it was just me being competitive and damn well enjoying it. (pc, October 10, 2011)

Giacobbi et al. (2008) who examined the emotional health of WhB players also found that they revelled in its de-stressing, therapeutic properties, as it fought depression and relieved aggression. And yet, in reflecting what Ferr (1993) and Molik et al. (2010) found with WR and WhB players, players were also motivated by becoming fitter and managing their weight. For example Harry mused “I dread to think how big I would have been if I hadn’t been doing [WhB] ‘cos I’m still a couple of stone overweight and I’ve dropped 5/6...so fit, health-wise it probably did me a massive favour” (pc, September 2, 2011).

Interestingly players also spoke of it filling a void. Just as Molik et al. (2010) found it offered individuals (with SCI) a sense of direction, Max and Ben talked of gaining a purpose whilst in rehab. Anne explained:

It was a bit of yeah filling time with, for being bored but then it was being a part of something and working hard to get somewhere again...have some focus or something that was like career wise. I don’t really have much of a career any more. I can’t do the job I joined up to do. So it’s having something to work hard at. (pc, August 1, 2011)

And yet the principle reason for playing WhB was the ‘buzz’ they got, the fun it offered.

It’s addictive. As soon as you sit in a chair and as soon as you try it, it’s like, ‘wow I want to do this for the rest of my life.’ It, it, people call it the basketball bug. It’s just, there’s just something about it that makes you, and even still....Even now I love it. (Sue, pc, January 24, 2011)

I just were hooked on it and it were just this sport what didn't seem to have any limitations, you just played and that were it and you got chucked out your chairs and in them days you didn't play with any straps or ought on so you were always coming out and I love all that rough and tumble type stuff anyway....I used to just sit in my room before. (James, pc, April 20, 2011)

I love the sport, I think it's the perfect sport, it's a team sport, it's fast, it's aggressive and I love that, it's um skilful, it's tactical, it's strategic....I'm the fittest I've ever been, ever in my life. Physically and even mentally, after like the six months where my body wasn't used to doing so much exercise...sport allows you to just, you can't think about stuff, the stuff that's going on at home or at work, you can't so it's good for your health, it's good for the soul to play sport. (Kate, pc, February 2, 2011)

Such comments align with the work of Blanchard et al. (2009) who reported hedonic well-being to be an immediate consequence of sports involvement. The life satisfaction and happiness they described implied that their SWB had been significantly enhanced.

What's more in mirroring the earlier data James highlighted WhB to have offered a better path in life. Players judged that their lives without WhB would have been far less healthy, a claim also made by Campbell and Jones (1994):

Wheelchair sport participants exhibited an iceberg profile of positive well-being with lower tension, depression, anger, and confusion and higher vigor than the sport nonparticipant group. The sport participant group also showed significantly greater levels of mastery and more positive perceptions of their health and well-being than the sport nonparticipant group. (p. 404)

More recently Fiorilli et al. (2013) added weight to the argument that sport may be good for people's health, finding that WhB players had significantly better PWB than non-participants. From better sleep patterns to less interpersonal sensitivity¹⁵, they (2013) concluded that "a definite relationship exists between competitive wheelchair basketball and an improved mental health" (p. 3684). One coach, Ian agreed:

If people in wheelchairs are active, their life quality is far better....It's enormously healthy for them because they get unique opportunities that they would not have got but they also have a healthy lifestyle in terms of their life expectancy....They will get the longest lifespan they can and quality because of the fact that they're in-shape...

¹⁵ Interpersonal sensitivity = "excessive awareness of the behavior and feelings of others... characterised by a sense of personal inadequacy and frequent misinterpretation of others' interpersonal behaviour" (Fiorilli et al., 2013).

mentally I think it gives them a chance to excel at something and I think if you excel at something that's a motivation rather than being, well unhealthy number one, but not stimulated, not challenged. (pc, May 4, 2011)

Gall and Turner-Stokes (2008) confirm that the life-expectancy of those with SCI is less than the general population, with medical complications arising from their impairments. Kreuter et al. (1999) also found in their case study of a SCI individual that, in becoming sedentary and living his life indoors, he had suffered relationship issues and depression. The prevalence of such a lifestyle was understood by the players. They saw sport as a turning point and reflected soberly on the unhealthier path they could have taken.

Ultimately the players were united and vehement in advocating the PSH and WB benefits that they had reaped through sport. From providing a means of escape to igniting a passion, their lives had been enriched and they drew negative comparisons with their sedentary counterparts. They supported the existing literature in highlighting that sport can be a vehicle capable of taking disabled individuals on an advantageous health journey.

Naked laughs, giggles and gaffes - community and camaraderie

To play WhB is to be part of a community, to enter a social hub and reap the gains of such membership. For some it is a support system, for others a time to enjoy being 'the norm' and for a few it marks their maturation. This 'sporting fraternity' is welcoming and the family ethos embraces young and old, whether a person learning their craft, seeking a GB call-up or swapping their jersey for a whistle. Weitzencamp et al. (2000) found that a greater percentage of those with SCI saw socialising with others as (very) important to their QoL, compared to the AB population. Indeed, in mirroring the findings of Rauch et al. (2013) the players with SCI confirmed that their initial involvement in WhB had been a means to an end. For Luke and James who'd previously rarely left their bedrooms, WhB facilitated their 'social reintegration' (Tasiemski et al., 2004). Whilst Shapiro and Martin (2010) claim that in playing sport disabled youngsters develop peer relations, Shapiro and Martin (2014) argue that developing confidence in their athletic abilities can catalyse close friendships. All of this was reflected in the stories of the players. Table 6 marries up their comments with the literature, regarding the social health benefits offered by WhB.

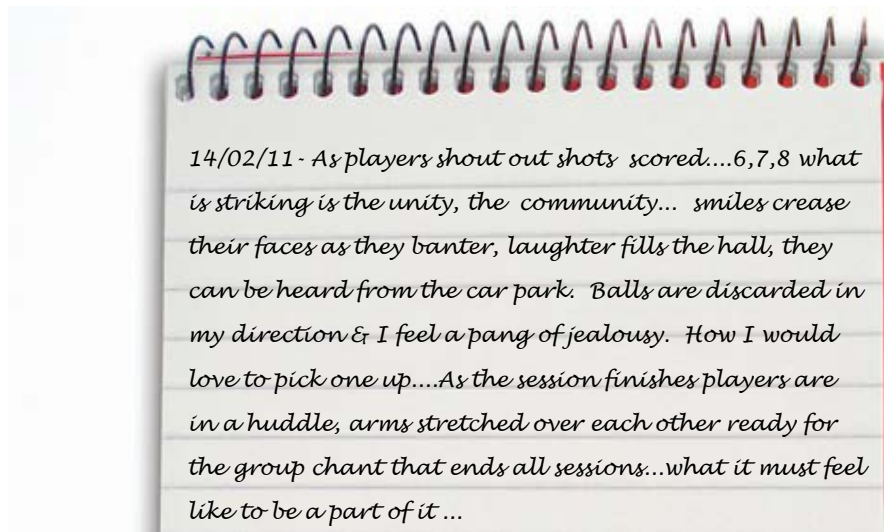
Table 6

The Social Health Benefits of WhB – from theory to practice

The literature	The players
<p>(Women's empowerment through wheelchair sport, Ashton-Shaeffer et al., 2001).</p> <p>The sense of community experienced by the women in this study was facilitated by their shared experiences with both disability and sport. They became both physically and emotionally empowered because of this sense of community that extended beyond the boundaries of wheelchair basketball. (p. 20)</p>	<p>I was one of the youngest there so I think I did learn a lot.... There was one girl that I really liked, she'd got quite a similar disability to me and I'm still friends with her now, um and I could learn off her....She'd told me she could drive at 16 and I thought 'right I'm going to drive at 16'....It boosts your confidence a lot....I don't know if I took loads of advice off them but sort of picked little things up here and there. (Emma, pc, June 22, 2011)</p>
<p>(Communicating through WR, Lindemann & Cherney, 2008)</p> <p>Quad rugby athletes spend a lot of time together; As such, the interpersonal relationships that develop can be just as important to players' therapeutic experiences as actually playing the game. Through off-court talk, players learn better how to "do" everyday activities and get by in life with a disability. Many pointed to their involvement in quad rugby as a large part of learning to function in an able bodied world. (p. 116)</p>	<p>You learn...talk to other people in wheelchairs, same situation, you know, maybe the same age they've been in it a bit longer, you take it on board, peer mentoring....That's what I like about basketball as you know, you can have a talk in a way you can get a lot of information as in you want a deep talk with someone but it is done so light-hearted you don't feel like your sat with Jeremy Kyle. (Ben, pc, May 11, 2011)</p>
<p>(Socialisation into WhB, Williams & Kolkka, 1998).</p> <p>The wheelchair basketball social system is maintained in contexts that emphasise group interaction. Players train and compete in teams; on a specific evening they meet to discuss basketball and technical information and to exchange gossip. Most importantly, especially for beginners they can watch and copy wheelchair basketball players' ways of playing (i.e. social behaviour). (p. 364)</p>	<p>What happens when you've had the accident a lot of your friends you used to have, you might lose them because you can't do the same things that you used to do. So once you get into disabled sport you've all of a sudden got 20 extra friends who you can socialise with and it's great to be in that environment. My club at the beginning was a recreational club....They just gathered every Sunday afternoon and some people didn't want to do anything but they just chatted. (Fred, pc, October 10, 2011)</p>
<p>(Empowerment of disabled athletes through sport Pensgaard & Sorensen, 2002)</p> <p>Sports participation offers a unique opportunity to meet others, to make friends, to develop a sense of belonging to a group. (p. 57)</p>	<p>I think we played 6 matches in a weekend, and meeting loads of different people, I loved it. Jo signed me to her women's league team so I went home from that, going 'oh yeah Mum, I'm going away next weekend, I'm gonna play basketball again.' (Bec, pc, January 24, 2011)</p>
<p>(Motivation to play Paralympic Sports, Molik et al. 2010)</p> <p>In wheelchair basketball and rugby players along with age "being with friends" becomes more important a reason. It means that apart from health- and sport-related aspects, social reasons for participation in sports are also important. (p. 50)</p>	<p>You'd have a game and then stop over Newcastle, Cardiff or wherever and go out and have a few drinks and yeah, I've known people from, well since I was 16 and I've got the same mates I've known from that time. (Max, pc, February 1, 2012)</p>
<p>(Participation incentives of WR players, Ferr, 1993).</p> <p>Social affective incentives were 'important' or 'very important' for their sport participation motivational reason. Items that factor into their motivational incentive are personal feelings or emotions as they relate to sport participation including...feeling wanted and needed by others. (p. 61)</p>	<p>Someone smashed my car up and I was off the road for ten weeks and the coach was driving from Leeds to Bolton to Liverpool and then from Leeds to Bolton to Southport to take me to training and he didn't have to you know...but people were going out of their way. (Harry, pc, September 2, 2011)</p>
<p>(WhB & QoL, Giaccobi et al. (2008)</p> <p>23 [of 26] participants mentioned social opportunities as being a benefit of physical activity. These social opportunities included valued interactions with others, being able to connect and form relationships with others...and travel. (p. 201)</p>	<p>My first trip abroad was with the juniors and we went all the way to Australia. I'd never been on a plane before in my life.... I went with two guys....It was trip of a lifetime. (Mike, pc, October 10, 2011)</p>

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An extract from the researcher's FN further observed the WhB community and illustrated how player PSH and WB was bolstered:



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What's more in speaking to the players it became clear that 'pranks and banter' were par for the course. From a young age they went away with their WhB clubs or were initiated into Junior GB squads, as they matured from recreational to international athletes. And yet their comments revealed the tricks and gags to thread through all levels of play.

We've got a Junior tournament in Canada this year. It's gonna be amazing, it's gonna be shattering but it's gonna be amazing. I mean, yeah, we won't get to see much of Canada but like, airport fun...it's kind of a palaver, having, what they'll probably be about 8 wheelchair users, trying to get them through security and just, it's, it's all a bit of fun isn't it? (Sue, pc, January 24, 2011)

We've got Daz who's a double amp and he's very small. When he was first in the squad he was tiny, and he used to be able to fit in a pillow case, so while someone was at the toilet like late at night we used to put him in their pillow case. And they'd come back and lean down on the pillow case and [he'd] just like grab them and it would scare the living daylights out of them. (Ben, pc, May 11, 2011)

Say we're at a tournament and a couple of the lads are in for a massage in the physio's room... this happened when we were just in America a few weeks ago. Um, lad gets

off the bed, puts his top back on, physio goes and washes his hands and another lad'll jump on the bed but bollock naked. (Luke, pc, September 2, 2011)

This camaraderie was evident throughout the researcher's observations. Though an exclusive group they were refreshingly humble and, in echoing the earlier data they were keen to share this, to get others involved in WhB, such was their resolve that it would enrich their lives. Indeed Coach Doug commented:

I think when I've met people in the past maybe I've become a bit of a, I suppose a stalker. If I see someone whose got a disability I just want to speak to them. I want to know what they do and it's not about saying, you know we can make our club bigger or GB bigger. It's about 'what do you do physically? Do you do any sport? Have you heard of wheelchair basketball? We train on a certain night and we do this, we do that, potentially you could end up as a GB player but initially there's a club environment, you come train, you get fitter, you get to know people, you'll feel good about yourself. Come and have a go, we'll supply cheer for you. (pc, May 25, 2011)

Therefore players and coaches were united in endorsing the PSH and WB benefits of recreational WhB. The scope to acquire a new family and belong led one player to label it 'overwhelmingly healthy'. As Stephens et al. (2012) conclude sport at this level is as much a social networking opportunity for those learning their disability as it is a physical endeavour, and this couldn't have been mirrored more by player comments or training observations.

'Disabled' to 'Athlete' – (Reconstructing) Identities

There has been much research dedicated to the role sport can play in modifying the identities of disabled people (Giacobbi et al., 2008; Huang & Brittain, 2006; Levins et al., 2004; Wheeler et al., 1996). Indeed for many of the players getting involved in WhB marked an acceptance of their (new) bodies. For example Lucy commented on how meeting other players prompted her to reflect that she shouldn't "act the cripple," whilst Harry decided his impairment was "not a problem." WhB exposed them to those with greater capabilities and yet worse impairments, causing them to reflect on their own. Being disabled ceased to be an unwanted ball and chain, but something they could move on with rather than from (Wheeler et al., 1999). This is upheld by Pensgaard and Sorensen (2002) who explain that "many athletes with a disability report that the identity as an athlete has helped them come to terms with their disability.... Identifying with other disability sport athletes seems to enhance the development of an identity synthesis" (p. 56).

What's more, whilst the earlier data revealed that players could hide their disabilities to avoid unwanted attention, getting involved in sport changed this. For Bec, starting WhB meant displaying her amputation, something she had previously been loath to do, and yet within this community she felt able to forgo disguising it. Likewise Anne shared her refusal in the past to even use sticks to walk and yet whilst the fatigue WhB caused meant she could not walk so well, this ceased to matter. Walking in life was no longer the priority, because wheeling to London was. Apeldoorn (2012) suggests that a wheelchair, sometimes an object denoting inferiority, can on the sporting stage have a new meaning, becoming a vehicle for displaying athleticism. Indeed players admitted that their reluctance to confine themselves to a chair, gave way to their desire to exploit its and their possibilities.

Moreover sport was a vehicle for challenging perceptions. Apeldoorn (2012) asserts that a wheelchair athlete can become socially interesting rather than an outcast, whilst Fitzgerald and Kirk (2009) found that, in playing WhB and being physically superior to AB siblings, young players earned their respect. Similarly two male players noted the approval of others like their fathers. And yet the kudos earned extended beyond family members.

From a young age I realised that sport was an ideal platform to showcase that my disability wasn't a barrier to me and didn't really need to stop me from doing thingsI've got pictures of me in the local papers growing up, doing fun runs, raising the most money out of everybody and being presented with a trophy for it and pictures of me with my artificial leg above my head waving it. (Sean, pc, July 26, 2011)

Therefore, and as Wheeler et al. (1999) also found, sport enabled the players to prove their ability and value to society. Becoming a WhB player had moved the goalposts, their desire to embrace their abilities replacing any concerns about admitting a disabled identity.

Another way in which playing WhB altered the identity of the players was in opening a door to an old life. Those with acquired disabilities were all engrained in sport pre-injury from horse-riding to football. And yet, even if it had caused their injury (e.g. motocross bikes) they sought to re-find themselves through it. As Rauch et al. (2013) explain, an athletic identity can remain stable over time and thus individuals are naturally inclined to return to sport post-SCI. Anne's comments illustrate this:

At the start of doing Sit Skiing had a few issues, kept spinning round going backwards, then had an argument with the lift pole, wasn't good, threw my teddies out of the pram, um, but they let me go back to trying snowboarding 'cos I was a

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snowboarder before and I was using an outrigger so it's like a crutch with a little ski on the bottom...and it took me two hours to do one blue run...I'd bend my knees going into the corner and then I wouldn't be able to stand up again so it was ridiculous. It was so much hard work but the last day I did four blue runs and I just remember almost like crying from the sheer joy of realising that I could still do something that I could do before. (pc, August 1, 2011)

Indeed it appeared that even the blood, sweat and tears were cathartic. Just as Wilhite and Shank (2009) found that the embodied experience of playing sport again was hugely positive, the fleshy experiences reminded the players that they were alive, the familiarity comforting. This was apparent in Sue's comments, which also revealed how sport had enabled her journey from the darkness of 'chaos' (Frank, 1995) into the light. Her identity was reconstructed:

[Becoming disabled] I used to be a very, very confident person and suddenly I became very insecure, very, very self-aware, I just didn't feel happy in my own skin anymore. And then I went through the Goth stage. I think I did it because it was like, maybe I could just fit into, because everybody hates their life when they're a Goth and they want to die, and the world is over...I don't think I even saw a future for myself, I was in that dark, I'm not joking, I was seeing psychiatrists and all of this, on antidepressants. (pc, January 24, 2011)

[Getting involved in WhB] I just, it was just like a little switch suddenly went off, I came out the whole Goth thing, I was just like a normal person. My Grandparents were like 'wow...she's back.' I started to have more confidence in myself and I just became the outgoing me again, not the little shy mouse in the corner that wouldn't do anything....I realised that I can still be kind of active, and I could still do kind of cross-training, still do a bit of swimming, bit of rowing, bit of this, bit of that. You can still do, you can still do it. It's, it's not over, your life isn't over....Even now I love it. Even when you're pushing your arse off and you're sweating and everything hurts and you're covered in blisters and you just want to go home and curl up in a ball and die, I still love it. (pc, January 24, 2011)

Whilst for Sue finding sport metaphorically and literally removed the protective layer she had cloaked herself in, for many other players it also proved a turning point. Both Emma and Anne spoke about how WhB became their 'thing' in the absence of being able to play

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sports they had previously enjoyed. Whilst Emma remarked “I think it was really important for me to have that something to focus on and make me who I was sort of thing” (pc, June 8, 2012), Anne remembered thinking “I’m still me, still sporty” (pc, August 1, 2011).

In short, the employment of their bodies to achieve athletic gains helped the players in accepting their impairment and forging a new or finding an old identity. For some, sport empowered them to celebrate and exploit their capabilities, rather than disguising or resenting any limitations. For others the physicality healed them psychologically, restoring a forgotten identity and drawing them out from the shadows. What’s more it also offered scope for them to display or (re)define their masculinities or femininities.

“So I hit him” v “So I hid it”– Masculinities and Femininities

Evans, Frank, Oliffe, and Gregory (2011) argue that “the relationship of masculinity to health is reciprocal in nature” (p. 9). In stating that typical masculine traits are those of dominance, strength and control, they concede that those who do not fit this ideal such as disabled groups can suffer marginalisation, leading to poorer health. Society admires beauty (Fitzgerald, 2005; Huang & Brittain; 2006) and disability can be deemed the antithesis of this. Thus in suffering at the hands of ‘threatened masculinity,’ (Hunt, Gonsalkorale, & Murray, 2013) disabled men can develop a negative body image (Nazli, 2012; Taleporos & McCabe, 2002), to the detriment of their PSH and WB. This was evidenced in the comment of Coach Will who reported feeling emasculated as a young wheelchair user. He reflected “the kids would call you names, try and bully you....First day [of school] someone tried to bully me and I sorted him out in one foul swoop” (pc, September 2, 2011). So too had the players experienced the subordinating behaviours of AB others:

I remember I was out in town once and a guy was getting really aggressive and I just told him to go away and he went ‘oh yeah you’d be saying it because I can’t hit you cause you’re in a wheelchair.’ And with that I did hit him, and I said ‘so let’s go from here then,’ I said ‘because don’t think like that, I’m just the same. If you want to hit me just hit me’....[Another time] there was this guy just came up to me and was a bit patronising and then went ‘oh you look right gay as well’.... I said ‘don’t ever walk up to me again and think you can talk to me.’ (Ben, pc, May 11, 2011)

I was out walking the dog and she was pulling and there was just some guys and I think they’d had a few and he started making comments about continental huskies and just taking the mickey. Well I’m the first one to take the mickey out of somebody but

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I'd say it to 'em. He just acted as if I wasn't there so I mimicked him. Probably wasn't the wisest move late on a Saturday night and all of a sudden World War 3. He was going to kick me in my chair and bounce my head off the kerb and every single cripple joke you've ever heard was hurled at me....I don't think they'd have said it if they'd seen Luke walking the same dog down the same street. He's got a bit of a swagger. He's a massive lad you know, massive muscles. (Harry, pc, May 2, 2012)

The 'fists or front' approach which these players adopted to prove their manliness are not unusual. Courtenay (2003) explains that those not seen as conventionally masculine can exhibit risky behaviours, even exposing themselves to injury, to challenge the assumptions which prevent this identity. Their physical health is jeopardised in an attempt to legitimise themselves as men (Courtenay, 2000) and boost their PSH/WB. In fact this tendency towards aggression and violence is characteristic of more traditional, dominant forms of masculinity, namely 'hegemonic masculinity' (Connell, 2008; Chen & Curtner-Smith, 2013).

In contrast femininity relates to womanhood (Sherlock, 1987) of which characteristics of gentleness, passivity, elegance and beauty are synonymous. Thus in dealing with similar prejudices, to retaliate physically would have been to oppose these ideals. Instead in trying to hide their impairments or retreat from bullies, the women ended up being the ones wounded, their PSH and WB risked. Sue, once 'Little Miss Popular' found this as 'the disabled girl':

Some people would always choose activities that I would never be able to participate in so like 'let's go ice skating, let's go roller disco'I became the cripple. And it was like 'oohh, don't want her, she's the cripple'I had friends that like were great when I was in hospital and stuff, but then when it came back to school and it was like in the wheelchair and stuff, it was like 'ugh, stay away from me.' (pc, January 24, 2011)

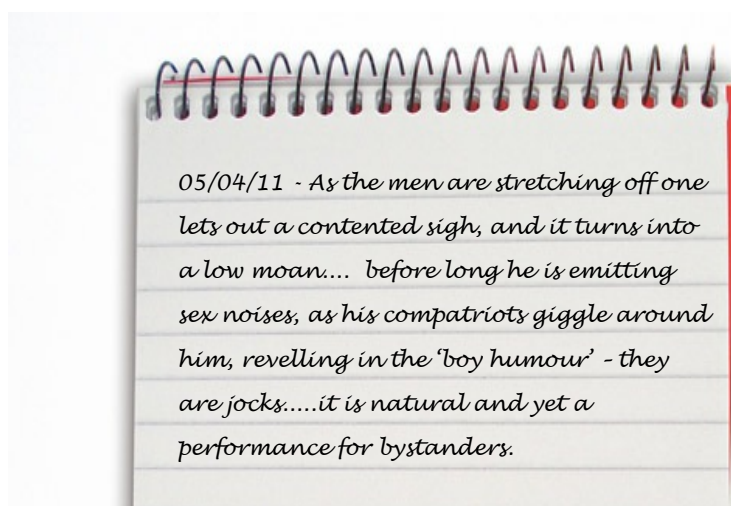
Likewise, bullying forced Bec out of her school.

A lot of kids were very bored and preyed on the weak....There were days when the whole year, friends and everything had ganged up on me and I'd be walking round the playground and they'd all be shouting 'spas', just shouting horrible things.... Boys would ask me out on dates or whatever as a joke, like for a bet.... Sometimes people were shouting in my face, making me feel like I wasn't wanted, like I was dirt. It made me feel really crap.... I moved to a high school where none of them went. (pc, March 1, 2012)

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Therefore, it appeared that whilst the men restored a balance through violence, the PSH and WB of the women suffered from not feeling able to use such aggressive tactics.

Adding sport to the equation made the relationship between masculinity/femininity and PSH and WB more complex. Schwalbe and Wolkomir (2001) claim that “a masculine self is always the product of a performance tailored to the situation and audience at hand” (p. 90). Indeed Crocket (2012) shared the sexist, hyper-masculine discourses of elite Ultimate Frisbee players as an example of how sportsmen display their credentials as men and accrue a social advantage amongst teammates. Similarly the men enjoyed the stage WhB offered to exhibit caveman-esque behaviours, align with dominant forms of masculinity and reap the associated PSH, WB and identity gains. An FN extract illustrates:



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It could be argued that such gendered behaviour is only typical of a jock. And yet researchers (Eleftheriou, 2005; Gard & Fitzgerald, 2008; Huang & Brittain, 2006) counter that disabled sportsmen can overtly display their masculinity to compensate for not being automatically deemed so. Moreover Schwalbe and Wolkomir (2001) talk of ‘inappropriate sexualising’ where men, in feeling their masculinity is being threatened, use crude exchanges to restore the status quo. A possible example of this was found in the RJ.

12/12/10: Today I met one of the men for the first time. He asked if I was prudish, then said about looking at my “tits”! Then one of the coaches asked if I could fulfil a role as a ‘palm leaf wafter’! It was like they were marking their territory.

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Male players also favoured wearing vests which displayed their tattoos and physical conditioning. Though the former was put down to fashion, Lindemann (2008) also found WR players to enjoy revealing their muscularity, and thereby performing a masculine body. He reasoned that, in aligning with conventional beauty, it helped to dispel the myth that a disabled man is weak. Thus WhB afforded the men a chance to be what Coach Will called 'gladiators', to perform and prove their manliness.

Conversely whilst tough sports like WhB are synonymous with masculinity and thus male participation proved socially advantageous, they can oppose feminine ideals. Sherlock (1987) explains that there are typical 'male' and 'female' sports which reinforce traditional notions of masculinity/femininity. Notwithstanding the greater inclusivity in sport today, participants can be reluctant to stray into the wrong territory. Indeed as Cockburn and Clarke (2002) explain, playing masculine sports can create a 'femininity deficit', risk their happiness and ultimately dissuade them from participating to preserve their femininity. Though this is perhaps a generalisation, Coach Doug confirmed that WhB is arguably male-gendered:

We struggle with females anyway. If we look at how many in this programme we could probably bring in at least 50 [male] players into the programme, 60 maybe whereas if you look at the top class women that will probably compete we can bring in 20 maybe....Is it geared more towards men? I think initially if you look at sort of even running basketball you know originally, it was men, it was only men that played. I suppose netball was for girls. (pc, May 25, 2011)

However for players like Kate, Sue and Emma, their impairments had put an end to 'female sports' like dance, horse riding and netball and they had to branch out. Whilst Cockburn and Clarke (2002) claim that aggressive sports can violate femininity and imply homosexuality, none said that such issues were of concern or happened. Similarly whilst Apeldoorn (2012) asserts that wheelchair sports can see female players deemed 'non-gendered' or 'asexual,' the women saw it as an opportunity to re-write the rule book on disability and femininity. Ashton-Shaeffer et al. (2001) also found this in their study with WhB women, the sport a heterotopia:

Wheelchair sport was a space where they could resist the passivity attributed to their female and disabled bodies....they demonstrated skill and strength, thus challenging the normalizing gaze and they actively worked to transform the discourse of what it is to be a woman with a disability. (pp. 18-19)

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Indeed, just as Cockburn and Clarke (2002) found that a passion for sport can trump any hang-ups over a so-called apparent failure of femininity, this was reflected in the narrative of a female Paralympic Powerlifter (Roy, 2012) and the discourses of the players. Their priority was to achieve WhB dominance, not conform to feminine stereotypes. In short, playing a 'man's game' offered PSH/WB gains which superseded any concerns over being judged masculine. Moreover, and as Huang and Brittain (2006) also found, they could enjoy having feminine identities outside of WhB, in other walks of their life.

That said it must be noted that WhB could interfere with the other feminine roles which participants fulfilled. Whilst the men could more easily compartmentalise and simultaneously enjoy their identities (as athlete, father, etc.), in echoing what Palmer and Leberman (2009) found, being 'mum' and primary care-giver, whilst committing to their sport presented more PSH and WB challenges for the women. Coach Fred admitted that the roles at times couldn't mix, careers ended by a desire to start a family for example.

What's more, WhB did bring challenges for the men, despite offering a platform to showcase their masculinities. As Berger (2008) explain, disabled athletes can be labelled 'supercrips,' deemed heroic for overcoming adversity or denigrated as not representative of disabled people. Thus the men were not always seen as credible sportsmen. Coach Will confirmed this, saying "they don't see a sportsman, an athletic person, they see a severely disabled person" (pc, September 2, 2011). And yet, though this predicament was arguably perpetuated by the media (Howe, 2008), Trolan (2013) argue that female athletes suffer more at their hands in being under-represented, trivialised or sexualised. Indeed, the coaches appeared to inadvertently use masculine qualities as the benchmark for a good female player. For example Coach Ian justified one woman's credentials by saying she "could come into the men's programme and be respected" (pc, May 4, 2011). Thus, the men may have sought to shrug off the 'supercrip' label for another masculine one, but the women faced a challenge in not surrendering their femininity for masculine credibility.

Ultimately a complex relationship was found to exist between femininity, masculinity, disability and PSH/WB. To be a disabled man or women is to be stigmatised, whilst playing sport could both dispel and compel this prejudice. Whilst for the men their impairments risked calling into question their masculinity, sport was a good antidote. From overt displays of their athletic conditioning or sexuality to 'bully-boy tactics', they tried to displace assumptions regarding what it is to be a disabled man and gain an identity which luxuriated in masculinity, rather than suffered at the hands of emasculation. For the women, disability and indeed sport may have called their femininity into question, but the joy WhB brought and its

scope to re-write the rules superseded any hang-ups they may have had. Thus, whether a male or female player, there was pride and purpose in being a WhB player.

Conclusion

This part of the analysis has revealed how the players came to be involved in WhB. Whilst examining rehabilitation practices unearthed a postcode lottery which risked player PSH and WB, the positive influence of storytellers, in whatever their guise has also been shared. Moreover in examining the impact of becoming involved in WhB, much evidence has been presented to support a positive relationship with PSH and WB. From escapism to enjoyment, friendship to fun, to play without pressure and compete without a care is a blessing. Whilst becoming a WhB player can reinforce and yet undermine masculinity and femininity, so too does it offer the chance to find a former or new self. Indeed for some WhB proved to be a timely antidote, healing them after a trauma or providing a gateway to an old life. For others it gave them a great buzz, it was their passion, their vice. However, as the curtain falls on this part of proceedings to allow for a wardrobe change from training tops to GB vests, the next part may see a revised script.

Part 3: Being a GB Player: A Health Rollercoaster (2011)

As Pensgaard and Sorensen (2002) propound, elite level sport brings new possibilities and yet limitations. In waving goodbye to WhB as a hobby and entering the GB squad, players strapped themselves and their PSH and WB in for an exhilarating ride. Fuelled by their desire for glory, they endured many twists and turns; selection and rejection, winning and losing, fitness and illness. Indeed this part of the analysis reveals the rollercoaster of being a GB player in a non-Paralympic year and examines the relationship between disability, elite sport and PSH/WB.

Becoming a Bulldog: Hobby to Job

Pensgaard and Sorensen (2002) herald recreational sport as stress-free and yet the shift to performance sport moves the health goalposts. James explained:

There's a big, big change between your club basketball and your international basketball. Your club basketball is a lot more relaxed, I mean, it is just like another family you know, and then International it's a bit more serious. International is more like your job whereas club is a bit more like a hobby type thing.... It's er a lot more serious, it's er, a lot more mental. (pc, April 20, 2011)

It appeared that the initial impact of the GB call-up on player PSH and WB was positive.

It was hard, it was 4 or 5 trial camps. Every time I came back I was dead, I couldn't move and I was like 'I've got no chance' and then I got the call that I was in. I couldn't believe it. I was scared cos I knew how much work I was gonna have to put in, but I just couldn't believe it. I was in the pub actually when I got the phone call and I was like, 'I shouldn't be in the pub!' It was amazing. (Max, pc, April 20, 2011)

I remember the day that they picked me. I've still got my letter at home 'cos they handed them out at the camp you know to say, and there was a guy that I was sure was a dead cert and he was my roommate and he didn't get in and I did and I've still got the letter and it meant so much. (Harry, pc, September 2, 2011)

Moreover coaches and players confirmed the thrill of *wearing* the jersey, whilst the pride felt was depicted in an image (Image 1) that one player took:

Playing when your national anthem's there and representing your country is, is an absolutely wonderful thing and it's quite unique because very few people get the

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chance to do it.....we have some very proud warriors. They are warriors. We call ourselves The Bulldogs. They are warriors who get enormous pleasure out of representing their country at that level. (Coach Ian, pc, May 4, 2011)

As you're pushing out the hairs stand up on the back of your neck and you realise... you're involved in a tight knit group and you're representing something that not many people can. Many have tried to, they've trained, they've not made it but you're, you're the one guy that's actually there so it gives you a sense of 'wow, I'm actually here, I've made it, you know. (Mike, pc, June 1, 2012)

Image 1. A player's mural of her Paralympic achievements



Note. Photograph taken in 2011 as part of the AP task. Black strips have been inserted (on the jerseys) to protect the identity of the player.

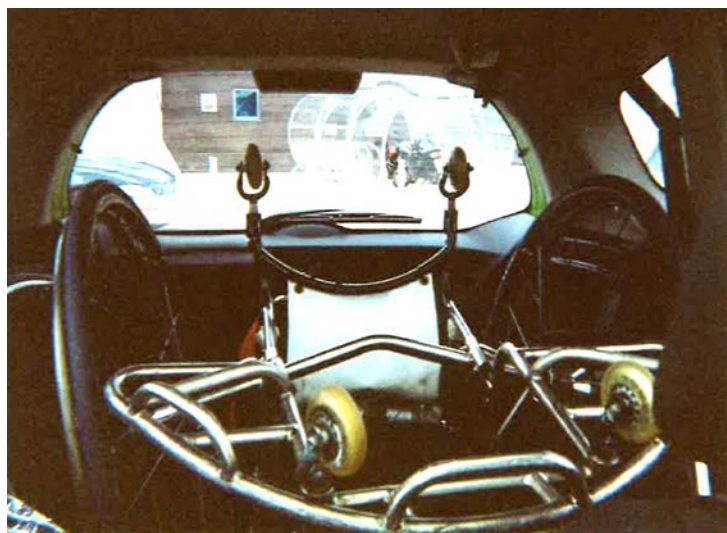
Nevertheless, notwithstanding the great sense of competence and positive identity players took from becoming elite (Wheeler et al., 1999), they recognised this honour to bestow a duty on them. Elite sport raises the stakes, and operates under the gaze of others, from stakeholders to spectators. It is judged publicly and with little sympathy - everyone expects and yet success or failure depend on the narrowest of margins. As Anne explained “[it’s] a responsibility. You’re representing the country. You’ve taken the place of some other person that’s worked really hard. You’ve got to make the most of the opportunity” (pc, August 1, 2011). Similarly London 2012 appeared to have raised the stakes:

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Cos it's a home Paralympics everything's gonna be amazing. It's a once in a lifetime opportunity. I mean, Rio, wow that's great, but London, it's never gonna happen again in this lifetime.....But then there's that, that slight fear that if we don't achieve what we've been set, we would all be mortified, because then, like funding will be cut and they'll be no legacy. We want to get to the semi-finals, at a home Paralympic Games, the exposure for the sport would be phenomenal. Could you imagine that? (Sue, pc, January 24, 2011)

Such comments indicated the responsibility of wearing the GB jersey; - players were no longer shooting hoops for fun, but paid to do a job and accountable for results which could dictate the sport's slice of the funding pie or legacy. Just as Hull Garci and Mandich (2005) found with elite Canadian WhB players, there was also a sense of needing to 'raise the bar,' by recording an upward performance trajectory. Thus becoming a GB player meant hours of travelling to meet training demands. In particular female players described exhausting schedules borne from limited funding and the need to juggle work or childcare commitments. Images 2-4 depict this, and the potential for strain on their PSH and WB.

Images 2, 3 & 4. 'On the Road' – travelling to train



Note. Photographs were taken in 2011/12 by 3 players as part of the AP task. Images have been cropped and brightness modified to improve quality and focus.

Indeed, like her teammates, Kate explained the hectic nature of her life:

Um, a typical week would be, well start from Monday....I work 9-5, then training 7-10pm but it takes me at least 45 minutes to get to training...get back home for 11, supper at 11. So that's where it kicks off and it's just going to get worse. Tuesday, same again, training 7-9 so I get home relatively early at 10. Wednesday just work, I normally try and give myself a day off unless I need to do my shooting stats....I need to do 440 shots um, a week...Thursday 8-10 training, um, 10.30-6.30 working, 7-9 training again, I get back home at 10. Friday 8-10 training, 10.30-5.30/6.30 working. Saturday game day or velodrome training. And then on Sunday again try and have a day off but I'm at a conference for two days this week and then this weekend I've got GB camp, next weekend I've got basketball. (pc, February 2, 2011)

Sean, one of the few non-funded members of the men's squad shared similar woes:

I'm having to work full time. Um, I work here and live [there], a 120 mile round trip a day, so quite often I'll get up at sort of ten past six in the morning if I'm not training or ten past five if I am, go to the gym, put in a session or drive and put in a court session and then work all day and then go training again, either part way through the day...or after work go to the gym again so I don't see my wife huge amounts and I'm out of the house most of the day, so in my instance it's definitely not really a healthy lifestyle in terms of wellbeing. (pc, January 26, 2012) ^[See Footnote 11; p.69]

By consequence, in becoming elite, player physical and PSH/WB was impinged on as well as improved. There were health costs and benefits (Theberge 2008). Whilst there was pride in wearing the GB vest, so too was there an acknowledgement of its pressures. And yet, the rollercoaster was just beginning. Now thoughts must turn to those strapped in beside them, with whom they would enjoy and yet endure this journey.

Team Cognition, Culture and Cohesion

In justifying the need for good team relations, Carron, Bray, and Eys (2002) in their research with elite AB basketball players found a positive link between team cohesion and success. Jowett and Chaundy (2004) uphold this notion, claiming that unity and solidarity secure better performances. This implies that team relations are important to athlete PSH and WB insofar as they influence the success on which elite athletes thrive. Moreover Shihui, Jin, Mei, and Kwok On (2007) found that a key motivation of elite disabled Chinese athletes

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was the friendships they forged. Similarly Stults-Kolehmainen, Gilson, and Abolt (2013) explain that “athletes' internal motivations for sport participation are associated with how closely related they feel with those whom they practice and compete” (p. 322). Finally, just as Corbillon, Crossman, and Jamieson (2008) found that teammates relied on each other for emotional support which promoted their WB, Holt, Knight, and Zukiwski (2012) revealed the destructive nature of team conflicts. Indeed, team relations were shown to be important to athlete PSH and WB in their own right.

Team cognition was evident in both teams during training observations, something which Bourbousson, Poizat, Saury and Seve (2010) also found with an elite AB basketball team. The players executed drills seamlessly and in harmony, an on-court connection seen particularly with the men where players relished mutual competency. However, whilst this may have boosted their PSH/WB, team cultures and relations also had a part to play.

In first examining the men's squad, Coach Ian highlighted a culture change following his appointment some years earlier:

The culture was rotten....I was quite surprised about how the team interacted. It was very cliquey in terms of the three black guys would always be together, the Yankees together, the young kids together, the older kids together and you just know if you're travelling a lot and we travel over, over a hundred days a year a lot of things happen in that time. You've got to have an empathy with your players and getting people through the you know, the rough, rough patches where the missus is tearing strips off him or there's difficulties in a whole lot of areas....I couldn't understand how they didn't know things about each other. (pc, May 4, 2011)

He set about creating a culture that would foster the mutual support needed to handle the Paralympic journey. To this end a creed, known as 'PADWARF' was introduced, the letters standing for things like 'professional' and 'discipline', whilst fines were started and clashing players roomed. As Coach Doug explained there was no time for those who could not get on, or respect the rules. Indicative of this was an observation where players were told to hand in their phones or get a £100 fine. In the wake of these changes players claimed a better culture:

We get told to mix really at the dinner table. We sit with different people, get the young ones, 16, 17 year olds come in so we've got to talk to them and guide them and they can talk to us and ask us any questions so it's really good like that. It's not the oldens there and the youngens so yeah I think it's a good mix... 'cos it was a bit

cliquey, well that's their group and that's that group but now I think it's, it's a lot, lot better.... It's the best it's ever been to be honest, 15 brothers and sisters... if you're happy you feel better don't you 'cos you're part of a team, everyone's got your back I think, um, everyone's looking out for you. It's great. (Max, pc, April 20, 2011)

We had a questionnaire last year. We all had to fill in questions on our team-mates and their personal lives and the results that people were scoring was quite low and it made you think 'well actually we know a lot about each other on court but we don't know necessarily what we do off court or our family lives or our personal lives' and I think [the coach] is trying to work on building facts so we do look out for each other on and off the court 'cos at the end of the day you do almost become a family. When I started to tell people about [my wife] being pregnant I told basketball really early and it was because they are literally, I see them more than any of my friends, probably more than my wife. (Sean, pc, January 26, 2012)

Their comments reinforced the relationship between team culture and player PSH and WB. Reinboth and Duda (2006), in drawing on self determination theory explain that individuals require three psychological needs to be satisfied; autonomy, competence and relatedness. They argue that, if achieved within sport, higher levels of WB will be realised. For these players, their need for relatedness *was* satisfied insofar as they shared a connection which contributed to their WB. What's more their reference to being like a family bore close resemblance to the comments of Canadian WhB players interviewed by Hull Garci and Mandich (2005), who described their esprit de corps. The researcher also noted this:

15/11/11: Watching the men on and off-court they are close knit, comfortable. There is a familiarity & trust. Roots and bonds have built over the years. They spend day in, day out with each other and are like a family, soldiers going into battle. The coach describes them as "bulletproof." They have an enviable sense of belonging, a pack mentality, and this seems very positive for their PSH & WB.

However, notwithstanding the obvious social cohesion (Jowett & Chaundy, 2004) in the men's squad, the players did acknowledge the flip side of being a family. Kane likened the players to siblings, saying "any of the guys in the squad are going to have characteristics that you don't like or things that piss you off or grate on you" (pc, May 4,

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2011). What's more, with over half the squad abroad¹⁶ this was far from ideal, whilst egos and testosterone could also cause friction. Interestingly however any grievances were openly aired. Observations saw verbal exchanges or expletives exchanged and yet forgotten in an instance. This was somewhat different to the women's camp.

Indeed some criticisms were voiced by coaches at the women's culture. One in particular was the perceived reluctance of the women to be tougher like the men and air their views. For example Coach Fred commented:

When I get them on the basketball court they don't chat as much where the guys absolutely verbally tell each other what to do but that's a good team bond. If somebody tells you something really nasty you know 'you're doing something wrong' the guys take it on board....Girls are different. Girls don't do that. If you say something nasty to another girl they take it personally. They hold on to it and it's a bit of a grudge. The girls will get that but it's trust....The guys have been together so long they've got that trust with each other. If you were in one of the men's teams now and you decided to have a week's holiday and not train, the players would tell you, where the girls nothing would be said....I keep trying to enforce it, 'do not hold back. Say it whether it's positive or negative' (pc, October 10, 2011).

The notion that strongly cohesive athletes are more able to level criticisms at one another is supported by Boardley and Jackson (2012) who claim that "players perceiving a strong attraction to their team might consider members of their team to feel united enough that they can experience behaviors such as swearing and verbal abuse from teammates without these behaviors being harmful to team functioning" (p. 520). However the so-called lack of unity which was blamed for the failure of the women to share their grievances was challenged. Four players claimed instead that it was simply indicative of a gender difference. For, unlike with the men, they felt that berating one another had the potential to foster friction rather than cultivate cohesion. The coaches did concede that this could be the case.

That said, there was some evidence of 'relationship conflict' in the team (Holt et al., 2012). In fact here parallels existed with the research of Woodman and Hardy (2001), the team stressors they found with elite AB athletes also shared by the GB women. Figure 11 illustrates.

¹⁶ Players were based predominately in clubs in Germany, Italy & Spain. They were recalled by GB a year prior to London. Only one of the men interviewed played abroad pre-London 2012.

Figure 11. Team stress: Elite AB athletes (2001) v Elite WhB women (2011/12)

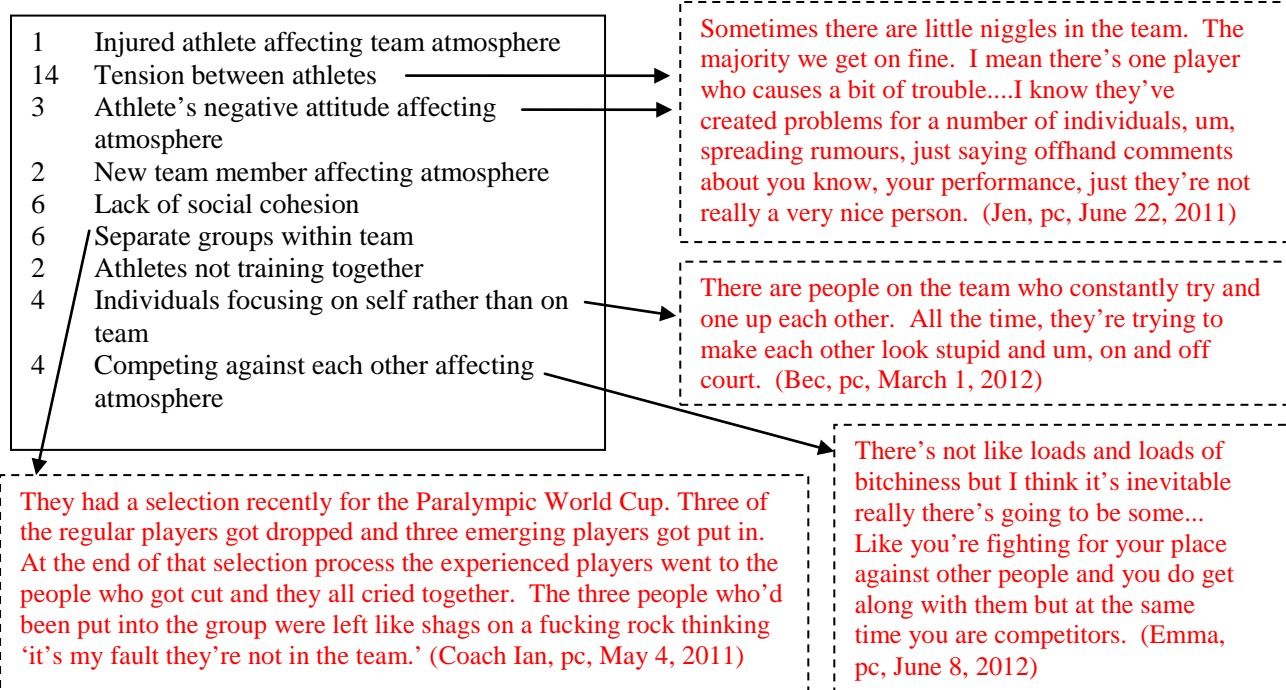


Figure 11. Team stress of UK AB athletes (from research conducted 2001), compared to those reported by GB's WhB female players (in this research, 2011/12). Links are made to stressors revealed by the WhB athletes. Section adapted/reprinted from "A Case Study of Organizational Stress in Elite Sport" by T. Woodman, and L. Hardy (2001), *Journal of Applied Sport Psychology*, 13, p. 226. Copyright 2001 by the Association for Advancement of Applied Sport Psychology.

Holt et al. (2012) found that relationship conflict could lead to team dysfunction, and certainly the comments highlighted the potential for some team members to undermine others. Boardley and Jackson (2012) found, (in their research with AB athletes) that such anti-social behaviour arose from players preoccupied with their own performance and who were more morally disengaged. Thus with the majority of the team prone to pro-social behaviours, this could account for their frustration towards these few 'antagonists.'

And yet perhaps those upsetting the group norm did so because of a loss of identity within the team, having been in the squad for many years. For, just as Woodman and Hardy (2001) pointed to tensions arising from team roles, two players commented:

She is a star....I think it is quite difficult for her because it's changed the dynamics of the team. Um, it's what we bloody need, it's a positive, we have to have a star player but we all need to understand our role in the squad and some people's roles will change because of this.... [She] is now the main player and it was perhaps Bossy

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Bloggs who was the main player before and Bossy Bloggs needs to understand her new place....It has been quite disruptive....It would be nice if we all just got on. (Kate, pc, December 4, 2011)

There are people who act like the younger members of the team are still babies and need mothering a lot which is really annoying.... We've been in the team 4, 5 years now um, and they're still acting really controlling and telling what to do all the timeI think they are trying to keep us down a little bit and try to make sure that they are still senior. (Bec, pc, March 1, 2012)

It must be noted however that whilst these comments, coupled with the earlier ones implied problems in camp, Holt et al. (2012) reason that conflict *is* more prevalent within women's teams. In fact Kate claimed that this is compounded by being disabled females, which creates "shitloads of baggage" (pc, December 4, 2011) and some players did admit insecurities leftover from childhood discrimination. Finally Woodman and Hardy (2001) explain that adding elite sport to the mix equates to a lot of time spent together in tense competition environments, and thus fall-outs are inevitable. Sammy agreed:

If you're in a tournament and spending all that time together you're going to have bickers and there is, so just try and sort it out at that time and let it go. I mean I don't really have any issues but I know issues there are within the team, I do kind of notice it but I don't really get involved with all that. There's, there's people, you know I wouldn't necessarily go to if I had a problem but there's no-one in the team that I can't get on with or don't get on with. (pc, December 4, 2011)

What's more, just as issues were reported in the squad, many positives were also shared. Bec claimed she had made some of her best friends, whilst, in contrast to earlier comments, good team relations were advocated. For example Lucy revealed another side to the coin, saying "we're all very close friends. We get on very well um, and any issues are now sorted out very quickly so it makes the environment better, so I don't feel like I've got issues with no-one in this team" (pc, April 16, 2012). Others, including those who'd made the earlier comments agreed, illustrating the complexity of this topic:

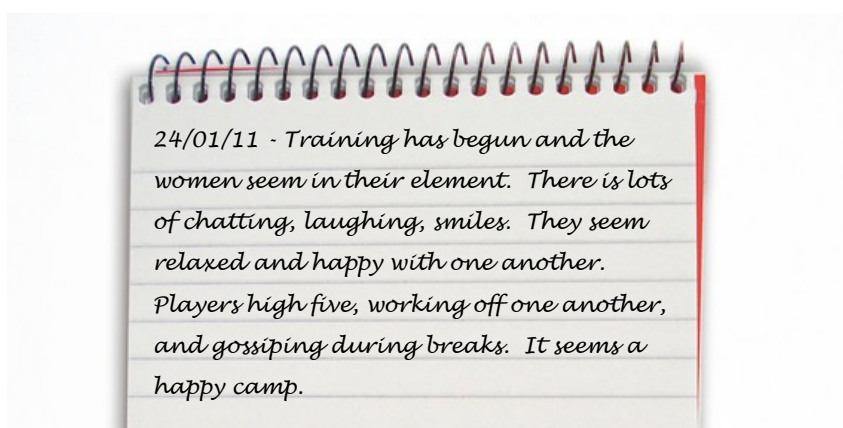
Generally like everyone gets along really well. Obviously there's going to be times when people don't agree on something but I think because we're a young team we're

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quite good at talking to each other....It's been a lot worse in the past from what I've heard. (Emma, pc, June 8, 2012)

It's just so much fun. You know, to be with your pals and to be part of a team, to see the team improving and to have the banter and to be part of the community, a social circle. We're all so different from each other, we're all different ages, we've all had different things happen to us, but we're kind of all in it together and you know, camaraderie and we're all just supporting each other. (Kate, pc, December 4, 2011)

Observations and photographs taken by the players also painted a healthy picture:



Notepad (2010) retrieved from Freestock, copyright 2008-2015.

Images 5 and 6. Women's Team camaraderie and friendship



Note. Photographs were taken in 2011 as part of the AP task. Permission was granted by the players to include these images in the research, except for one who was not contactable. Therefore a black strip has been used to cover her face. Images have been cropped and brightness modified to improve quality and focus.

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Simply put therefore there were signs of positive as well as negative relations in the women's camp, which could improve as well as impinge on their PSH/WB.

Ultimately within both teams there was evidence of harmony and conflict, though this was manifested differently. Whilst with the men swearing and shouting was not uncommon and could at first glance be seen as damaging, this was a product of good relations and accepted given their familiarity. In contrast the women exhibited a quieter respect and sensitivity towards one another, with evidence of close friendships. However, whilst the brashness and 'banter' was par for the course in the men's team, in refusing to employ tough tactics with one another the women arguably risked underground bitchiness. That is not to say that they did not boast their own artillery, for egos were not a thorn in their side as with the men, but simply that their PSH and WB appeared to be more tested at times. And yet whilst the men may have enjoyed the PSH and WB benefits of their unity, of standing together on the elite sport rollercoaster, there can be little doubt that their nerves were certainly tested by those driving them forwards.....

'I can be merciless' – Coaching Styles and Athlete PSH/WB

Jowett and Cockerill (2003) argue that "the ability of coaches to develop effective relationships with their athletes could have an impact on athletes' well being, and in turn performance accomplishments" (p. 328). This is upheld by Philippe and Seiler (2006):

The relation between coach and athlete is a decisive factor for performance in competitive sport. Athlete and coach are mutually dependent....Overall, coaching in which the coach-athlete relationship is contained is capable to promote not only the learner's skills in terms of performance improvements (e.g. break personal bests and win medals), but also the learner's skills in terms of personal and social development (e.g. feel satisfied, worthy, and self-reliant). (p. 160)

Therefore, coach-athlete relations were significant. According to Robbins, Houston, and Dummer (2010) the International WhB Federation also realise this, for they deem the sourcing and training of coaches a key challenge and yet vital cog for success. Thus it was important to spend some time unpicking these relations. To do this the '3 plus 1 C's' model had to be understood. Jowett (2009) explains the constructs which comprise this model and how they contribute to the complex coach-athlete relationship.

The interpersonal construct of closeness represents coaches' and athletes' affective ties, such as liking, respecting, trusting, and appreciating each other. Commitment

describes a cognitive attachment and a long-term orientation toward one another. Finally, complementarity reflects coaches' and athletes' behavioural transactions of cooperation, responsiveness, and affiliation. The postulated interconnections between these constructs imply that, not only, for example, a member's 3 Cs are interrelated (e.g., an athlete's closeness is linked to his/her commitment), but also a member's 3 Cs are interrelated to the other member's 3 Cs (e.g., an athlete's closeness is linked to his/her coach's closeness) in a dyadic relationship. A fourth construct has recently been introduced: namely, co-orientation. Co-orientation captures coaches' and athletes' intersubjective experiences and interperceptions. (pp. 35-36)

And so how were the '3 plus 1 C's' evidenced in the men's squad?

Players reported a tough, autocratic coaching approach. Indeed Coach Ian admitted he was a hard task master, as the following interview extract conveys:

Interviewer: Do you think as a coach that you push the players hard?

Ian: Oh, undoubtedly.

Interviewer: Tell me a little bit about your style of coaching and kind of your expectations of the players. What it's like for them to be on the receiving end?

Ian: Um, there are individual ways that you would work different players at different times, but I put a lot of pressure on the players in preparation because our standard of competition here doesn't provide that pressure so any pressure that they get is pressure that I've put them on to play at a high level...it's a bit of a 'good cop, bad cop' situation. When they go to big events all the pressure's completely taken off but also the athletes need to understand how I want them to play. It sometimes can take three or four years of me being absolutely unrelenting until they understand how I want them to play...so it's totally unrelentless, persistence about what we gonna get done. There is no fucking grey, it is black or white.

Interviewer: So do you think they'd say you're quite a hard task master?

Ian: I think so....There is no compromise, there can't be....They won't deviate. (pc, May 4, 2011)

Interestingly there were parallels between Ian's comments and those of WhB coaches in Robbins et al.'s (2010) research, the talk of 'no compromise' a case in point. The players

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also echoed this sentiment, admitting that such an approach was typical within elite sport, although conceding its limitations. One coach's 'don't test my bullshit meter,' 'fit in or fuck off' style undoubtedly impinged on coach-athlete relations at times, and in turn player PSH and WB. This led some players to suggest it could be tempered.

I feel personally it's like you're back at school...not getting spoken to like the grown-man that you are....When you're in situations that are non-basketball related and you're still getting spoke to like an absolute arse-hole...I can't, can't tolerate watching people being spoke to like that all the time. There's just no need for it.... I think it's counterproductive. What good's it going to do apart from being, being disrespectful, nasty some of the stuff that gets said? How's that going to gonna the best out? It's belittling. I, I can't stand that, can't stand it at all....If you're working your nuts off doing something and you're putting up with all the crap but like it only takes him to go 'you're doing a good job, keep it up' and all that crap gets wiped 'cos you think 'right I'm doing something on the right tracks.' Just a few words. (pc, May 2, 2012)¹⁷

There is a lot [of negativity]. Everybody's different but some players need that encouragement that if they do make a mistake they're not going to be fired off and sitting on the benchSome players at this stage now in their careers have been told if they miss two shots in a row they're off.... He always said he came into this team wanting to break somebody. He managed to break a couple of his previous team's players as in they broke down crying in a meeting and things like that. It's never happened not to this day and I think he still wants to do that to do that prove himself as a hard tasker....It's not a good approach, no but everybody knows it so we've got the attitude 'he's not going to break me'. (pc, June 1, 2012)¹⁷

Interestingly Molik et al. (2010) found that WhB players were motivated by reward and recognition, and yet positive reinforcement was rarely in the coaches' vocabulary. From not being allowed to celebrate European Gold (2011), to public dressing downs, the men cited much negativity. And though Coach Ian contended the first complaint and did praise behind closed doors, all coaches conceded that they were tough. Indeed Coach Doug estimated that they gave 50/60% hard, 30/40% negative and only 10% positive messages. However this approach was risky, for whilst historical success may have been claimed, Mouratidis, Vansteenkiste, Lens, and Sideridis (2008) found that if coach feedback did not meet athlete needs it could cause amotivation and ill-being. Instead and

¹⁷ The pseudonyms of the players have been omitted here due to the sensitive nature of the comments and in the event that the combination of their quotes enables their identity to be revealed (i.e. deductive disclosure).

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as the GB players inferred, positive feedback was better for performance and WB.

In returning to the '3 plus 1 C's' (Jowett, 2009) and specifically 'complementarity' the comments of the players also indicated a not entirely reciprocal union, instead an 'us versus him' mentality at times with one coach. They perceived that he had fostered an 'ego-involving climate' where punishments for mistakes were issued and which, according to Olympiou, Jowett, and Duda (2008) hinder relations. Reinboth and Duda (2006) explain:

Perceptions of an ego-involving climate, on the other hand, appears to be linked to a lower sense of connection, value, and mutual support which in turn may have implications for athletes' feelings of energy and vitality....Coaches should, thus, try becoming more aware of, and try to avoid the use of controlling behaviours....Team sport coaches should concentrate on creating a good coach athlete relationship with each player. In order to achieve this, coaches may do well in providing athletes with social support such as accepting, caring for, and valuing players as people, not just as performing athletes. (pp. 283-284)

Having said this, whilst the coaching mentality appeared to be 'performance at all costs', the players did stress that their coaches also provided social support. In upholding Poczwadowski, Barott, and Jowett's (2006) notion that coaches fulfil roles beyond that of improving athletic performance, they revealed their softer underbellies.

I think at the same time he can be very reasonable and understanding um, and there's been you know, obviously I'd had the issues with [family] and stuff like that, you know, literally I said 'I need after this camp I need to get away for a week with my wife' and he was like 'yeah, I totally understand' and he's very family orientated and very much you know, is in that respect really supportive. (Sean, pc, July 26, 2011)

Um, I think there's only strain if you don't do as you're told and put the work in. If you're alright with them they'll be alright with you, at least that's what I've always found and if you take the Michael then you'll get told where to go to be honest.... You've got to be like that. You've got to be fair to everyone and treat everyone the same and pretty much that's how it goes so, yeah, I think they've been spot on.... They've always been really good, if I've had an operation, never rushed me back um, my girlfriend wasn't very well last year, really supportive of that which helped enormously. (Max, pc, April 20, 2011)

Corbillon et al. (2008) assert that the more social support provided for athletes (e.g. during injury) by coaches, the more satisfied they will be, to the benefit of their WB. This was endorsed by the players who, despite reporting the coaching style to be testing at times for their PSH and WB, gratefully acknowledged a relinquishment of the stranglehold and support when facing personal challenges. Here they revealed a closeness with the coaches which could at first be overlooked. What's more their comments implied that players could push boundaries, indicating that they too could fracture relations. Indeed the coaches also used this to justify their hard line.

The tough approach of the coaches may also have been, as Coach Ian inferred, a tactic to make the players stronger, even if this meant sacrificing relations with players at times. James suggested so:

It is sometimes tough, yeah. You do get a rough ride sometimes but then sometimes it's deserved.... I think he wants the best out of everyone and I think that's probably the way he thinks to get out of it. It's like I said, at the end of the day you take what you need to take from how you're being spoken to and you just get on with it. At the end of the day as a player you've got to rise above it. (James, pc, December 14, 2011)

What's more, whilst Blanchard et al. (2009) argue that coaches should create conditions to promote athlete SWB, Coach Will claimed this was not the priority. Instead he stressed that being a GB player was detrimental to their PSH and WB, labelling it 'lunacy' and yet necessary. In his mind coaches were responsible for pushing the players and players had to accept this if silverware was the aim. Theberge (2008) claims that performance and health can have a tempestuous relationship, but for Will the two simply did not marry up:

You don't really take their health into account I suppose. Cos you know where you need to get the players to and it's just how you're gonna get there, to push them over that edge so that when that time comes for the crunch situations they're ready. It [health] is a casualty of the job....Some players don't like to get a serve in public, so you do it, to push them, to push them over the edge.... cos if they ever get in that situation they're ready.... You stage these interventions to see how tough they are. It's like a soldier. You want to go with soldiers who, when you're in the trenches and things are tough, they're gonna jump over and go and fight the enemy....I think you'll find probably most elite coaches do that as well cos I think that's probably what it takes to make that superstar elite athlete. (pc, July 9, 2012)

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Hyper-masculine tendencies are apparent in this comment, evidenced by the depiction of opponents as enemies, players as soldiers and a win-at-all costs mentality (Crocket, 2012). This had implications for the players. They recognised that their inclusion in the squad rested on their tolerance of hard coaching practices and an ability to conform to this ideal, their PSH and WB held to ransom by their desire for athletic fulfilment. Having said this, research (Jowett & Cockerill, 2003; Reinboth & Duda, 2006) warns that coaches must see the individuals as people as well as athletes, for neglecting this can yield detrimental consequences. Stebbings, Taylor, and Spray (2011) agree, explaining that athletes who are coerced and controlled, punished and embarrassed can lose motivation. Everyone has a breaking point, and one player spoke candidly of reaching his:

It's just I think it's just getting to a point where it's not, it's making me miserable, the fact that like Christmas [2010] I sent an email to the coach and said 'listen I, I'm done' because playing for GB and doing all the things and being spoken to like an arse-hole and making all the sacrifices and just not getting nothing back, being treated like a dick all the time....It's just making me miserable being part of it. I said 'I don't want it anymore'....I'd rather carry on doing what I'm doing [playing abroad] and be happy. (pc, May 2, 2012) ^[See Footnote 17; p.119]

Thus whilst for some players, getting a 'spraying' from the coaches was tolerable, and in combination they offered a good balance, others were pushed too far and became amotivated (Perreault & Vallerand, 2007). The tactic of the coaches to risk relations in the name of pushing players to success backfired here. As Robbins et al. (2010) found with AB and WhB coaches "in order to push effectively, coaches must build strong relationships with athletes and be both tough and caring," (p. 52). Instead at times a gap appeared to exist between what one coach was trying to achieve (i.e. 'I want to get the best from them') and how this translated (i.e. 'He's treating me like a dick'), reflecting a low degree of 'empathetic accuracy' (Lorimer & Jowett, 2009). Though he was, for all intents and purposes committed to his athletes, his 'obsessive passion' risked relations and athlete SWB. Lafrenière, Jowett, Vallerand, and Carbonneau (2011, p. 151) explain:

It appears that coaches' harmonious passion is conducive to better coach athlete relationships than obsessive passion. Moreover, this process is mediated by coaches' autonomy-supportive behaviours and seems to contribute to athletes' subjective well-being. On the other hand, coaches' obsessive passion predicts coaches' controlling

behaviours....Consequently, coaches should seek to coach in an open-minded and non-defensive manner (as characterised by harmonious passion) in order to help their athletes psychologically flourish....Ironically, even though both harmoniously and obsessively-passionate coaches are equally devoted to their athletes, it seems that harmoniously-passionate coaches can more easily develop positive relationships.

Ultimately in discussing the coaching approach they were subjected to, the men were contemplative. For some it was too tough and too controlling at times, something they endured only to pursue their goals. For others it was watered down by moments of coach empathy, or as veterans they were less troubled by it or had developed a strong relationship with the coaches over the years. Regardless, just as the players were under no illusions that this would be the approach ahead of London 2012, the coaches adopted this approach on the basis that this was what it would take to achieve success. That this made for a turbulent ride is certainly true. Relations were indeed at times strained, the coaches driving the rollercoaster having tunnel vision and player PSH and WB dragged along for the ride.

And so what about the women? Was there a similar tough-love approach? Simply put, no, for the coaching style was very different. Indicative of this was Jen's comment; "I mean sometimes maybe [the coach] is a bit too soft with us you know, and the men will get up at 6 am and start training then but no we'll get up at 8, have breakfast and then start training" (pc, June 22, 2011). On another occasion she also shared her frustrations:

I think because that game was so bad they were just like 'we're not going to make you watch it. Let's not watch it.' I think it would have helped if we had watched it, 'look how bad you were' and make everyone think 'God' and whilst it would have been painful I think it was imperative to us....Before The Europeans the Australians came over and we played them. It was probably by far the worst game we've played ever. It was just terrible. We've never, I don't think we've watched it or talked about it and you know, I'm worried because Australia are in our pool in London....At the Easter camp we beat the Germans by two points in one game and the day after they beat us by 20. I think Bobby said 'well the Germans will have been completely bollocked and they'll have looked at it and said let's stop them from doing this' whereas we were like 'yeah, we beat them, weeee' and went to bed. (pc, April 26, 2012)

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That this style of coaching was criticised and created anxiety amongst the women was interesting given that it was in stark contrast to the hard-hitting approach of the men. Just as the men had argued the relentless pursuit of performance to jeopardise their PSH/WB, the women countered that in protecting their health, peak performance was hindered which ultimately increased stress levels. Players conceded that the coaching was far better than the past, the coaches liked and close relations described. It was simply that they felt that this approach was not conducive to success. This is interesting given that Reinboth and Duda (2006) found such a task-orientated climate to positively predict autonomy, competence, relatedness, and in turn WB amongst University athletes. And yet, perhaps elite sport is a different ball-game. Indeed parallels can be seen with Pensgaard, Roberts, and Ursin's (1999) research, where Paralympic subjects bemoaned coaches going too easy on them and favouring a 'Mastery Climate'. Whilst Pensgaard and Sorensen (2002) claim that this climate has benefits in that it focuses on learning and accepts mistakes, Sammy stressed the need for a more robust approach with a Paralympic medal at stake. Reflecting on one coach's style she said "he's always there, he listens, he's always got your feelings and your health in mind but sometimes [he's] not hard enough" (pc, February 14, 2011). Bec and a fellow coach also spoke of the need for more assertiveness.

And yet just as with the men, there were suggestions that the women were also orchestrators of this style, the coaches arguably meeting resistance when trying to be tough. For example the women conceded that the coaches had to tread carefully to avoid emotional outbursts. Henceforth, in wanting the coaches to make the tough call and be harder, they would have needed to play their part and tolerate the impingement on their PSH and WB.

Or perhaps the coaches needed to lead the way and raise the bar, for at times the wrong mentality appeared to be fostered. That is, the women sometimes seemed to be treated as the little sister of the men. This was noted in the RJ:

Oct 2011: I have heard a few times now coaches saying that London is too soon for the women, that Rio will be their time. This appears the party line, and somewhat different to the men's which is all about going for Gold. I can't help wondering how hearing this message plays out on their PSH/WB/performance.

It was indeed interesting to explore the impact that such messages had on the players. The 'meta-perspective' of the women, or their perception that the coaches did not expect them

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to do well, had the potential to impact on their commitment and the motivational climate (Jowett, 2009). Pensgaard et al. (1999) suggest that athletes can come to expect less of their own performance. Robbins et al. (2010) agreed:

The coaches' expectations influence their own coaching behaviors toward the athlete, which get interpreted by the athlete and influence performance. This process re-confirms coach's initial expectation. The significance of the coach is unmistakable as the process begins with a mere thought transmitted to an athlete by expression, word, or action. Coaches' verbal persuasion can influence; not only behaviors, but also athletes' self-esteem...Athletes want coaches to push them and demonstrate confidence in them....Coaches with low expectations of athletes, who accept mediocre performances, may perpetuate the myth that individuals with disabilities are not real athletes. (pp. 43-44)

It did indeed seem that, in the absence of positive expectations the women came to water down their expectations, with performance and health costs. Jen confirmed this:

The American coach said in the past four Paralympics the USA team always went for gold. Then the first time they came about 5th but they still went for gold next time. Then they got about 3rd. They never change but I think with us it'll be like 'we didn't get it, maybe we should lower our expectations a bit.' I think that's where the mentality's wrong. (pc, April 26, 2012)

Interestingly with the men too, coach comments also influenced their PSH and WB positively and negatively. This added weight to the argument that health, often thought to be internally manifested (Smith, 2013) *is* influenced by external messages. Carless and Douglas (2013) also found that narratives of others (e.g. coaches) could shape the actions of elite athletes or blind them to alternate stories. Indeed, as Figure 12 confirms, coach comments (if accepted by the players) did influence their health consciousness (Frank, 2006).

Figure 12. Health: An external-internal play-off

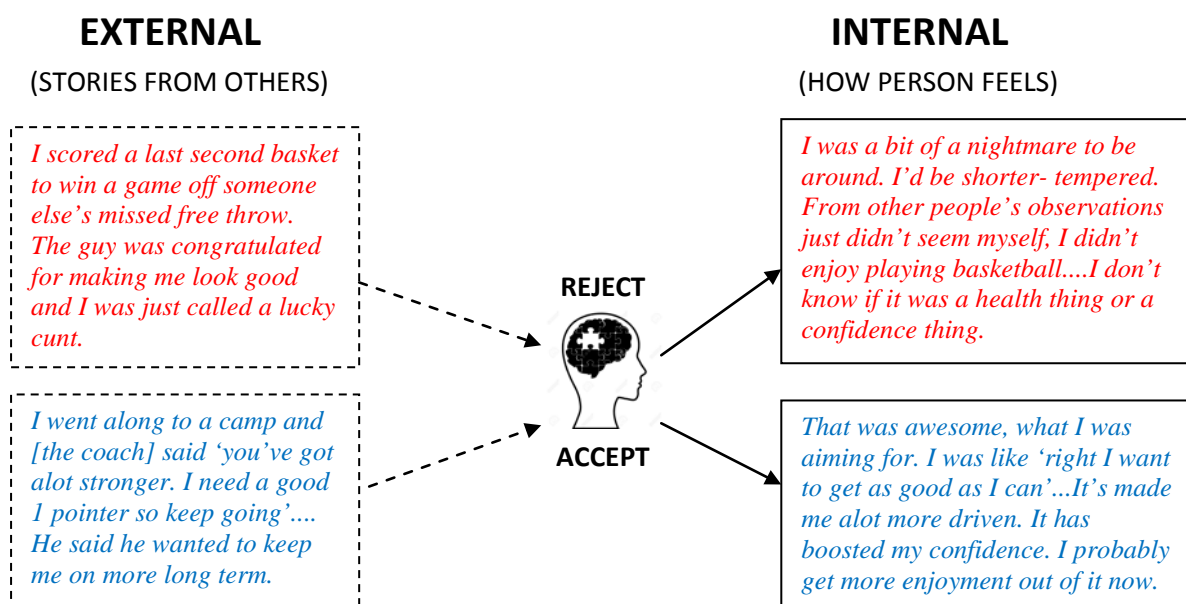
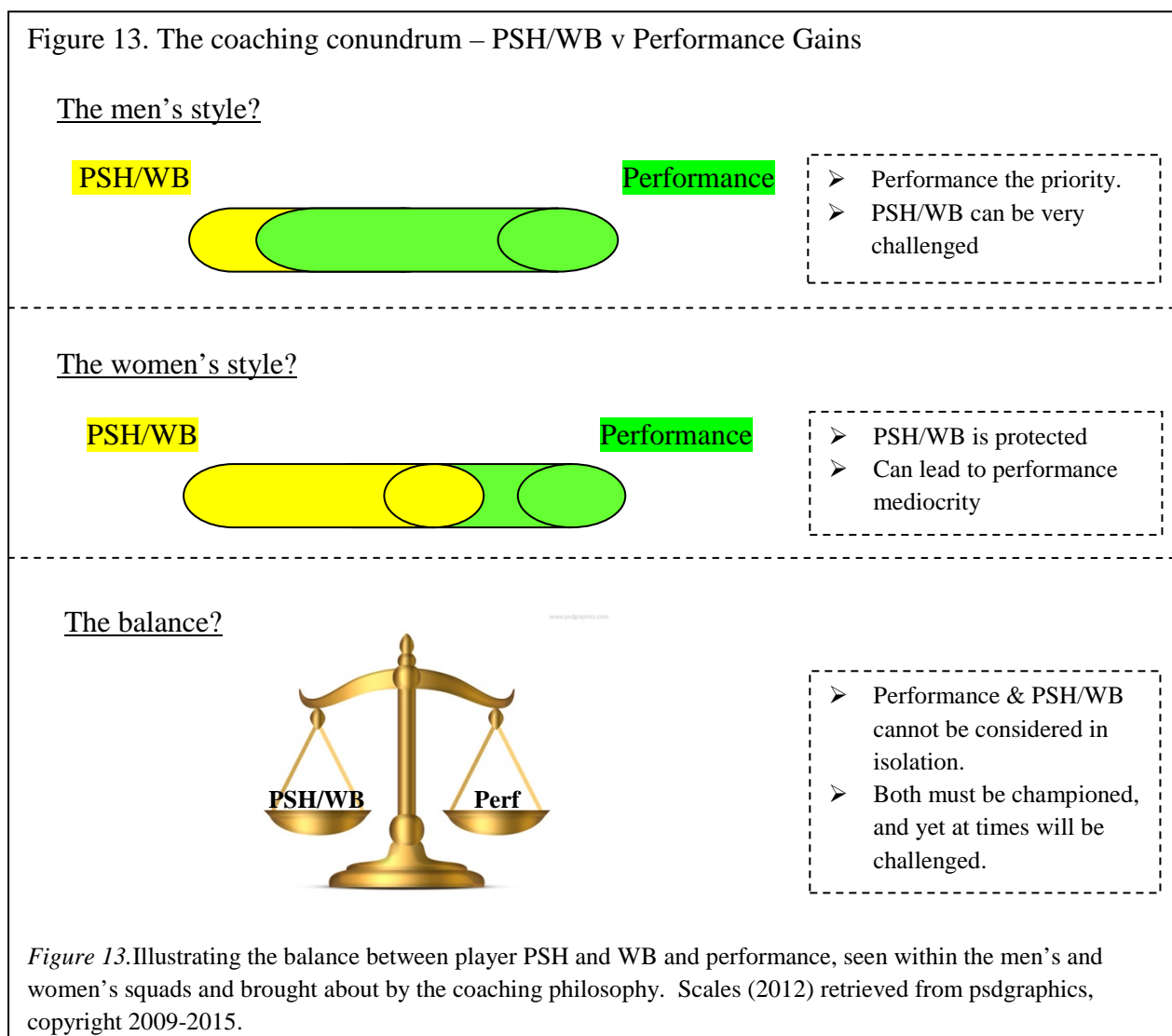


Figure 12. The interplay between messages received, and an individual's internal feelings and psychological health, if these messages were taken on board. Comments from a **male** and **female** player reflect the potential for coach comments to influence their PSH and WB. Puzzle brain (2015) retrieved from Imgid.

Ultimately therefore the data revealed a clear link between coach-athlete relations, player PSH/WB and performance. Lorimer and Jowett (2009) conclude that coach-athlete interactions effect training effectiveness and in turn athlete motivation, satisfaction, enjoyment and performance, and this was upheld by the players. At times close relations were revealed with coaches, and yet also a lack of complimentarity was seen. In short the two squads occupied opposite ends of a continuum, their coaches unable to simultaneously optimise performance and PSH/WB. For the men European Championship gold (2011) was the product of a performance-at-all costs coaching mentality, but required their PSH/WB to be sacrificed at times. For the women, a more nurturing style left them off the podium but their PSH/WB intact. Thus perhaps performance and PSH and WB do lie at opposite ends of a spectrum. Or perhaps not for, according to the men, if efforts are too heavily weighted toward performance, the balance can tip until the player falls off the scales altogether, performance gains undermined by an impingement on health. Likewise a propensity to concentrate on PSH/WB, according to the women, risks the scales tipping back, performance compromised and mediocrity fuelling stress which is hardly health-

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enhancing. Instead a balance is required. Whilst both squads saw value in their own coaching styles, equally they saw the benefit of their opposite number's. That is, just as the men envied the softer style of the women, the women appealed for the more single-minded approach of the men. Essentially they craved a style that enabled them to realise their performance potential without crucifying or mollycoddling their PSH/WB. They deemed this a tricky balancing act, but winning formula. Figure 13 summarises:



Stress and sacrifice - The perks and pressures of being a Paralympian

Keegan, Harwood, Spray and Lavalley (2014) explain that “elite athletes train and make tremendous sacrifices in order to reach the pinnacle of physical condition, technical prowess and human achievement” (p. 97). Robbins et al. (2010) elaborate, commenting

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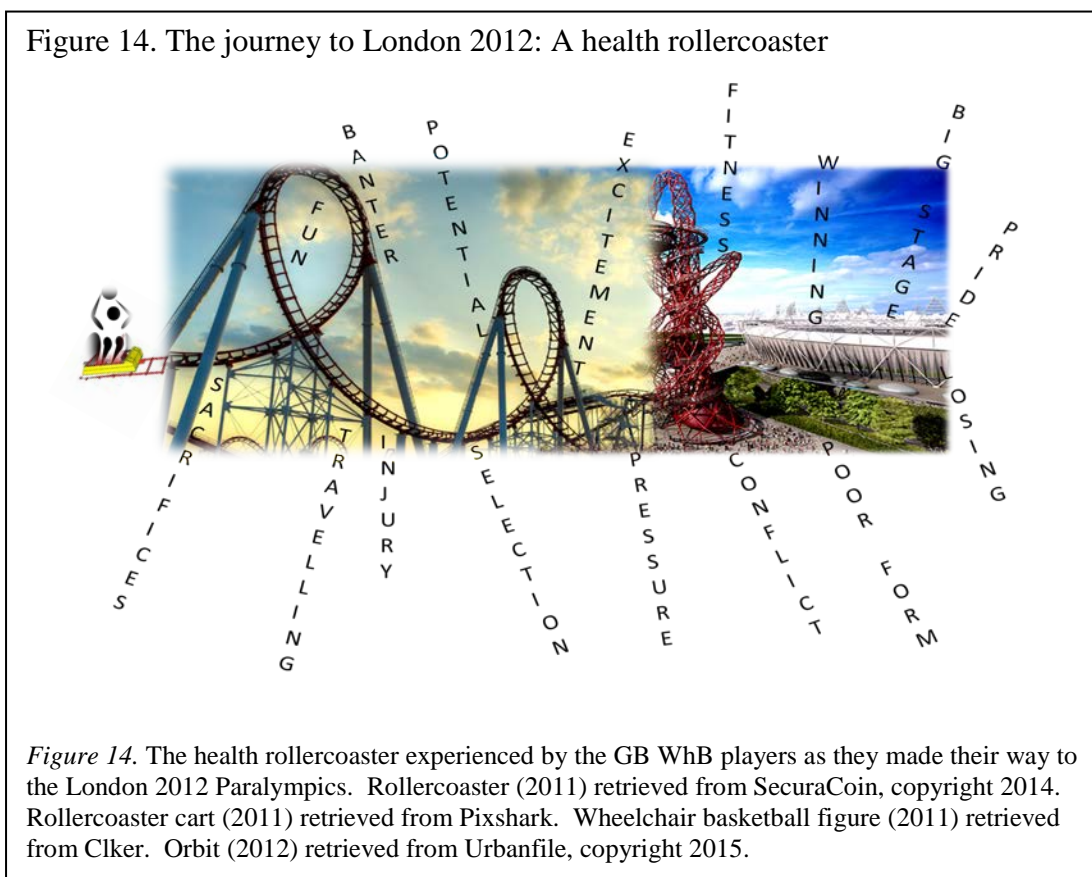
that “according to the sport ethic, athletes are expected to: (a) make sacrifices for the game; (b) strive for distinction; (c) accept risks and play through pain; and (d) accept no limits while pursuing the possibilities of sport” (p. 44). Indeed it has already been shown that being a GB WhB player could be uncompromising, a rollercoaster. And yet, there were many more twists and turns which tested player PSH and WB, and made for a ride which they would relish and resent. Player comments provided an insight into this:

You are in a bubble...the majority of my time, if it's not spent actually training it's being affected by the training. It affects what time you go to bed, it's what you eat, what you drink, it's more consuming than 99% of jobs are because it has to affect your lifestyle so when there is a low that low is more extreme than it would necessarily be in another job....‘Why have I been eating healthily for the last three months and denying myself all these little pleasures, why have I done that?’ It makes everything affected by it. (Kane, pc, December 14, 2011)

I do think it does bring a lot of emotion to your life that you wouldn't necessarily have over a job otherwise. You know, I don't know many people that have cried at work whereas you cry a lot on camps sometimes out of frustration or out of joy or that kind of rollercoaster of winning, losing. Um, it's very addictive and it makes your life interesting rather than flat...[It's an] emotional ride. (Lucy, pc, April 16, 2012)

You have so many ups and downs. In Athens we lost our first two games so we couldn't get any further down, so you're mentally just drained....The next day it was even worse cos we got beat. Then the next day we won, you go up and you're happy again, and then we won in the quarter-finals, then lost in the semi-finals. Your brain, as an athlete you're just up and down. It's like a rollercoaster you don't have no control over....Every day [London] gets closer, it gets ramped up. (Coach Will, pc, July 9, 2012)

In asking the players to quantify the factors which contributed to this rollercoaster, they spoke of ricocheting between fitness and illness, selection and rejection, winning and losing. Additionally classification, schedules and sacrifices were highlighted as stressors, just as kudos, opportunities and conditioning were noted as perks. Figure 14 summarises this:



Fitness v Injury/Illness. Schnell, Mayer, Diehl, Zipfel, and Thiel (2014) comment on the complex relationship between health, injury and performance:

Good health is the basic foundation for peak performance in elite sports, yet athletes are often conflicted between protecting their health for the sake of being able to compete and risking their health in the form of potential injuries to achieve even higher levels of performance (p. 165).

Upper body injuries in wheelchair sports are readily reported in the literature (Ferrara & Peterson, 2000; Martin & Wheeler, 2011). Indeed Nyland et al. (2000) in examining US Paralympians (Atlanta 1996) highlighted the prevalence of soft tissue injuries to the shoulder, arm, elbow and wrist of wheelchair athletes. Whilst Derman et al. (2013) reason that this is not surprising, given the propensity to rely on their upper bodies, this was also reflected in the comments of the players. Both Max and Sammy spoke of their love affair with shoulder injuries. And whilst this PhD was not concerned with the physical health implications of being a GB player, there was an inevitable play off with their PSH and WB. Sammy's words reflected this:

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I think I've just over-trained a bit the shoulder again, maybe a tear or something. [I've not played for] nearly three weeks. [It's] hell. It feels like three months. I want to be fit. I want to be training every day... You automatically think 'well I'm getting unfit, I'm getting fat because I'm eating more.' I don't know why I'm eating more. I feel like I'm, I'm missing out on what they're doing and you're thinking, you know the camps are so precious, so you know, they're going through so much and I can see that everyone's improved so it's quite frustrating. (pc, December 4, 2011)

Similarly images Kate took, when combined with her explanation, revealed her injury woes and the toll on her PSH and WB.

Images 7 and 8. Wrist Injury and Hospital Treatment



Going to hospital, did something to my wrist, nothing major. It's fine now but at the time, it was really 'oh my God, I've hurt my wrist, oh my God, my life's over.' It was horrible. You want something so badly. You put your heart and soul into something and that is your everything and then you have an injury through no fault of your own. I was a bit nervous about it really. (pc, December 4, 2011)



Note. Photographs were taken in 2011 as part of the AP task. Images have been cropped to improve quality and focus.

Kate's words mirrored those of her teammates and researchers. For example Wheeler et al. (1999) also found that, for disabled athletes, sport was their world and thus not training left a hole. In becoming injured, players became temporarily lost.

Saying that, the players acknowledged that this was the price they had to pay for being an elite athlete. They supported Theberge's (2008) notion that injury is par for the course and they were willing to "subordinate their health to performance" (p. 207). Whilst Sean talked of training until it made him sick or rubbed his stumps raw, Max mused "the lows, injury now and again, over well 20 years in a chair, a few operations, obviously just part and parcel of elite sport" (pc, February 1, 2012). Lucy agreed:

Nothing's gonna stop me....I'd torn my shoulder when we went to the Europeans, um I had a tear in my rotator cuff, didn't stop me, I just taped it up until I got home so yeah, so no it would have to be a serious thing that would stop me. (pc, January 31, 2011)

In this way being injured was not damaging to the player's PSH/WB, provided they could play on. As Theberge (2007) asserts, it is a misconception to presume elite athletes are 'healthy', for in reality they play on the edge of a precipice, flirting with injury and compromising health for performance. Pain may be synonymous with disability sports, but it is a nuisance rather than grounds for performance cessation (Bernadi et al., 2003). This perhaps explains why Tsitsimpikou et al. (2009) found 45.8% of WhB athletes at Athens 2004 to have used NSAIDs (see Footnote 2, p. 27). Players had no qualms about playing in pain. Their PSH/WB was only affected when injury forced them to stop.

It could be argued that this is nothing new, for all elite athletes are sidelined by injury. However this is compounded as a disabled athlete. That is, they are more prone to illnesses associated with their disabilities (Shakespeare & Watson, 2002), lose more training days than AB athletes (Martin & Wheeler, 2011), and recover more slowly (Spencer-Carvaliere & Peers, 2011). Mike's comments reflected this:

I landed on my big shoulder....I had to have it operated on. Then I went home and recovered for three months where I picked up two pressure sores...so that contributed to another four months out so I was out for a total six, seven months....I can't even get in my chair and go for a push. That's the low for me....The fact that I couldn't use my legs and I lost an arm as well.... You know, the wife was trying to help me and she was bless her...being at home for that length of time, not being able to do a damn thing, not even drive the car, you know, laid on the bed 'cos the pressure sores.... feeling useless. 'What's everybody saying about me at the camps', the insecurities then coming out... 'will they think I'm shying away, will they think I've done this on purpose 'cos I didn't want to train?' (pc, October 10, 2011)

As such the players did what they could to remain injury-free, be it consulting physios about 'a niggles' or responding to data from their heart-rate monitors to address fatigue. As Hockey and Collinson (2007) propound, the body can provide feedback and athletes can respond to their senses. It was just that they would not listen if performance was the cost.

Ultimately injury in the lives of the players created a trade off of different types of health. To play through pain, something Theberge (2007, 2008) heralds an occupational

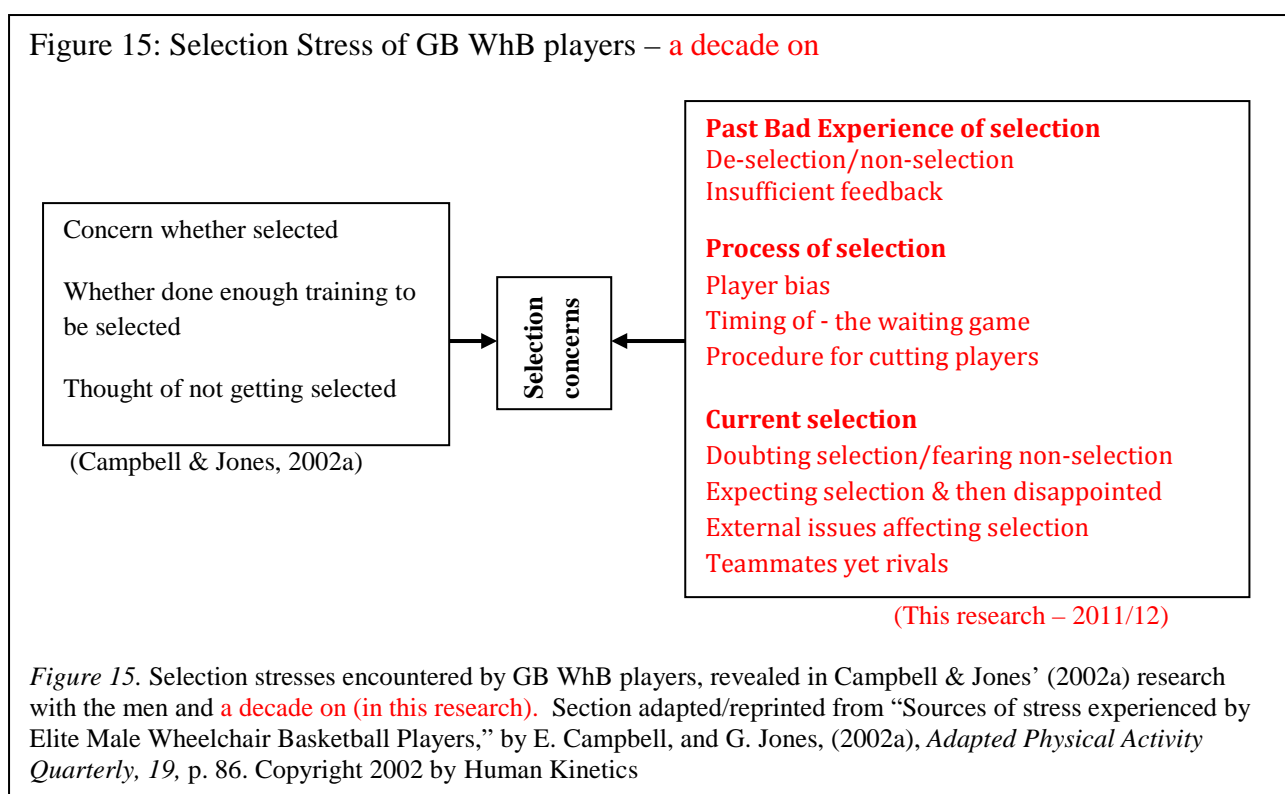
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hazard of elite sport, was to subordinate their physical health for their PSH/WB. That is, in choosing to stay on-court they could sustain themselves, their PSH/WB feeding off their participation. When injury or illness became so chronic as to relegate them to the stands, whilst physically they could heal, mentally they suffered the undernourishment of being denied the very thing that fuelled them. Consequently players lived in fear of injury, for worse still, it could disqualify them from selection, and this was key to their PSH/WB.

Selection v Rejection. Naturally being selected for a major tournament was a great high. It vindicated their efforts and recognised their abilities, boosting their PSH and WB enormously. As Max said “it’s brilliant. They’ve got faith in you...so it is amazing” (pc, April 20, 2011). Sammy also revealed the outpouring of emotions:

For Beijing we were in Manchester....We were called in, told and we had to go straight back to our room....My mum and dad and my friends were all waiting in one hotel room and I knocked on the door ...and I just burst into tears and they thought I hadn’t been selected.... ‘Oh my God, I mean it’s good news!’ (pc, February 14, 2011).

Having said that selection also created a lot of stressors. Interestingly some of these were found by Campbell and Jones (2002a) in their research with the GB WhB men’s team ten years earlier. However Figure 15 offers an updated picture.



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Whilst this implies that selection stresses have grown more complex over the last decade, it could be that as the profile of Paralympic sport has grown the desire for selection has followed. Sammy also explained that increasing numbers meant more scope for de or non selection. Eleven players had experienced this. They labelled it a real career low:

I was selected for The Worlds but then got dropped for dropping form....We were in America at a tournament and [the coach's] reasoning was a lack of confidence....It was probably only a month before the tournament if that. That was horrible. I wasn't interested, I was done with it. I thought it was out of order to do it that late. I think although I'd been dropped, um and his reason for doing it was right, I think [he] created the situation.... I had no reason to be confident because I don't think I was treated well. He would obviously disagree and he had his reasons but that's how I found it. (pc, May 4, 2011) ^[See Footnote 11; p. 69]

Heartbroken. I spent like a week just crying. I was devastated. After The Worlds I knew I'd not done enough and literally the week after I started training again and I didn't give myself a break. I worked so hard. I moved to live with Dee who I train with 15 hours in the first three days of the week. I lived on £200 a month. I have no idea how I managed to survive. I completely sacrificed everything. I didn't see my friends for like 4/5 months at a time. I devoted myself completely to basketball and it got to the camp and I didn't get selected and I didn't understand what more I could do really 'cos I had given up my life for basketball. I'd done everything that they wanted me to do. It was horrible. (Bec, pc, March 1, 2012)

Players reverberated from the decision and contended with many emotions; anger, frustration, disillusionment. Similar findings were achieved by Martin et al. (2011) whose research with female WhB players found that those not selected had more anxiety, depressed mood and confusion. However one male player in particular had suffered more than most. His comments and those of his coach revealed the toll of selection:

It was just devastating to do that to him. We ended up both crying in the selection meeting so the rest of the meeting was virtually wiped out...devastated 'cos you're talking about his third Paralympics he'd missed out on...so it was tough because you're crushing somebody's dreams. (Coach Will, pc, September 2, 2011)

I had another great season leading up to Beijing and I didn't get selected. When him and Will told me in the meeting, they were both crying 'cos I was, I was gutted. I was crying my eyes out and Will was crying. I was like I would have put anything that I was, I was in the team. I was that confident. I would have thought I would have been the first few names put down and I didn't get picked, so I was like 'fuck' I thought, 'am I ever gonna, is it ever going to happen?' (pc, September 2, 2011)^[See Footnote 11; p. 69]

With the coaches only too aware of the emotional nature of selection, they tried to make selection meetings easier, players entering by one door and leaving by another to avoid crossed paths with teammates. It was simply that there was no easy way to have your dreams shattered. The fall-out on PSH/WB was inevitable for players and coaches.

It's got to be an absolute body blow. That's just so almost traumatic I'd say to the point where you'd probably want to give up. We had selections for The World Championships last year and during the course of the week... it started to transpire that this particular person may not get selected and he sort of found out from things we'd said and done, so that final day of training, no commitment, no enthusiasm and just sat on the side, half-hearted. (Coach Doug, pc, May 25, 2011)

Next year when I select the team that is going to have a mental impact on me...I didn't select two girls who went to The World Championships last year. I didn't select them for The Europeans this year 'cos I wanted to try new players out but both those girls retired on me. (Coach Fred, pc, October 10, 2011)

Having said this, Ben did suggest that the process of cutting players prior to final selection could be handled more sensitively. He commented:

Three people got cut last month. The only thing I don't like is when... we have a meeting at the end of the camp. Everyone comes in together and he says 'thanks for coming, blah, blah, blah' and at the point he'll say in front of everyone, 'this person's cut, this person's cut, this person's cut.' They know already. It's just a public thing so everyone else knows. It's good because then there's no hearsay. I just feel for those players. (pc, February 1, 2012)

What's more, just as Woodman and Hardy (2001) found with elite AB athletes, (three) players pointed to favouritism, certain names too readily etched into the selection sheet. An interview extract with one player sheds more light on this:

Interviewer: Do you feel that all spots are open to all players or do you feel there's a core group of players who are favoured by the coaches?

Player: Yes, massively, massively so.

Interviewer: Can you elaborate in what way or how this manifests itself?

Player: I think rightly or wrongly it's just a mindset thing. Some people because of what they have done in the past are seen in a favourable light which makes sense. If you've been to countless Paralympics and you've scored important baskets before, even if you're not playing so great now and you're not as sharp as you were you've got that history behind you that says given a big match he'll perform even if recent history suggests that's maybe not the case.

Interviewer: From your point of view do you kind of accept that they have the right to be in that position or does it breed a bit of resentment, frustration?

Player: To a point you have to accept it but at the same time if you're going head to head against somebody and you're fitter, you're playing better it can be frustrating...in previous times I have been playing better but history has been weighed in their favour and quite openly in their favour.

Interviewer: And so in terms of your health and those of your team mates, can that be a source of irritation or conflict within the team with each other or the coaches because there's a sense of injustice?

Player: I don't think it ever brings direct conflict within the players. Nobody will go up to somebody and say 'it's pissing me off that you're being treated like this and I'm not' but there will be mutterings and whispering, people bitching which is almost more destructive 'cos it eats away at the, the foundations rather than being a direct confrontation. (pc, December 14, 2011) ^[See Footnote 17; p. 119]

In contrast Mike claimed the system was fair, though he was arguably one of the players being alluded to and more confident of selection (for London). As Martin et al. (2011) found with US WhB players facing Athens 2004 selection, in having an idea of their position in the pecking order this could affect mood, training effort and actual selection. Thus there was a perpetual health-performance-health cycle, wherein likely

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selection influenced mood and thus training and performance capability which in turn affected actual selection. Indeed, and as outlined below, the perceptions of the GB players regarding their London chances had corresponding PSH/WB implications.

- Expecting selection & confident/relaxed – Luke, Jen
- Unsure of selection but philosophical/calm – Max, Anne
- Unsure of selection & nervous – Sammy, Emma
- Unsure of selection & afraid/anxious/frustrated – Bec, Kane
- Expecting & accepting of non-selection though still trying – Harry, Sean

For those expecting selection or philosophical of their chances their PSH and WB was less impinged upon. Likewise whilst those resigned to non-selection were disappointed, in seeing it as a bonus they could manage their anxiety levels. Harry even explained that he would take satisfaction from knowing he'd pushed those selected to be better. In contrast the worst predicament was for those unsure and nervous, or desperate for selection, for they lived on tenterhooks. With selection often last minute it meant an agonising wait.

I can't see me not going because I'm working really hard for it, but you never know what the coaches are thinking...I'm quite scared about it...I'm just really worried. I dunno, it might not happen, it's still a while off and I'm still improving but...I'm still just really panicked that I'm not going to be good enough. (Bec, pc, January 24, 2011)

It's like being on death row isn't it? Every day's like 'no the warden hasn't come in to get me' and then all of a sudden you hear that door, your door. It's opened. It's your time for the gallows. And that's what it is like. (Coach Will, pc, July 9, 2012)

Finally the players spoke of other issues affecting selection. They were teammates and yet rivals, needing to collaborate, yet vying for a precious seat on the plane and this put them in a quandary. They also knew, due to classification, that those selected would not be the strongest, but best combination in the eyes of the coaches. Thus one was nervously awaiting a re-classification which could bolster his chances. For another University re-takes clashing with London 2012 could undermine hers.

Ultimately selection produced different emotions for different players. For those getting the nod their PSH/WB was bolstered immeasurably. From relief and pride, to joy and excitement players described it as incredible. And yet for those where the gamble did

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not pay off and sacrifices weren't vindicated the floodgates opened; frustration, bitterness, sadness. Looking to London, whilst failing to expect or being confident of their inclusion enabled some to relax, others were left in nervous suspense. Put simply, their PSH/WB rested heavily on their selection, and non selection weighed heavily on their PSH/WB.

Winning v Losing. Just as Hull Garci and Mandich (2005) found with Canada's WhB players, the GB players were motivated by the chance to achieve excellence, to medal at London. Four of the men had already experienced this, having won bronze at Beijing and/or Athens. Whilst Jones and Sheffield (2007) found that University AB athletes experienced more vigour and less anxiety when winning, this was magnified. Success on the Paralympic stage was the stand-out moment of their careers, the PSH/WB impact hugely positive. They particularly revelled in on-the-buzzer wins, though the experiences exceeded the threshold of 'shareability' (Smith & Sparkes, 2008). No words could describe the thrill of the win, nor match the animation on their faces as they re-lived the winning basket. That said, the following comments and an image taken by one player provide some insight.

[Beijing]: Immediately at the time it was a bit of a numbness. I didn't really sort of realise what was going on until, there was a point in the last quarter when we took a time out and we could see the Americans' faces as they pushed off. We thought, 'you know, we've got this'I got more excitement at that point than as the whistle went and it was all over. Until I pushed out onto the court and I could turn round and see my parents up in the crowds jumping around celebrating, hugging the people next to them, people who'd been strangers two weeks ago and that had more of an impact seeing how proud they were. (Kane, pc, December 14, 2011)

[Athens] We came out with a medal, an Olympic medal you know...sat in the podium with the flag going up with an Olympic medal round your neck I was just so proud and I didn't get the effects until I came home....Me dad put a big flag outside the house and invited people round for when I was coming down the drive from the airport. (Mike, pc, October 10, 2011)

[Sydney] How did I feel? I don't know. All I know is I looked down when we was on a rostrum and eleven others was crying... I probably felt the same....You just can't describe what it was like. That's what I dreamed of... I wanted to win a medal and I got thatYou go up to, onto a podium and even though I got a bronze medal it's like sitting on top of the world. (Coach Will, pc, 9 July, 2012)

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Image 9. Harry - On Top of the World



I was on top of the world, you know, I was right up there. That was you know, I couldn't have got....Oh honestly when we won our semi-final I was buzzing for about five hours. I was on top. It's huge. (pc, May 2, 2012)

Note. Photograph was taken in 2012 as part of the AP task. Image has been cropped and brightness modified to improve quality and focus.

Players who were granted lots of court time particularly relished wins, whilst those watching from the bench admitted that this diluted it somewhat. Common to all however was their families who featured in their victory memories. They wanted to make them proud, and to feel vindicated for all the time they had spent away from them. They hoped that London would offer them this chance again.

In turning the tables, losing prompted very different emotions. Whilst Jones and Sheffield (2007) found that the University players had more depression, tension and anger following a loss, this was again compounded at elite level. Harry's 'losing' image (the floor) represented not being able to get any lower. Indeed players admitted that it could test their resolve to continue, or as Coach Doug explained, haunt them for years.

Standage, Duda, and Pensgaard (2005) found that losing particularly impinged on SWB if the environment was an ego-involving one and they competed alone. Despite the men playing a team sport, they could be tough on themselves. To lose and play badly was especially harrowing, because, in tending to be task-orientated, they prided themselves on their personal mastery and execution of skills (Jefferies et al., 2012). As Max explained "it's the worst place to be, the dressing room when twelve guys have lost and it's horrible ...There's nought worse than losing and playing bad" (pc, April 20, 2011). James agreed:

The worst one were losing in um, Birmingham World Championships. That were just awful. You felt like you'd let everyone down. I've probably blocked a lot of it out but you just feel awful.... It's like someone's died, it's that strong....When everyone's

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talking about you medalling...and then you bomb out. It's, yeah terrible low...yeah, it was a lot to get over....I didn't touch a basketball, didn't get in my basketball chair for about six weeks. (pc, April 20, 2011)

This echoed Coach Will who recalled as a player losing Paralympic bronze in the dying seconds of a match. Twelve years on he said it was the worst thing he'd ever experienced.

These emotions also applied to the women who suffered inconsistencies. Whilst an extract from the RJ shared success at the Paralympic World Cup (May 2011), as Jen explained the script could quickly change and did at the Europeans (September 2011).

May 2011: Watching the women, they are looking confident and strong. One player in particular is on fire and sinking shot after shot. They are giving an excellent account of themselves and smiles are creasing their faces. They have come into form in this Paralympic World Cup and look a force to be reckoned with.

We've not in the past been a winning team...let's take for example The Europeans when we beat the Dutch in the group stage. We got to the semi-final and it just went to pot and it was terrible and like obviously everybody was devastated and it's just the worst feeling in the world. Like we wanted that final so, so, so much and we just, we gave it our best but it was just terrible. It was just like 'what are they doing?' and I think it's that obviously devastation combined with embarrassment and defeat. (pc, April 26, 2012)

Carron, Colman, Wheeler, and Stevens (2002), in explaining that team cohesion is more strongly linked to performance in female athletes, suggest that impingement on the former could hinder the latter. Thus the tensions spoken of earlier perhaps contributed to these inconsistencies. Regardless, in yo-yoing between winning and losing, self-doubt and apprehension had crept in. Jen continued:

[We're] not really a consistent team. We can come out one day and perform yeah really well but the next day it can all go to pot and we can just be, it's an identical team, and we can be like 'what happened?' and I think that's what makes me nervous is whilst we have the potential to do well we've also got the potential to do really, really bad. (pc, April 26, 2012)

Ferreira, Chatzisarantis, Gasper and Campos (2007) found that the self-confidence of Paralympians decreased pre-competition musing that “perhaps under competitive stressful situations individual athletes with disability may question more often feelings of confidence to perform at a high level” (p. 345). Indeed the women did struggle to handle their emotions prior to and during major tournaments. Whilst one talked of teammates being ‘paralysed with nerves’ another claimed they ‘mentally fell apart’ at the Europeans, implying a testing time for their PSH/WB. Sagar and Jowett (2012) also found that team athletes competing at a high level can fear failure, negatively affecting WB, and yet for Lucy there was comfort in familiarity. Instead the fear came when imagining a more alien concept, success. In answering how she’d feel if the team won gold in London, she said:

That’s going to be a harder reality for me to cope with at the moment, because I’ve always lost. I’ve never won. I know what it [losing] feels like. That’s fine....That fear of dreaming of it and that becoming a reality. What do you do then? I just don’t know how I’d feel....It’s scary. It really is. I don’t know what I’d do. I’d be you know, I’d be an emotional wreck. (pc, April 16, 2012)

In contrast for the men, there was no crisis of confidence, with losses chalked up to experience and self-doubt not in their vocabulary. However they did reveal that success alone did not breed optimal PSH/WB. With expectation weighing on them Luke admitted that his overriding emotion of winning European gold was relief. Moreover both players and coaches said that the success was soured by issues bubbling under the surface. For example, in recalling the experience of winning this gold one player explained:

There was a lot of negativity at the start from the coaching side of it. Um, our first training session there after 20 minutes it got stopped. He didn’t think we were doing good enough.... That just set a precedent for the start of the tournament. Why do you need that? And then in the first game we won the reigning champions, Italy...and er, we got bollocked after the game because it wasn’t a good enough performance. Like what more do you want?...After the gold medal, after we won we went back to the hotel and all the teams were partying but we were all sat round the table and they came round with some beers and he went ‘no, you’re not allowed to have a drink.’....We was in bed by half eleven listening to all the partying going on outside. We’d not won a gold medal in 16 years, we’d just won one and we’re not even

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allowed to have one beer.... After that you just think it doesn't feel like we've won anything...Everyone was just pissed off. (pc, May 2, 2012)^[See Footnote 17; p.119]

In addition, just as Luke talked of this win sending a message to their WhB rivals ahead of London, James confirmed the performance merry-go-round that they were on. As he explained, the joy of a win soon gave way to the drive for the next.

You feel like everything's come together, you know at that time you're quite literally unstoppable, you're top of world....just happiness, relief. And obviously you've got a nice break and you come home and see all your family and friends and you show them your medal and talk to them about what's happened and it's a bit of a closure, that chapter's done. So we've won The Europeans, it's finished, brilliant. Open another chapter, now. On to London. (pc, December 14, 2011)

In these ways, whilst European success did yield positive emotions, it was a temporary stop on the rollercoaster and not the final destination. This remained tantalisingly on the horizon, monopolising their thoughts and inviting them to enjoy an exhilarating/sickening ride.

Ultimately winning was the players' raison d'être and losing their nemesis. Intent on London, the road travelled in 2011 offered a chance for confidence boosts and bragging rights. And yet it also brought some turbulence. Poor form or tensions hampered their progress, whilst tight victories re-fuelled their engines. Player PSH and WB was boosted and tested. Indeed it was a game of chess as the GB teams, with one eye on their competitors, sought to position themselves ready for London 2012 and stalemate.

(Other) Perks v Pressures. As the data has revealed elite sport is all-or-nothing, life-changing and yet consuming. Athletes can be subservient to and yet driven by it. It can shower them in adulation and bring rewards which few professions can rival, and yet is a limpet to their energies and emotions. There are many perks and yet pressures.

A further challenge for elite athletes is juggling commitments. As Wheeler et al. (1999) found sacrifices are often required:

Clearly, several costs were associated with the intense investment/commitment to sport. These may be categorised as social, familial, relational, economic, educational, vocational and physical. Social losses were generally associated with focussing on sport to the extent that friends were neglected....Economic costs were associated with

travelling and competing. Educational costs were associated with deferring or even abandoning education at various levels in favour of sports participation....Careers often suffered. (p. 225)

This was reflected in the words of the players.

I've got a law degree, and then I had the possibility to go for an Internship, but I chose not to do that because I couldn't commit to it. I wasn't prepared to do either one [job or WhB] half-arsed, so I said 'sorry not until after 2012.' (Sue, pc, January 24, 2011)

When I first got on the squad I was at University and my friends would say 'we're going out.' I'm like 'alright then I'll come for a couple.' 'Oh come on, don't be boring' and it was 'sorry I've got basketball'....You give up a lot, any potential career and anything else. I've got half a degree that's neither use nor ornament 'cos I've lost any credits that I got from it. The old coach wasn't very flexible about me and uni and uni weren't flexible about training so I had to make a choice. (Kane, pc, May 4, 2011)

It is unhealthy 'cos my first...I married twice. The first one it was because of the basketball we finished because she couldn't, I was here, there and everywhere so something had to give and it was her. (Coach Will, pc, September 2, 2011)

Carless and Douglas (2013) found this 'performance narrative' to be common in elite athletes, characterising it totalitarian, wherein other values/ways of being become a secondary concern. Just as they warn that this can cause tension with other parts of athletes' lives (e.g. relationships) and damage WB, this narrative was apparent in the stories of the participants. However, though the players agreed that their sacrifices *did* impinge on their PSH/WB, London justified their choices. They felt that any costs to their lives would be off-set by success. Such a mindset alleviated some of the stress associated with making these sacrifices, and yet it also exposed how much they had staked on success, the compensatory boost to their PSH/WB reliant on a return on this investment. Indeed for the men playing abroad and woman at an American University, their lives had moved where WhB had taken them. Hull Garci and Mandich (2005) shared a similar story of Canadian WhB players:

Expressed within the commitment aspect were the many sacrifices made by the athletes. With such demanding training schedules, camp and tournament attendance,

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these athletes missed out on many family functions and social events with friends. Many had to choose training over going to the movies with their friends, or had chosen to move far away from their families to attend a school in the United States since it had a high calibre wheelchair basketball team. (p. 172)

And yet to imply that the players experienced only the cost of their elite status would be wrong for they also highlighted many perks. Indeed their comments and an image taken by one player shared the unique opportunities and education that they were privy too. They felt blessed and humbled.

I love being an athlete. I love just training, being fed, being watered, being given direction, you know, I love the lifestyle. I'm very privileged to be part of this community and to be playing on an international level in all these different countries and with all these people. (Kate, pc, December 4, 2011)

[It does] open so many doors, sort of dinners, and presentations and speeches and interviews and documentaries... I lived in Germany for two six month blocks, lived in Australia for a while....[Before I] started with basketball seriously I never ate healthily, I wasn't interested in watching what I drank. I wasn't interested in going to the gym, it seemed like a hassle whereas now, even outside of basketball I enjoy going to the gym, I enjoy eating well, I enjoy feeling healthy. (Kane, pc, April 20, 2011)

Image 10. Being Elite and its privileges



They're all just fitness testing, what we do. This is up at Loughborough...you wouldn't get Joe Bloggs doing this type of stuff. It's a good feeling as well. You can compare it to where you were before, so obviously it's good benchmark like. The reason I took pictures is that it's sort of like the top of what you get and that is the elite side of it. (pc, December 14, 2011) ^[See Footnote 11; p.69]

Note. Photograph was taken in 2011 as part of the AP task. Permission was granted by the player to include this image. Image has been cropped to improve quality and focus.

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In fact the players revelled in feeling conditioned and took pride in having reached this level. Here they highlighted there to be a positive relationship between their physical health and their PSH and WB.

And yet elite-sport can be a double-edged sword, for just as it offers these perks, it demands an adherence to rules and these can prove testing. For example classification requires that WhB players have a points rating based on functional ability.¹⁸ Like Smith and Sparkes (2012) argue, and as reflected here, elite disability sport can be orientated towards the medical model of disability. Peers (2012) also offers this insight:

I am in a loud, sweaty, gymnasium at the National Wheelchair Basketball Championships. I am walking my chair across the gym after a game when one of the official tournament classifiers calls me over. 'What's your disability?' she asks, pen and paper in hand. 'I don't have one', I answer. She looks me up and down, a bit incredulous, as though I am withholding something (perhaps unwittingly) that my body will betray. 'Have you always walked like that?' she asks. 'Like what?' I answer. She asks me to walk back and forth across the gym. She watches, as if there is some hidden meaning to my steps. I feel awkward, almost naked, under her gaze, yet I am strangely eager to comply: she is kind, she is smart, she is an expert and she is in a position to try to get me classified, that is, declared disabled enough to be eligible to try out for the National Team (p. 178).

As Peers (2012) alludes to and the players also inferred, the power of the classifier meant that players had to dance to their tune, even over-performing at times. Indeed it is not uncommon for wheelchair athletes to engage in 'sandbagging' (Lindemann, 2008), 'playing up' their disability for a more favourable classification. As touched upon, this could improve their selection chances. One player explained:

[London selection] will come down to my classification if that gets um, re-evaluated in the next few months which it should. If my classification drops to a 4.0 I have a much better chance than as a 4.5. I think as a 4.5 it's slim to none, but my gut feeling is if I go down to a 4.0 it's probably 50-50. (pc, December 14, 2011) ^[See Footnote 11; p.69]

In light of this and the positive relationship between selection and PSH/WB, awaiting classification could be stressful, not least given its ever-changing, controversial nature (Nyland et al., 2000) and scope to occur close to competition (Martin & Wheeler,

¹⁸ Players are classified from 1 (greatest) to 4.5 (least impairment). Five on court players must not exceed 14 points. (Perriman, 2014). The male (M)/female (F) players in this study were classified as follows: 1 pt (1M, 1F), 1.5 pt (1M), 2 pt (1M, 1F), 2.5 pt (2M, 2 F), 3 pt (1M, 1F), 3.5 pt (1F), 4 pt (1M, 1F), 4.5 pt (1M, 1F).

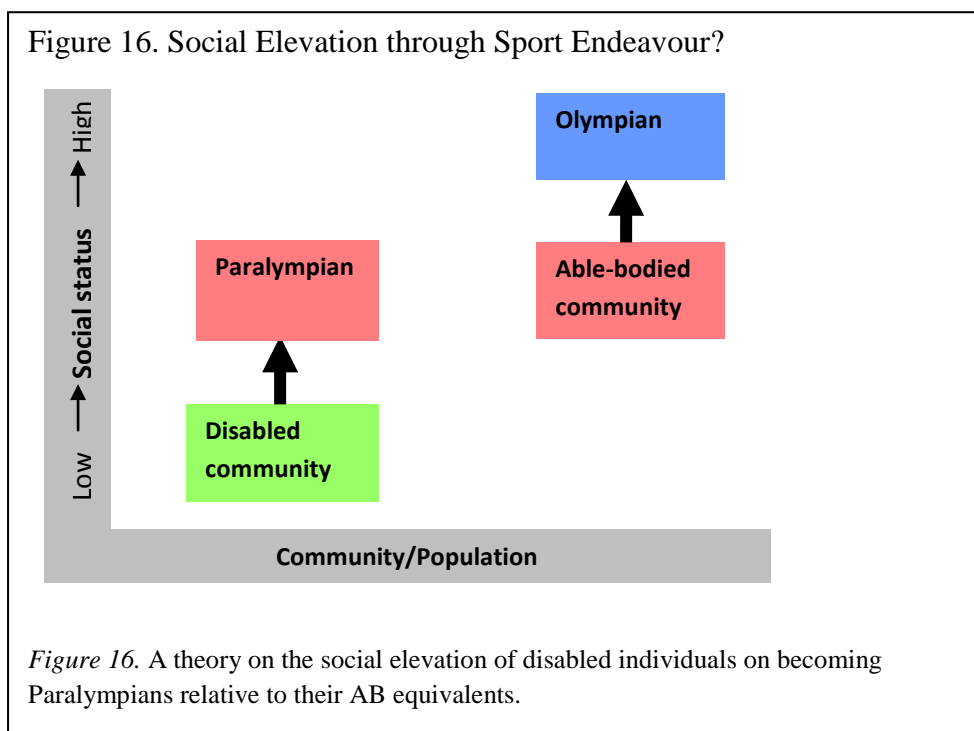
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2011). For those with more common higher ratings and therefore facing greater selection competition, being wrongly or re-classified was particularly harrowing. Indeed an admin error which rendered one player a 4.5 instead of a 4.0, left her out of the GB line-ups for a year, causing great frustration. In contrast, having an uncommon 2.5 rating took the pressure off another altogether for, with no-one to challenge her, she could be confident of selection. This revealed how player PSH/WB could be in the hands of their classification or classifier. Never was this more apparent than in the case of one male player.

[I] started playing some wheelchair rugby and ended up um, pretty much being told I could make it into the [GB] team straight away, [but] had numerous classification issues which prevented me from competing in Athens and Beijing....I would have if I'd been classified eligible to play, like a guy from Australia who's exactly the same as me. I should be in it as one of the players and if I was in it I would still be playing because I would be one of the best players in the world....[Being declassified was] devastating yeah. Floods of tears. (pc, July 26, 2011) ^[See Footnote 11; p.69]

With this player having to turn to WhB to pursue his Paralympic dreams, the cruel nature of classification was revealed. And yet he was willing to re-expose himself to the process, for though it had wounded him, it also held the key to a wonderful world and identity.

Indeed a final perk which must be discussed is the kudos of being a Paralympian. Whilst the players were prepared to play up their disability for classification's sake, what they really wanted was to be recognised for their athletic capabilities, and *not* their impairments. GB WhB offered this chance. Both James and Kane claimed that as elite athletes they had become distanced from the disabled masses, instead feeling more 'mainstream' or AB. Asken (1991) report this to be no different to AB athletes, both removed from their non-athlete equivalents. What's more Wheeler et al. (1999) also found that disabled athletes felt that others saw them as 'not disabled but normal' or even 'beyond normal'. To rationalise this van Hilvoorde and Landeweerd (2008) explain that, whilst being disabled is 'abnormal' and stigmatised, talent is the best of normality and celebrated. By this reckoning their combination could prompt the social elevation which they talked about, enabling them to reach a middle ground, perhaps that of the AB community. This hypothesis is illustrated in Figure 16.



In adding weight to this theory Huang and Brittain (2006) found that, in being elite, disabled athletes could feel that they had a ‘master identity status’. There is also evidence that this could be magnified for wheelchair athletes. Indeed Lindemann and Cherney (2008) discovered that the athletic, masculine qualities of WR players granted them acceptance in ‘ableist’ society, whilst coaches Will and Ian branded WhB the ‘blue ribbon’, ‘sexiest’ Paralympic sport, implying its social capital. For the players the proof of this was in their rise from obscurity to interest.

[The public] are always impressed, especially when you say you play for GB, that’s the biggest thing really.....Hell yeah, I mean because in some sense you’re a professional athlete, so they look at you and think ‘wow.’ (Ben, pc, May 11, 2011)

Working in the college...the students would write their sporting hero and a couple put my name down and I was like ‘what you doing?’ and ‘well you are a role model’ and I was like ‘shut up, put someone you know a proper athlete.’ (Sean, pc, July 26, 2011)

I was Little Miss Popular... and then overnight I just became like the [disabled] freak....People have contacted me since I became, like got part of the GB squad...‘oh, hiya, you remember me? Oh yeah, we used to be best friends.’ ‘Did we? Did you not bully me and make my life hell for a while? Erm yeah.’ (Sue, pc, January 24, 2011)

Interestingly Sue's comments mirrored the findings of Apelmo (2012) who noted the interest in a disabled pupil only following the discovery of her involvement in sledge hockey. Being a GB WhB athlete certainly offered the players social credit. And though they scoffed at the double standards, they enjoyed the perks of their status and boost to their PSH and WB. The fact that it was a home Games only heightened the attention. Kate commented "Jen and I went for lunch and there was a big interactive billboard...the Paralympics came up, London 2012 and she's like 'oh my god it's everywhere'," (pc, February 2, 2011). However players also recognised that their celebrity status may be short-lived or limited to pockets of society. Hull Garci and Mandich (2005) had found similar in their research with WhB players:

The athletes expressed wanting to be recognised as athletes within their sport. Many experienced such recognition both during and after the Paralympic games. Spectators who knew their names and jersey numbers, and who had been following their games, asked them for autographs, even when travelling around to small towns after the Games had finished. Back home in Canada, however, the general public was unaware of their accomplishments. (p. 173)

Indeed Lucy admitted that people could appear confused or seek clarification on hearing she was a WhB player, whilst Sammy shared the irony of being asked if she had started training yet for London. This reflected what Shapiro and Martin (2010) found, namely that society do not necessarily take disabled athletes seriously. As such the social elevation depicted in Figure 16 may be thwarted. Instead disabled athletes may be undermined (Robbins et al., 2010), not privy to the status of Olympians (DePauw, 1997) or, in echoing the earlier data, labelled 'supercrips' and heralded heroes for overcoming adversity (Berger, 2009; Goodwin et al., 2004; Howe, 2008; Smith & Sparkes, 2012). This was a cause of frustration. That said, though they might have wished to be seen as the 'real-deal', in light of the kudos they were enjoying, not least as the countdown to London began, they remained insistent; it had never been a better time to be a Paralympian.

Conclusion: Stress and Sacrifice. Many stressors and yet perks of being a player in 2011 have been explored. From selection to social advantage, being a Paralympian no doubt boosted their PSH/WB. And yet with London a year away there was also stress. From injury to classification their PSH/WB was tested too. That said, with Campbell and Jones (2002a) having conducted research into pre-event stressors with the men's team 10 years earlier, there was a unique opportunity to draw comparisons with this research. Figure 17 does just this.

Figure 17. Pre-event anxieties of GB’s WhB Men (2002) and 10 years on (pre-London 2012)

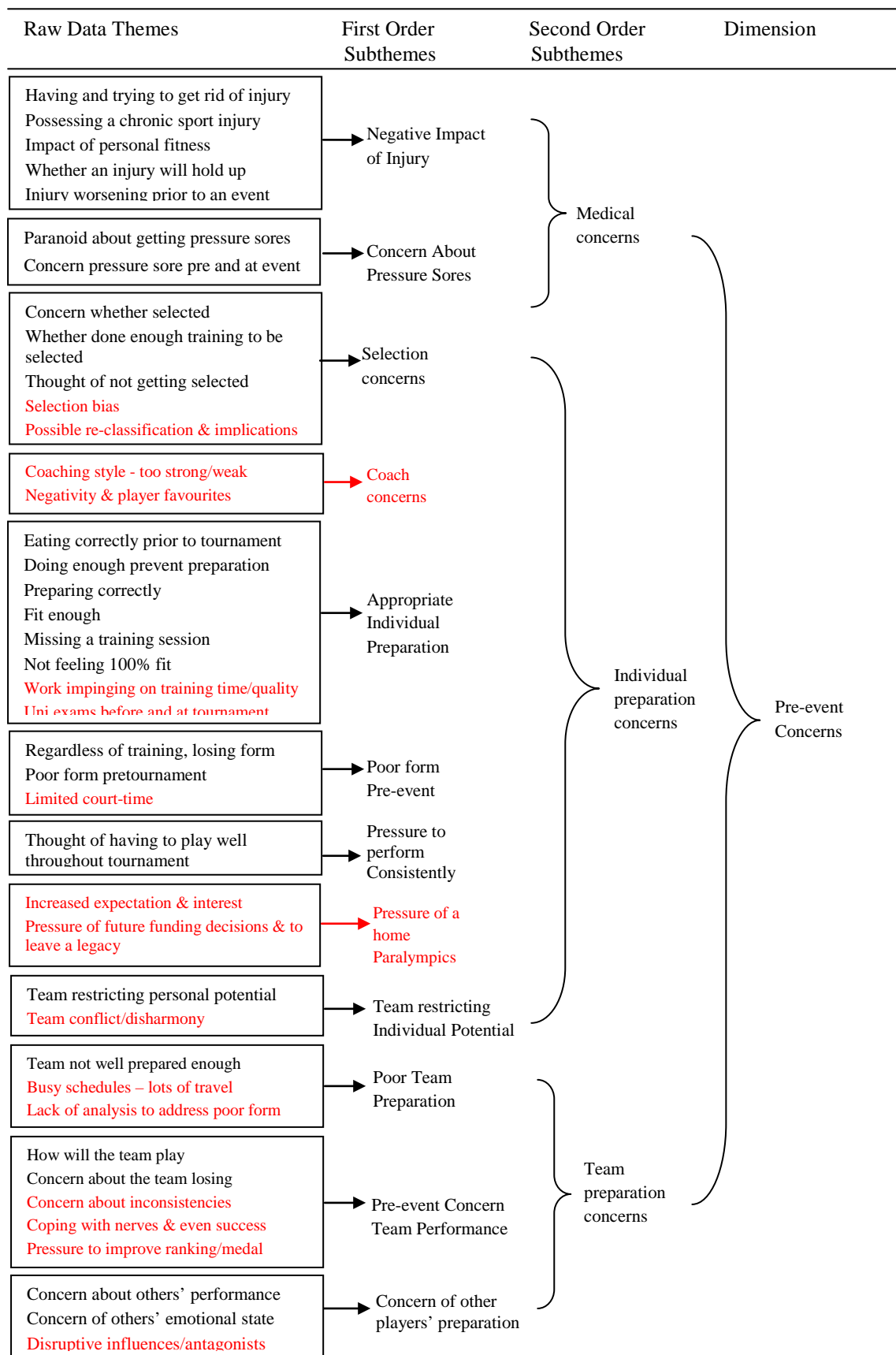


Figure 17. Pre-event concerns of the GB WhB Men (from 2002) updated with those reported by the GB WhB men and women (in this research pre London 2012). Adapted/reprinted from “Sources of stress experienced by Elite Male Wheelchair Basketball Players,” by E. Campbell, and G. Jones, (2002a), *Adapted Physical Activity Quarterly*, 19, p. 86. Copyright 2002 by Human Kinetics.

This implies more pre-event stressors for the players than previously, and this was in part due to the extra pressure of a home Paralympics. Indeed there can be little question that they were strapped into a turbulent rollercoaster, its many twists and turns taking their PSH and WB this way and that. Having said this, the perks and privileges shared smoothed the ride. With this in mind what was the overall effect on their PSH and WB?

GB WhB: Healthy or Unhealthy?

To establish whether on balance being a GB player in 2011 was a healthy occupation or unhealthy obsession, players were asked to give a percentage split of the positive/negative impact it had on their PSH/WB. Tables 7 and 8 share a cross-section of the figures provided.

Table 7.

The PSH and WB of the Men: 2011

Player	Date	POS/NEG %
Ben	May 2011	90/10
Harry	Sept 2011	80/20
Mike	Oct 2011	50/50 ★
Kane	Dec 2011	65/35

Table 8.

The PSH and WB of the Women: 2011

Player	Date	POS/NEG %
Jen	June 2011	60/40 ★
Emma	June 2011	80/20
Anne	Aug 2011	75/25
Kate	Dec 2011	99/1

Note. The stars ★ ★ illustrate data which is represented/referenced in Table 9 and Figure 18.

These figures implied that, despite the pressures, players saw their involvement as more healthy than unhealthy. In accounting for the variance, there was a correlation between what was happening on court and how they rated their PSH/WB. For example Kate's 99% positive score reflected her recent first selection for a major tournament. That Mike gave the highest negative rating was interesting. Having undertaken physiological tests days before this it offered a rare opportunity to examine the data in parallel (Table 9) and even to substantiate a relationship which players alleged to exist between physical and PSH/WB.

Table 9

Mike's Physical Health v PSH/WB

Physiology Date	Sum of 4 Skinfolts (mm)	VO ₂ peak (L/min)	VO ₂ peak (ml/kg/min)
03-Jun-09	69.3	3.74	39.7
15-Apr-10	76.0	3.71	37.5
17-Jun-10	72.2	3.72	38.1
17-Sep-10	71.1	3.75	39.1
24-Mar-11	73.6	3.80	42.1
06-Oct-11	74.6	3.36	36.8

If I see a noodle I'll put on 10 kilos. When I picked up the injury, [I] came back 7/8 kilos heavier.

I'd give it 50, 50 ★ at the moment 'cos coming back from the last injury that I had I still get a lot of necks problems.

I've just had me first session back today so I'm always anxious when I first start training 'cos that's when you generally pick up your injuries.

(pc, **October 10, 2011**)

Note. Data courtesy of the Peter Harrison Centre for Disability Sport at Loughborough University. Testing led by Professor Vicki Tolfrey and Dr John Lenton. (pc, December 5/6, 2013)

With Mike recording a high skinfold and his lowest VO₂ peak scores it could be surmised that his physical conditioning was not at its optimum. Similarly in sharing injury woes his mental health appeared compromised. Thus, perhaps one was a precursor for the other. In other words his physical unfitness (brought on by injury/downtime) may have impinged on his self-esteem, or his anxieties may have rendered him unable to record his optimal physical performance. His physical health and PSH/WB may well have been playing-off.

Elsewhere Kane's 35% negative rating reflected that he was an unlikely candidate for London and yet Ben, despite a similar predicament recorded the highest positive score for the men. As a younger squad member he was revelling in being a GB player and philosophical that his time would come. Indeed, whilst overall players indicated more health benefits than costs, this was subjective. It was also ever-changing, for as Sean alluded player health was fluid and governed by circumstance. This was evident in player timelines, which, when married up with player comments reinforced not only a health rollercoaster, but the scope for percentages to offer but a snapshot of a more complex picture. Figures 18 illustrates:

Figure 18: Jen's Health Rollercoaster

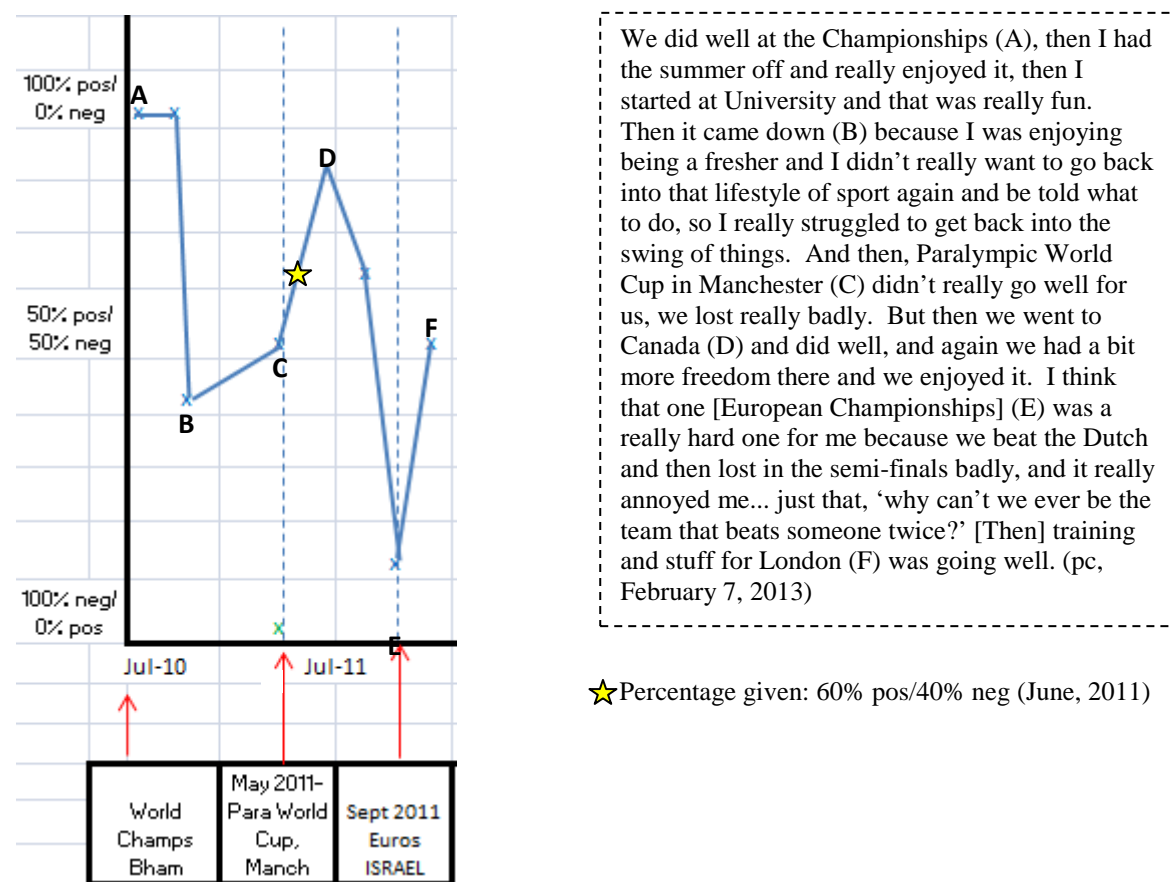


Figure 18. The rollercoaster experienced by Jen, alongside her comments which reveal the ups and downs of being a Paralympian.

That said, and though percentages may have provided only a piece of a larger jigsaw, they, and the discussions which arose from them were insightful. Particularly with the men, in weighing up the highs and lows their tunnel vision was exposed, the excitement of London meaning that they were willing to endure much turbulence in getting there.

Well do you know what I would sum it up in this sentence. If I would have said 99% bad and 1% good but that 1% good means going to London, it don't matter, that just gets all wiped slate clean. (Luke, pc, September 2, 2011)

Yeah the highs are high, brilliant. The lows, injury now and again... the body wears out after a while. Um, yeah you forget the lows. I think it's like when a woman gives childbirth, they forget the experience, then they go straight back there. (Max, pc, February 1, 2012)

Mentally it can get tough...just being away from family constantly. Um, obviously if you're in a bit of a rut with your basketball you get moody, you start lacking confidence...you don't play well, then you play less on court... a bit of a spiral.... You worry about everything, your form, your position, your everything.... There's nothing more at stake now than London. That's it, 'cos it'll never happen again, it's the elite, it's the top you can get but yeah there is obviously a lot of stress that people go through but the end goal's got to be worth it....[I'd] do anything...something what you're gonna be immortalised forever. Six months of your life, well four years... there's plenty more highs than there is lows. (James, pc, December 14, 2011)

Therefore not only did players imply that being a GB player in 2011 was more positive than negative for their PSH/WB, but that negatives were an 'occupational hazard' and incidental if success was forthcoming in London. Performance was everything and if their PSH/WB had to be a casualty of this sometimes, then so be it - the highs would prevail.

Saying this, questions were raised as to how far players would let their PSH/WB be compromised in the name of success. Indeed was the acceptance and tolerance of the lows a measure of their dedication or indicative of an addiction? Just as some players had heralded WhB their saviour, had they become a slave to it?

Saviour or Slave? Dedication or Addiction?

In echoing the earlier data, three players reflected soberly on how their lives could have turned out had they not found WhB and become GB athletes.

Well I couldn't feel my legs....I knew what I'd done. Devastated, I wanted to die to be honest. [WhB] probably saved me from...I don't know what I would have done if I hadn't done basketball really....I had no idea what I wanted to do before my accident, I had even less of a clue afterwards. (Max, pc, April 20, 2011)

I'd say it saved my life personally. I'm not afraid to tell people that. I was in that dark place before I found it. I really do think it saved my life....[Before] I don't think I even saw a future for myself, I'm not joking, I was just, I was seeing psychiatrists, on antidepressants. (Sue, pc, January 24, 2011)

All I can say is a lot of my friends now are either in prison or they're exactly where they was when we was at school. They're living in same area and all that so obviously they were my friends then, it would tend to say I would have gone that way, where

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now I've got my own house, married, kid, travelled all over the world, been to an Olympics, competed for your country....Basketball kept me out of doing a lot of the stuff they were doing. (James, pc, April 20, 2011)

These sentiments were mirrored by WhB players in Giaccobi et al.'s (2008) research, who also dubbed sport their 'saviour' following an impairment. Whilst traumatic injury can send individuals down a path of drinking or drug-taking, as Levins et al. (2004) explain, sport can give them something positive to focus on.

And yet just as WhB had shaped their lives and PSH/WB for the better, there was also evidence of its elite status becoming like a drug. This was apparent in the comments of two players who revealed the intoxicating draw of a GB jersey and yet trial of its withdrawal:

I got picked for the Sydney Paralympics....We had a training camp and I turned up late for two of the training sessions and he dropped me. Then the new coach didn't like me. He dropped me from the whole squad. I was out of the set-up for four years and I just went a little bit wild. I was in a lot of debt. I was partying, taking loads of drugs, drinking. I don't know whether it was because I was young but I just thought 'fuck it'. After four years they wanted to get me back....We had a big team meeting and [the coach] just said in front of everybody without telling me first, 'we've brought him back in, he's playing really well but he's not in contention to get picked for Athens.' I was like so buzzing to get back and then I were just automatic crushed again. [Then] Ian came in, took a shine to me straight away. I had another great season leading up to Beijing and I didn't get selected.... I was gutted.... I picked myself back up again, started playing [abroad]. European Championships the year after, leading up to it played great, didn't get picked again. I'm like 'what the fuck's going on?' but I just carried on, got selected for the World Championships last year.... It's been like up and down! (pc, September 2, 2011)^[See Footnote 11; p. 69]

[I] was lucky enough to represent GB in Atlanta in 96 in volleyball. Then for Sydney we weren't classed as medal winning contenders so we didn't get funding to go and then they removed standing volleyball as a discipline for the Paralympics so I started looking at other sports....I did The British Indoor Rowing Championships two years on the trot. I beat all the other GB rowers indoor and the only reason I didn't get into the squad was because of my hands. The coach didn't think that I'd be able to feather the blade....I started playing [WR]...went out to New Zealand. I didn't think for a second

I'd be classified out because I fitted the profile and then they came back as unclassifiable...devastating.... [I started WhB], went to a training camp, saw Ian. He pretty much said that I was too old, [but I kept] being persistent.... [He] said that I needed to go away and lose about 15 kilos so that's what I did. Went back next camp, he was like well impressed....I see myself probably quite shallow, almost pimping myself out to different sports. I think it's actually the competitiveness that is probably what drives me more so than the actual sport itself. (pc, July 26, 2011)^[See Footnote 11; p.69]

Such candid reflections showcased the resilience of these players and yet also provided an insight into the hold elite sport had over them. Hull Garci and Mandich (2005) found that WhB players were "totally absorbed in the sport...they were not only engaging in it, it is part of who they are and how they define themselves" (pp. 173-174). As Lafrenière et al. (2011) explain, this can escalate and have implications for their PSH and WB:

Obsessive passion results from a controlled internalisation of the activity into one's identity....Individuals with an obsessive passion thus experience an uncontrollable urge to engage in their activity; their passion must run its course as people come to be dependent on it. As a result, individuals with a predominant obsessive passion run the risk of experiencing conflict with other life domains and negative consequences during and after engagement in the passionate activity. (p. 145)

Certainly Sean's willingness to engage in any sport which could satisfy his thirst for success implied an obsessive passion. So too did the comments of the ex-player coaches:

You get consumed and obsessed by it so that's not healthy.... I went from one obsession to another. The first was to play for Great Britain, then after that finished the next obsession was to play in the Paralympics, then the next was to win a medal and that took 14 years and that's a 14 year obsession where nothing else mattered. It is not good for your health. People will look at you and say you're crazy. I'd do it again in a heartbeat.... I would. I would go all the way back to the start and do it all over again even if it was a danger to my health. (Coach Will, pc, September 2, 1011)

It does change your life. The rewards are fantastic....I think it's healthy but...once you have got the bug, once it's in your blood you're in trouble. It was in my blood. It's still in my blood now. It does take over your life. (Coach Fred, pc, July 24, 2012)

The comments revealed the power of WhB and reflected Hull Garci and Mandich's

(2005) findings, namely that players were never satisfied and always seeking the next fix. Indeed, one of the Canadian players involved in their study said, of winning Paralympic gold:

So I lived my whole life for 3 years for one goal and then I got there and it was astounding, it was fantastic. It was just like one of the best moments of my entire life, especially because sitting up on that podium and I had friends in the audience and they were bowing and I was just laughing so hard and I couldn't talk to them but I was still saying things as if they could hear me. But it's funny because almost immediately I realise, ok, what's my goal now? (p. 172)

And yet, whilst it would be unfair to claim that all players were so consumed, many showed symptoms of what they themselves termed 'an addiction'. Just as one explained that players could become paranoid and start questioning whether to take sugar in their coffee given the weight implications, another spoke of those who had asked not to be told if a loved one fell ill whilst at a tournament. And yet the players most obsessed were those with nothing to share the load. For example, in not working or studying the (mostly) fully-funded men staked everything on WhB success. Instead whilst having a job meant Kate's life was hectic, she claimed to have more balance.

I work and I play basketball and that's all I do. I'm loving it because it's new and exciting and I've got a goal. I can't afford to give up work, not that I would want to either. You know I'm kind of encouraging my friends, the guys that play wheelchair basketball for club and GB and that's all they do, I think 'get a job'.... It's good for you to have a job because what else do they do?... Would I like to give work up for wheelchair basketball? Probably not. Maybe part time would be good to balance things out...but I can't imagine it all the time. Then that would become a job, actually it's no longer my hobby and what I'm enjoying. (pc, February 2, 2011)

Kate's comments revealed that she had a harmonious rather than obsessive passion, WhB a part of her identity but in harmony with the rest of her life, yielding positive outcomes (Lafrenière et al., 2011). Carless and Douglas (2013) explain that there can be a tendency in elite sport to presume athletic excellence to prohibit the fulfilment of other goals. However they found that this was possible and that having a multi-dimensional identity was conducive to better PSH/WB. Certainly those like Kate, with jobs and relationships did seem to have more balance and perspective. That said, 10 months later she requested a sabbatical to focus on WhB. London it appeared was, in a sense, the most intoxicating competition of all.

That said, like a drug, sport, and specifically WhB meant different things for different players and this affected how consumed they were by it. In part it was less potent for those with previous Paralympic experiences like Mike and Max. Then again for Sammy London was to be her swansong and last chance to win the medal which had eluded her over a 20 year career. Similarly whilst Beijing bronze offered Kane some compensation for the unlikely seat on the London-train, there was no escaping that a home Games was the ultimate hit and so still a bitter pill to swallow. Finally for those like Bec, desperate for their first sniff of the Paralympic action, they relentlessly pursued this, despite the cost to their PSH/WB.

I'm gonna give myself an aneurism, I'm constantly stressing about something and with my re-sits I'm worried that they're going to decide not to take me to London or I've had a little bit of a bad patch with my shooting, but um I'm always convinced that someone else will be better than me, they'll come and take my spot and having worked for the last five years I'll not get to go to The Paralympics and I don't know, sometimes I stress and worry so much that it kind of cripples me from actually going and just carrying on training....it's an obsession, everything has to come second to it.
(pc, March 1, 2012)

Therefore players were indebted to and yet obsessed by WhB to varying degrees, and this affected how much their PSH/WB was put on the line. For some work, family life or previous Paralympic experience offered some perspective, and yet for others their dedication risked becoming an 'addiction'. For all, whether it was about conquering past Paralympic demons or securing silverware, London was personal. WhB may have been their saviour but now it offered the chance to make history and when it meant so much it was hard not to let it enslave them, to allow their PSH and WB to be compromised. Theberge (2008) goes as far as to suggest that health and performance are the antithesis of one another. However this required further investigation....

A Healthy Paralympian – an oxymoron?

The discovery that players were obsessed by WhB and that performance and PSH/WB might not necessarily share a mutually beneficial relationship led the researcher to make the following reflection in her RJ:

29/07/11 - The more players I meet, the more I wonder whether they walk a tightrope between PSH/WB and performance, pulled in different directions but unable to simultaneously reach both. Some engage in gruelling schedules, driven by a desire for selection. Others have jumped into the WhB pool, casting relationships & careers aside, only to be swamped by it. They may make headway towards optimal performance but their PSH/WB is left behind. And then there are those for whom WhB was their safety net but now they seem institutionalised. The coaches are ring-masters ushering them towards their best performance, not meaning to forget their health, but simply preoccupied with having to put on a show. And yet I have no doubt that GB WhB enables players to trapeze to dizzy health highs. It is simply that their PSH/WB seems to be left hanging in the balance. And with London only a year away, I can't help but wonder if they will get the balance right or teeter over the edge.

23/08/11 -or perhaps I am missing the point, for I am judging that the players should be healthy, that there is a moral obligation for the coaches to ensure their PSH/WB and that this will feed a better performance. But maybe elite sport simply can't marry up with health and the best athletes are not the healthiest. Perhaps PSH/WB is my priority but not theirs. Perhaps a healthy Paralympian is an oxymoron.

And so did the players and coaches consider PSH/WB a priority or irrelevance? Could a successful athlete be healthy, indeed was health a pre-requisite of success? Or was it just a nuisance?

Certainly for Fletcher and Wagstaff (2009) it mattered. In reflecting on European directives they argued that elite sports and their leaders are not above health and safety law.

These statutory requirements have far-reaching implications for NSOs [National Sports Organisations] and those operating within them, including athletes, coaches and support staff. Those governing and managing elite sport have a duty of care to protect and support the mental well-being of its employees and members. In addition to these statutory requirements, NSOs also have an ethical obligation to create performance environments which facilitate individual and group flourishing. (p. 432)

The coaches challenged and yet upheld this viewpoint. For Coach Will, athlete PSH/WB was unwanted baggage on the journey to London. Conversely for Coach Doug, leaving it behind would sabotage their London potential. The following quotes illustrate this.

Two months before a tournament [we] would overload their bodies so they're in almost meltdown, honestly almost at breaking point. We go on tour for 20 days. That's extreme. We over-exert them, so they're exhausted, they're playing basketball

at exhaustion. They're about to probably kill the coaches and that's what we do to get them tougher....Past their limit, over their limit.... You don't really take that [health] into account I suppose because you know where you need to get the players to....it's just a casualty of the job I suppose.... [If you offered us something to improve health] we'd probably say 'what does that have on performance? Will it give us the 1% we need to win?' [Otherwise] it's irrelevant cos if you can't win, if it has a detrimental effect on the team it's no good for us.... [Health's] not really a priority because you're always looking for those 1%'s...that equals a gold medal. (Will, pc, July 9, 2012)

If we're neglecting health it is only short term and it is only for about maybe two or three hours when we are training hard and being a little bit merciless and you know, being negative to players and about players so mentally and physically they are struggling. We can't afford for anyone to have a physical or mental breakdown in any sort of environment so we will look after them wherever we possibly can. If they need time off, if they're tired, they're struggling, injury, whatever, we will do absolutely everything we can. (Doug, pc, August 15, 2012)

The players highlighted important points in relation to both Coach Will and Coach Doug's accounts. They endorsed the notion that PSH/WB could not be the main concern. Whilst Max and Jen argued that this was no different to any other job where productivity was the priority, Kate claimed that it was magnified within elite sport, whilst James echoed Coach Doug in labelling it short-term pain for long-term gain. And yet whilst this implied that a 'Healthy Paralympian' was an alien concept, no player saw their PSH/WB as dispensable. They accepted that it would take a battering at times, but saw it as a factor in, rather than redundant from their performance. Thus Coach Will may have mused that "being healthy in sport I don't know if it's a myth but there aren't many healthy sportsmen, physically yeah but mentally no," (pc, September 2, 2011), but players questioned how they could perform if they were not healthy.

The happier I am, the better I perform and I stand by that and I think it's really, really important and it's true for the whole team. If we're happier, if we're enjoying it, we're going to perform so much better. It seems simple but it has a big effect. It really, really does. (Jen, pc, February 7, 2013)

Luke agreed and talked of how foreign clubs, in taking care of player PSH/ WB, enabled players to take care of performance. Likewise five players spoke of the link between

enjoyment and success in the Junior programme. It was just that Senior GB was a different ball-game, and physical and PSH/WB could be compromised. Mike explained:

[The coaches] are getting enough input from the scientists out there that are saying you need the extra two hours sleep to help your body recover to be an elite athlete. You need down-time to get off your bum to stop you getting pressure sores, things like that. That's positive but when you know it falls on deaf ears.... [He] is striving to get the best out of you. [Your health's] sacrificed, it is sacrificed....That's why we're popping vitamin D tablets for fun in order to keep our immune systems high. We had a test a month or so ago. Everybody's immune system was low. (pc, June 1, 2012)

That said, this is not to imply that the coaches didn't share the view of the players. For notwithstanding Coach Will's assertion that PSH/WB was a secondary concern, they realised that it *was* still good for performance. Indeed Coach Ian talked of using heart-rate monitors and enforcing rest when necessary, whilst also musing "we know our players play best when they're loopy goopy, they're really relaxed" (pc, May 4, 2011). Thus he spoke of taking the pressure off pre-tournament and using rude jokes to dispel tension pre-games. Similarly Coach Fred said of the women "if we don't have a healthy team then our performance will go down" (pc, July 24, 2012) and here the women talked of the coaches trying to find a balance. For example, in echoing Coach Doug Jen said:

You have to put some strain on yourself to be the best um, and in a way that's what we get paid to do as well so we have to do it. [The coaches] are always very wary about health you know, whether it be like injury or your mental health or whatever. They are aware of it because at the end of the day the game is a lot, you know, our bodies have to be working but you have to have confidence as well in order to perform so I think they're trying to get the right balance....There will be times when you know, it is going to be tough but you're the one deciding to do it. (pc, April 26, 2012)

As the data suggests, whilst the coaches did try to protect player PSH/WB, they were also under pressure for the teams to perform. As Fletcher and Wagstaff (2009) explain "with the increasing financial investment at government level NSOs are becoming more accountable against performance indicators, not least delivering medals at major international competitions" (p. 429). Indeed the coaches were only too aware that funding cuts loomed if they did poorly in London, whilst a home Games brought more scrutiny than ever. It was hard to always remember PSH/WB when performance was everything.

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What's more, the players were not innocent bystanders, for they too were focussed solely on London. In mirroring the earlier data they spoke of being prepared to do anything for success (James), including over-training (Sammy) or playing injured (Lucy). Ben echoed Luke in claiming that sacrifices would be minor if a medal was the outcome:

I mean there can be 90% of crap but that 10% of excellence makes up for the 90% of crap because it's just amazing....I mean you're putting so, so, so much hard work in and then it's nice when you get the pay-offs at the end. Just to get that one piece of silver or one bit of gold or one bit of bronze. (pc, February 1, 2012)

Thus whilst the players were not prepared to sacrifice their PSH/WB entirely and the men particularly maintained that it could be more prioritised by coaches, they also put it on the line themselves and were prepared to suffer for success. This led Coach Will to conclude:

A Wheelchair Basketball player is probably insane. I would say most of them are insane to do what we do at the level we do. We probably need to be in Broadmore, somewhere like that. It's mad. It is a crazy sport. It's dangerous...you're out of control....You have so many ups and downs. Every day [London] gets closer, it gets ramped up. You can only build so long. You can only go so hard before you crack. It's awful. You imagine waking up every morning with that pressure. Every day someone telling you 'you're gonna win the gold medal. The pressure is immense, it is....It's positive in a way in that yes they're gonna be in the Games, they could win a gold medal, but it is really stressful. (pc, July 9, 2012)

Ultimately therefore, whilst players/coaches recognised that player PSH/WB was an ingredient in success, the desire and pressure to perform in London consumed their thoughts and fuelled actions which actually compromised it. From pushing players past their limits, to unhealthy practices, 'marginal gains' became the mantra. Indeed it was not that health and performance were deemed the antithesis of one another, but that health-enhancing practices would only be invested in if a performance advantage was predicted, player PSH/WB a lucky rather than intended benefactor. Instead, although an 'Unhealthy Paralympian' was deemed wholly unsuitable for optimising performance, this label at times applied. And whilst players did not relish this, not one regretted being a GB player, for, in echoing the earlier data they felt that the cost to their PSH/WB would be vindicated/repaid by success. It was just that if success was not forthcoming they may question why they had endured it and whether their PSH/WB had needed to be tested quite so much.

Conclusion

In 2011, with a home Paralympics on the horizon, players found themselves in a uniquely wonderful and yet pressured position. In boarding 'Rollercoaster 2012' they put their PSH/WB on the line. From competing on the brink of exhaustion, to operating under the weight of expectation they gambled their hearts and health on London. Trying to hit form, get selected and stay fit placed them under immense strain. But then becoming a Paralympian meant sacrifices. They were athletes first and humans second.

But this is not to say that being Paralympians did not have its perks. For example participants revelled in representing GB and talked with passion and pride of such a privilege. From donning the jersey and major wins, to travelling the world and enjoying the kudos of their status, their PSH/WB was bolstered too. They got to be athletes first and disabled people second, which, for them, was important for their PSH/WB.

And yet they also experienced the monopolising effect of elite sport. In choosing a full prescription of WhB they risked an addiction that had not been possible when it had been a mere recreational habit. PSH/WB was not the priority for performance was. But no matter, for players were steeled to subordinate their health for success and clasping that medal would more than compensate them. After all it offered the chance to become superstars, 'Superhumans' even ("No 13: Channel 4", 2012).

And so would they? Whilst this part of the analysis has revealed that being a GB WhB player in 2011 was healthy and unhealthy, amazing and insane, this was just the warm-up. The rollercoaster would only stop at London, for players to discover if their gambles had paid off. So would they realise their dreams, or be left devastated? And how would this play out on their PSH and WB?

Part 4: London 2012 – Dreams and Devastations

This part of the analysis examines a 12 month period dissected by the London Paralympic Games which took place in September. The run-up is first examined with a particular focus on team preparation, relations and selection. The spotlight then turns on London itself and player experiences are re-lived. Discussions centre on if gambles paid off, sacrifices were vindicated and whether London proved dream or devastation. Finally the aftermath of competing in a home Paralympics is explored, as players reflect on their journeys. Was London worth it? Did it inspire them to continue or prompt the parking of their chair? At every juncture the interplay with PSH and WB is examined, as this part of the analysis seeks to answer one of the key questions of this PhD – how did competing in a home Paralympics influence the PSH and WB of the players?

“There is no f*cking compromise” – Preparing for the Podium

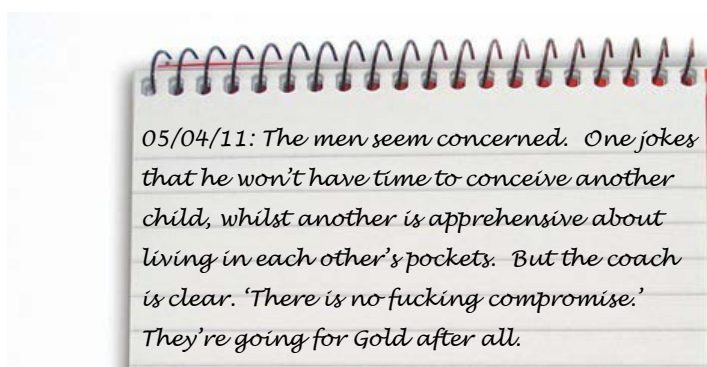
If 2011 saw players juggle busy schedules, the run-up to London magnified this for the men. With players recalled from Europe a year before, a new schedule was rolled out. Figure 19 shows an extract.

Figure 19. The GB Men’s Schedule Pre-London 2012

May											June																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Frankfurt Tournament			Paralympic World Cup								HPC		HPC HPC HPC			HPC		Canada: Worcester Uni			Franc Tournan							

Figure 19. An extract of the pre-London schedule for the men. HPC = high performance centre (invite-only) training across England. Courtesy of GBWBA, (pc, April 23, 2012).

Indeed a comment made in the FN noted some raised eyebrows at its unveiling:



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It appeared however that the schedule took its toll on player PSH and WB. To depict this Harry took an image which he subsequently explained.

Image 11. Never at home



It's my front door. I very rarely get to see it. You're not at home for long periods. We went down to Lillishall Saturday, Sunday and then we went straight from there to airport, flew. We were away Monday, Tuesday, Wednesday, Thursday, came home Friday, had a league game that weekend on Sunday. I was at home for Saturday, that was it. This was my one trip with them you know, and these other lads are doing that every month and two or three weeks a month. It's got to be ridiculous. (pc, May 2, 2012).

Note. Photograph was taken in 2012 as part of the AP task. Image has been cropped and brightness modified to improve quality and focus.

Silva et al. (2012) found that anxiety negatively affected the sleep quality of Paralympians pre-Beijing, impinging on performance. In addition Campbell and Jones (2002a) revealed that the GB WhB men found travel or lack of sleep a stressor. Whilst it was concerning that the men's schedule risked this, Silva et al. (2012) also found that players struggled to adjust when crossing time zones and recommended that travel be managed. However, despite the scope to avoid this given the home advantage of London, the men clocked up many air-miles pre-Games as they ventured to America and Australia, in the coaches' attempt to escape the hysteria. The impact on their PSH/WB was shared.

It was too much. Drained, mentally more than anything. Just on the go. League games, trips abroad, camps and then showcase leagues. Physically shoulder went, had to have an injection before London just to get me there. Where we'd been so close, I don't know whether it's because we'd been together so much, it was like we hated each other. It was horrible....I couldn't do it again. If the schedule came tomorrow I wouldn't do it. (Max, pc, January 30, 2013)

They found the travelling too much. They found the programme too heavy. They were together pretty much week by week and they lived out of each other's pockets so

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they just got fed up with each other. Um, it just became an unhealthy environment.
(Coach Doug, pc, August 12, 2013)

Therefore it appeared that the schedule was over-egged for the men to the detriment of their PSH/WB, and the coaches later admitted that they would do things differently if they had the time over.

And so was it the same for the women? Certainly for some it appeared so. Image 12, taken and explained by Sammy, revealed the strain to train.

Image 12. Caffeine hit



The travelling and training that we were doing was just too much... working, having to travel to Aylesbury for a few hours session and then drive all the way back and go to work the next day...That's what got me to training every week. That's a McDonalds coffee (pc, February 8, 2013).

Note. Photograph was taken in 2012 as part of the AP task. Image has been cropped and brightness modified to improve quality and focus.

Like the men, the women also ventured abroad to prepare for London, this time to America. And yet with their coach unwell and a replacement standing in, Lucy called it a “horrible, messy tournament,” reflecting that “we were living in each other’s pockets and for a group of women in particular, we end up getting emotionally upset with each other and it’s a very difficult way to live” (pc, July 17, 2013). In echoing the earlier data, the toll on her PSH/WB also came from simultaneously trying to be wife, mother and Paralympian. She spoke of feeling exhausted and guilty, her husband wanting her to be at home, while training and press commitments taking her away.

For Bec however the pre-London schedule was a very different experience.

I’d gone from training like twice a day with the men and being really, really pushed, to not doing anything really. We were tapering for like two months. Cause obviously we train quite intensively, you’re supposed to have a period where you kind of like let

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up from that and basically don't kill yourself, but it was really long and we weren't really allowed in the gym and I really like to go to the gym. I just feel better for doing that. It works for me psychologically. Training we were doing was really predictable and never a challenge. It was just boring. (pc, February 7, 2013)

Therefore it appeared that the schedule, for one reason or another presented PSH/WB challenges for the women.

What's more both sets of players criticised the organisation of their programmes. Coach Doug in retrospect labelled the planning pre-London as "sub-standard". For the men irritations centred on unprofessionalism and last minute let downs. Ben explained "the professionalism of the sport does not exist....A professional sport has training venues that are set in stone. We sometimes get a text saying 'oh boys, we can't get it today. Don't come'." (pc, February 28, 2013). Sean agreed:

I drove all the way to training, was literally coming off the junction to be phoned by the physio and told 'there's no training tonight.' I literally got back on the motorway and drove home....Players understand there will be times when things are cancelled but...the frequency becomes an issue. (pc, March 18, 2013)

Similarly Sammy bemoaned two-day camps which hardly made the travelling worth it, whilst branding their dilution with repeated non-WhB sessions (e.g. media training, drugs talks) ridiculous. This perceived unprofessionalism caused dissatisfaction which was not ideal for player PSH and WB. It also fuelled frustration with coaches, and these relations, coupled with those between players were also to prove very significant.

Player and Coach Relations

Jowett, O'Broin, and Palmer (2010) claim that player-coach relations are key to PSH/WB and performance, commenting that "in the sport coaching context, coaches work together with their athletes in an effort to facilitate continuous skill development, maintain high levels of enthusiasm and ultimately achieve performance success" (p. 19). Moreover, as the earlier data alluded to athlete relations are fundamental to PSH/WB and performance. And yet there were mixed fortunes when it came to these relationships as London edged closer. Whilst the women pointed to some team disharmony, the men spoke of deteriorating coach relations. Both were to influence their preparations.

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Friendships and fractures. For the women, mixed reports were given regarding their cohesion (see Table 10). Whilst some players shared strong bonds, others spoke of an escalation of the animosity alluded to earlier and of the continued presence of antagonists.

Table 10.

Team relations pre-London – healthy or unhealthy?

Positive relations?	Poor relations?
[In Beijing] the whole team fell out...and I said I am not taking that type of squad to London.... To me this is the best team I've ever had dynamic wise 'cos we're really together and everybody's on the same page....The mood's good. (Coach Fred, pc, July 24, 2012)	From like May, June time we had problems with people in the team....We went to Team Launch...and it was overpowered by [a player] having this complete breakdown. She just decided that she couldn't cope with it. And afterwards she went on two holidays to go and get her head space back.... We were all left with the aftermath of her blowing up at the coaches. (Bec, pc, February 7, 2013)
We felt close as a team as well, which is nice, to start a tournament. I mean yes we had issues but we did generally feel pretty supportive of each other. (Lucy, pc, July 17, 2013).	There were certainly a few people in the team that didn't help. It wasn't as obvious until London how bad it was...I didn't realise how much was going on. I didn't have a clue. (Sammy, pc, February 8, 2013)

Tamminen, Holt and Neely (2013) found that elite female athletes enjoyed the support of colleagues, and this was true of the women. Images 13 and 14, in combination with their explanations revealed close friendships, friendships which had even sustained them during tough times. However this mutual affection was contained to sub-groups, rather than encompassing the team, perhaps accounting for the previous differing views.

Images 13 and 14. Unity and friendship



Jen would have just taken my camera and taken photos. Me and Sid get on really well. She's probably the person I got on best with in the team cos you could just be stupid and it was brilliant. Us three together was brilliant. [The coach] was always trying to split us up! I loved it, being with them. If it hadn't been for them I wouldn't have made it to London (Sammy, pc, February 8, 2013).



She's one of the people I would choose to socialise most with and we get on really well, so it's 'this is my friend. I'll take a picture of my friend.' I think it kind of signifies that I'm close to everyone and I'm comfortable to take their picture, whereas other members of the team, I wouldn't really want to (Jen, pc, February 7, 2013).

Note. Photographs were taken in 2011 as part of the AP task. Permission was granted by the players to include these images in the research, except for one who was not contactable. Therefore a black strip has been used to cover her face. Images have been cropped and brightness modified to improve quality and focus.

However, whilst close unions were beneficial for player PSH and WB, it was clear that team relations were not perfect and antagonists were testing it. Holt et al. (2012) claim that relationship conflict is prevalent and can be destructive within female teams and there was evidence of this. Just as Tamminen et al. (2013) had found, the women felt they lacked support or couldn't understand how some teammates behaved. Tears were commonplace, and according to Bec even used to manipulate.

Some of the girls that cry are attacking people as they're doing it....What they're saying is so like venomous at the same time that it feels like an attack, but their crying is like 'but you can't get angry because I'm crying'.... It feels like they've put the crying on and I do understand why the coaches don't know how to deal with some of them (pc, February 7, 2013).

Interestingly, whilst Lucy also had sympathy for the coaches in having to handle such issues, some claimed that they exacerbated the problems. They argued that the antagonists were in their pocket, special dispensation lavished and the coaches unable to handle them. On this note one player (see Footnote 17; p.119) said "I spoke to the coach beforehand and he said to me 'I've warned them, if they don't you know, then they're out.' They're never gonna be out. He was never gonna get rid of them!" (pc, February 8, 2013). Thus it appeared that team health was being risked by the actions or inactions of the coaches as well as the players.

Holt et al. (2012) stress the need to address such conflict, endorsing strategies used within AB female teams. However the strategies used to address the issues in the team were not well adopted or executed. For example whilst one was to have captains mediate, two players felt that they lacked the leadership skills and could be overly emotional themselves. Psychologists were recommended as another option (Holt et al., 2012). However, though the person appointed¹⁹ enjoyed some success, a breach of confidentiality left Sammy sceptical. Finally Holt et al. (2012) advocate meetings to encourage candid confessions, and yet the women suggested that these were overused and reinforced rather than repaired the cracks. Players were left walking on eggshells, as depicted in Figure 20:

Figure 20. GB Women's Team Meetings: Walking on eggshells or risking divisions



Figure 20. Graphic to illustrate the fragility of some relations and the risk of fractures occurring during open forums for the women. Eggshell (2014) retrieved from Imgarcade.

Put simply the meetings bred resentment rather than resolutions. Holt et al. (2012) concede that a lack of structure can cause them to descend into a 'free-for-all', not least if chaired by coaches. Indeed, whilst desperation or good intentions may have prompted the GB coaches to step in to iron out issues and coerce cohesion, their presence prompted player agendas. Worse when communicating a 'get on or get out' message, a contrived, artificial environment was cultivated. For example Bec spoke of feeling compelled to apologise profusely to a teammate after an accidental training collision to avoid being presumed an antagonist.

¹⁹ In the run up to London the women had an informal arrangement with a female sports psychologist, who provided some face-to-face and telephone support.

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Put simply therefore, the women experienced some turbulence in the run up to London, testing player and team PSH and WB. This is not to say that strong friendships did not exist, for they undoubtedly did. It was simply that collectively they were not always united. Strong personalities and emotions proved a heady mix when combined with a high pressure home Paralympics. Rather than a sorority or sisterhood, there were power struggles and politics. And whilst the coaches desired solutions, the strategies they adopted, from open-airings to turning a blind eye, sometimes deepened rather than dissolved the tensions.

Negativity and unity. And so what about the men? Was their PSH/WB impinged on by team issues? Were the coaches unable to address this? Put simply, no. In fact, for the men the situation was the opposite, the team unified but cracks appearing between players and coaches. One player took an image, which he explained, revealing his feelings:

Image 15. ‘Smashing my Face Into a Wall’



Sometimes you feel like you're banging your head against it. When you're doing your best and it doesn't seem to be good enough. It can feel like you've just run into a wall. I was talking to one of my team-mates last week.... He was saying he had a shot at the end of the game to win it. They were down by two and he hit a three to win it by a point and he got a bollocking off the coach because he should have taken a two three seconds earlier to tie it.... You feel like 'well I'm smashing my face into a wall here' (pc, May 2, 2012).

Note. Photograph was taken in 2012 as part of the AP task. Image brightness modified to improve quality and focus.

His peers confirmed that playing for GB could feel a thankless task. As Jowett et al. (2010) explain coach-athlete relationships work when both are “friendly, responsive and at ease with one another” and not when “hostile, non-responsive and tense” (p. 21). Unfortunately the words players and coaches used to describe the environment revealed the latter to be more true. Whilst one (see Footnote 17; p.119) spoke of a ‘negative vacuum’, players sucked down, another told of the situation “killing the team, killing productiveness” (pc, January 30, 2013). Moreover just as one player spoke of a coach using derogatory language towards him, others talked of bullying tactics. Stirling and Kerr (2013) label such practices dangerous for coach-athlete relations and warn that, though positive effects can arise, detrimental ones are risked, including anxiety and waning enjoyment. In seeking to understand this therefore they

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reason that “it is possible that coaches use [such] practices because of a belief that these behaviours will make athletes more mentally tough, resilient to the pressures of training and competition, and therefore better able to perform” (p. 97). Certainly this seemed the philosophy for a comment from one coach, Ian inferred that emotional damage was neither intended nor desired by the coaches. He said “clearly if your team is pissed off, disillusioned, unmotivated...you’re not going to get the best performance out of them,” (pc, May 17, 2012). And yet according to Harry at times this *is* what happened.

There’s some players that’ll take a bollocking and a lot of negatives and that’ll spur them on and then there’s another player that needs his arm round his shoulder. If you’ve got 12 personalities in a team you can’t just spray everyone because you’re not going to get the best out of five....I’ve never had a complete rollicking [but] I’ve seen people get full on. (pc, May 2, 2012)

The need for ‘complementarity’ was also highlighted by Keegan et al. (2014), athletes talking of the desire for coaches to adapt to individuals. Instead for many of the GB men the hard approach was not conducive to PSH/WB and yet they were held to ransom by a desire to get to London and so had to endure it or fight back. James chose the former.

There were probably maybe four of us what got the rougher end of the stick. I was yeah, probably one of them four. I tolerated it because it were London. If it wasn’t London I wouldn’t have been here....It started impacting on your family cos you’d go home and you were just in a foul mood and you know, no matter what your family do and how much your boys are with yer, you still got all that on your shoulders. (pc, February 18, 2013)

In contrast another player talked of a heated altercation with one coach, after training despite injury. Though a risky strategy he felt that the coach respected him for it, whilst another said that being strong-minded had enabled him to forge good relations. Therefore some were less intimidated by or had earned this coach’s respect, their PSH/WB less impinged upon.

That said, for others this situation reflected a difference in treatment of players. ‘Top Dogs’ had been alluded to, and an assistant coach did refer to inconsistencies in disciplining players. Such favouritism fuelled frustration amongst the players.

They’ve said one thing and then they’re doing another. For example ‘all players will get treated equally.’ No it doesn’t happen...for instance if something happens bad on

court for an individual who doesn't generally make that type of mistake [he] will get a rollicking because he's not one of the ring leaders. He will get an absolute rollicking. If the player who's earned his dues within the team makes the same mistake [he] just gets a talking to. (pc, June 1, 2012) ^[See Footnote 17; p.119]

Some players'd get harder grief at training off some coaching staff without really getting the positive rewards back for it, whereas other players'd be lazy and not do as much, but were like best mates with, or seemed to get all the praise, and that's just difficult to watch. (pc, May 16, 2013) ^[See Footnote17; p.119]

Unsurprisingly the perceived inconsistency, coupled with negativity had a detrimental effect on relations. Shihui et al. (2007) found that elite disabled Chinese athletes were motivated to play for the fun of it, whilst this was also the main reason for the participation of Malaysian Paralympians (Omar-Fauzee, Mohd-Ali, Geok, & Ibrahim, 2010). In contrast the men spoke of the environment not being fun at times. Some felt controlled and this negatively affected their autonomy (Blanchard et al., 2009). This was evident in a comment from Coach Will who revealed the impact on athlete PSH/WB:

I'd probably say the health of the team was pretty poor going into London.... I think the turning point was when they couldn't go to the opening ceremony. I think that was what just tipped it over the edge. They were on the edge.... It's a home games, it's a big thing.... We had a discussion in Holland....one person didn't want to go and everybody else including staff wanted to go. Morale was a bit low then and I thought that could have just kick-started our games.... They were just stressed all the way up... and I think that could have been the springboard.... Imagine the buzz that would have been around that team.... Most of them were up anyway and you could hear 'em, 'f'ing this, f'ing that' about not going.... Everybody wanted to go but him, so it was just negative. All that he had done, all the negative things that had happened before could have been solved in one fail swoop. (pc, May 10, 2013)

Mike agreed saying that in overruling the players' feelings the 'snowball' began, players then challenging one coach's every decision. Jefferies et al. (2012) explain that participating in a Paralympics is very stressful, but this seemed exacerbated. That Campbell and Jones (2002a) found coaching a stressor for the GB WhB men 10 years earlier is interesting and could point to historical issues. Certainly it was not an ideal situation ahead of London.

That said, it must be noted that the players may also have been contributing to the problems. For example there were reports that they were causing stress too. Max pointed to some being power hungry and thinking they knew best. A few appeared to be taking liberties and one coach, whilst sharing his regret over the Opening Ceremony, revealed that such shenanigans had also hurt relations.

The last 3 months I just did not enjoy and it was triggered by a number of things.... I was concerned about the conditioning of some of the guys and so we got them tested ...[One] was weighed and weighed slightly more than what he normally was but looking at him there was no way he was in shape. I was so deeply suspicious that I referred him to Loughborough...and what transpired had happened was [he] had put a 5 kilo weight under the seat of his chair to manipulate his weight.... Now that was the start of a real break-down in trust....Then 5 of the guys in France got on the piss and it had been a real rule of ours, no alcohol when we're at camps and on tours. That was a real sign of disrespect... so we had that break-down of what we did and from then on it was really just a battle....It was viewed as a negative going to Australia two months before the Paralympics because it was too far to travel and took too much out of them, so almost every call you made which was made for performance reasons was viewed as being not suited to certain individuals. (pc, November 9, 2012)²⁰

Regardless, in a way it was incidental where the blame lay or was shared. The end result, as conceded by all was that serious issues had befallen them and their PSH/WB was tested. Whilst Omar-Fauzee et al. (2010) found that Paralympians perform better when they feel appreciated, the men spoke of not feeling valued. Camps had become a battleground and relations rocky. Whilst they accepted that one coach had qualities from inspirational team talks to statistical wizardry, his desire to be the dominant party prevented a reciprocal relationship with some (Jowett et al., 2010). Players spoke of the great coach he'd been at the start of his reign and indeed he mused that he had perhaps exceeded his use by date. As Max said "I think coaches only have a 5 year life span when you stop listening and they stop teaching you anything, so I think he'd lost the players" (pc, January 30, 2013). Coach Will also pointed to the unprecedented contact with players as a real challenge for the coaches. Certainly their intentions on the road to London had been honourable, to prepare for the podium. It was just that they had perhaps under-estimated the indispensability of player PSH/WB in fuelling such success. And though efforts were made to adjust and take it on

²⁰ The pseudonym of the coach has not been provided due to the sensitive nature of the comments, and the scope for quote combinations to reveal his identity (i.e. deductive disclosure).

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board more, as Coach Will confirmed all coaches have their style and deviating too far means entering foreign or fake territory. The coach in question agreed:

Interviewer: Do you think you pushed a player too far or you've gone overboard in the name of performance but actually that's impinged on their health in some respect?

Coach: Yeah, no I think you're probably right and certainly [player 1] would be an example where we completely changed our approach to him in the last three months. Where we would berate him, the whipping boy, we changed and his performance got immeasurably better. It was generated by a comment [player 2] made to me saying 'listen if this was me and you were telling me what you're telling him, I wouldn't be able to handle it.' I changed straight away.... When I started being really positive with him, he became just a different player. I think probably in hindsight [player 3] could benefit from that and I think he's another one who I'd change that approach too.

Interviewer: Do you think that you have sometimes had that tough task-master approach, where you've sold someone out or been merciless, in the name of wanting to get the best out of them in terms of performance but it's had a negative impact upon their health such that it's had a negative impact on performance?

Coach: No you're right, you're right.... Maybe that's a cultural thing where [my countrymen] are a bit different..., there's no grey, it's all black and white and that's how I am as a person.... Would I change? No, because I think as a coach you can compromise your life away. (pc, November 9, 2012) ^[See Footnote 20; p.172]

Indeed these comments also reinforced that this coach had been unaware of how player PSH/WB was affected by the tough coaching style. For just as he concluded that he would let up on Player 3 (if he had the time again), in saying (in May 2012) that he could "say anything to him and it just bounces off him," it revealed his previous perception that this player had been untroubled by his comments. Hindsight is of course a beautiful thing.

However positives did also emerge despite rocky player-coach relations. Most notably teammates exhibited complementary behaviours towards one another (Keegan et al., 2014), their relations strengthened. One claimed:

We're all a lot closer in my opinion than we have been and obviously winning in Israel brought us together because it was tough. It was hard and all the crap we had to

go through with the coaching side of it and we were always having meetings, we just need to stick together, support each other. [We have meetings] all the time, more or less daily, to just reinforce we're all here for each other. (pc, May 2, 2012) ^[See Footnote 17; p.119]

As mentioned one coach had alluded to his style being a deliberate ploy to foster such bonds or develop players, and Tamminen et al. (2013) did find that adversity prompted elite athletes to support each other, promoting physical and mental growth. Morgan, Fletcher, and Sarkar (2013) discovered similar, namely that elite athletes responded well to negative situations, the 'team resilience' seen in their support, trust and loyalty. Whilst the players were sceptical of this being an intentional play, they did deem their unity a lifeline for their PSH/WB and performance in light of the rocky waters that they were encountering.

Thus, in short the approach to London 2012 was not plain sailing for the men or their coaches. Rhind and Jowett (2010) developed the COMPASS model revealing how coach-athlete relations could be maintained. However where they advocated conflict management, openness, positivity, advice and support, players and coaches spoke of negativity, disrespect and a mutual lack of enjoyment. And whilst such problems may have strengthened team bonds, there is little doubt that player and moreover coach PSH/WB was impinged on by this predicament.

“I'm in!” v “I'm not good enough”

Regardless of the problems which plagued both camps, London still meant absolutely everything. Not only had it been the players' focus for years, but as a home Games it was a once in a lifetime experience. Thus they endured an agonising wait for team announcements in May 2012, as they tried to prepare themselves for a 'no' whilst dreaming of a 'yes'. Their PSH/WB rested on a decision that was beyond their control.

For those who got the nod, they received an inevitable boost to their PSH/WB. Kate spoke of feeling humbled and proud, recognised and relieved, whilst others reflected:

It is really nerve racking waiting and everyone was telling me like 'breath, breath, keep breathing, stay calm'I was almost like bracing myself for the worst....I can't really remember a lot of what they said and then it was quite quick really, 'well congratulations you've been selected.' I was like 'oh my gosh' I was sort of shaking. I was almost like in tears. They had the tissues. I was like 'no, no I'm OK' and I can't really remember what anyone said after that....I went to my car and rang

my mum...and my mum was the same as me....It was like a two hour drive home, just going 'yeah' to myself in the car! (Emma, pc, June 8, 2012)

When he turned up he held his hands out and he said to me 'right this will make it your third Paralympics.' I said 'yes it would if selected.' He said 'congratulations, you are selected' and that was it, a whole weight off my shoulders. There's none of that added pressure now, where now you can go into your training knowing you've been selected. (Mike, pc, June 1, 2012)

Indeed Coach Will spoke of players being overwhelmed with happiness. That said, it must be noted that one female player (see Footnote 11; p.69) shared a somewhat bittersweet meeting.

My selection meeting was crap and I was upset....[The coach] was telling me that he didn't think I was like good enough and that if I played it was only going to be for a minute here and there, and that he didn't want me to be you know a player that caused upset in the team. He was waiting for me to be the player who disrupted the team and ruin it for other people. He was basically trying to make me be his scapegoat ...I found that really annoying, like I'd worked so hard....It was horrible. (pc, February 7, 2013)

Whilst this revealed the impact of selection on player PSH/WB to extend beyond a yes or no, unsurprisingly the worst predicament was for those not selected. Coach Doug labelled it "a real health concern" as players reverberated from the news. He and Coach Ian estimated that, whilst being selected was 80/90% positive for PSH/WB, non-selection reduced this to 40/50%. Indeed Coach Will anticipated that some would become depressed or enter a 'slump.' That said, in reality many reactions were prompted. Keegan et al. (2014) found that elite athletes inferred how the coach felt about them without receiving formal feedback and this was the case for the men. Having picked up on cues it was no shock to Ben, Harry and Kane that they didn't make it. However for Ben, the promise of future tournaments kept his spirits up, whilst the candour shown by the coaches lessened the blow for Harry. He said:

I thought that I'd be devastated but because my feedback was so good...I've never had that kind of feedback about how much I'd improved.....I was given specifics on what I need to work on.... One of the lads was like 'I can't believe you're so positive, I can't believe why you're not pissed off that you've been cut.' I'm like 'because it's the best feedback I've had' and deep down I knew I was never going to make London....It was

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a dream but tournaments following on from this are realistic dreams (pc, May 2, 2012).

Having said this, whilst Keegan et al. (2014) also found that elite athletes appreciate coach transparency when it comes to such decisions, having to drive miles to formally receive the news added insult to injury for Kane. Moreover this transparency was not forthcoming for Sean who mused “I asked for feedback and was told ‘just phone’ He never answered and never got back to me. Communication wise, very disappointed” (pc, March 18, 2013).

Interestingly for the women, whilst different reactions were again reported, Coach Fred suggested that players could be the ones to let themselves down.

One girl took it really badly. I think she’s said a few things that I think she’ll regret when she gets a bit older. And the worst thing for me is Twitter and Facebook... because people write what’s on their mind and they don’t think (pc, July 24, 2012).

This need to vent appeared to be indicative of the blow to their PSH/WB.

Ultimately therefore the relationship between London selection and player PSH/WB was an interesting one. Whilst being forced off the rollercoaster was painful, the prospect of future rides was consolation for some. And whilst those selected were refuelled and could relax as the last leg of the journey unfolded, those driving them continued to test their nerve.

London 2012: The Greatest Show on Earth...

The Paralympics have grown considerably in stature to the spectacle which they are today and this is significant. Researchers have noted the resulting increased interest in and desire for knowledge of the various factors which influence athlete performance. Pertinently the PSH/WB of athletes has started to be recognised as a potential precursor to success.

The Paralympics become more competitive and garner more interest each year. Thus, the study of variables that directly interfere with both team and individual athlete results and performance are the focus of significant attention from researchers and scholars. It is known that these variables are linked to technical/tactical, physical and physiological/psychological aspects that are directly related to performance (Silva et al., 2012, p. 150).

Knowledge of the psychosocial attributes of Paralympic athletes can enable a greater understanding of what constitutes a successful Paralympian and what may contribute

to successful performance and wellbeing. Such knowledge can also facilitate the multidisciplinary team working with these athletes (Jefferies et al., 2012, p. 287).

Consequently in unfurling the data from London, the PSH and WB of the players arising from their involvement is not only revealed, but the play-off with their performance is also exposed. That said, it must be noted that London was a tale of two stories; the experience and the performance. Thus these must first be explored separately. Only then can their interplay be examined to draw conclusions regarding how, on balance London 2012 affected their PSH and WB, and how this in turn accounted for the performances they recorded.

“The best experience of my life” As players re-lived the experience of London many emotions crossed their faces. Playing on a global and yet home stage and soaking up the crowd’s adulation had left them brimming with memories they’d cherish for life. As they searched for superlatives to convey this, the positive impact on their PSH/WB became clear. Kate called it surreal, whilst Emma likened it to being in a bubble. Figure 21 conveys this:

Figure 21. The London 2012 Bubble.

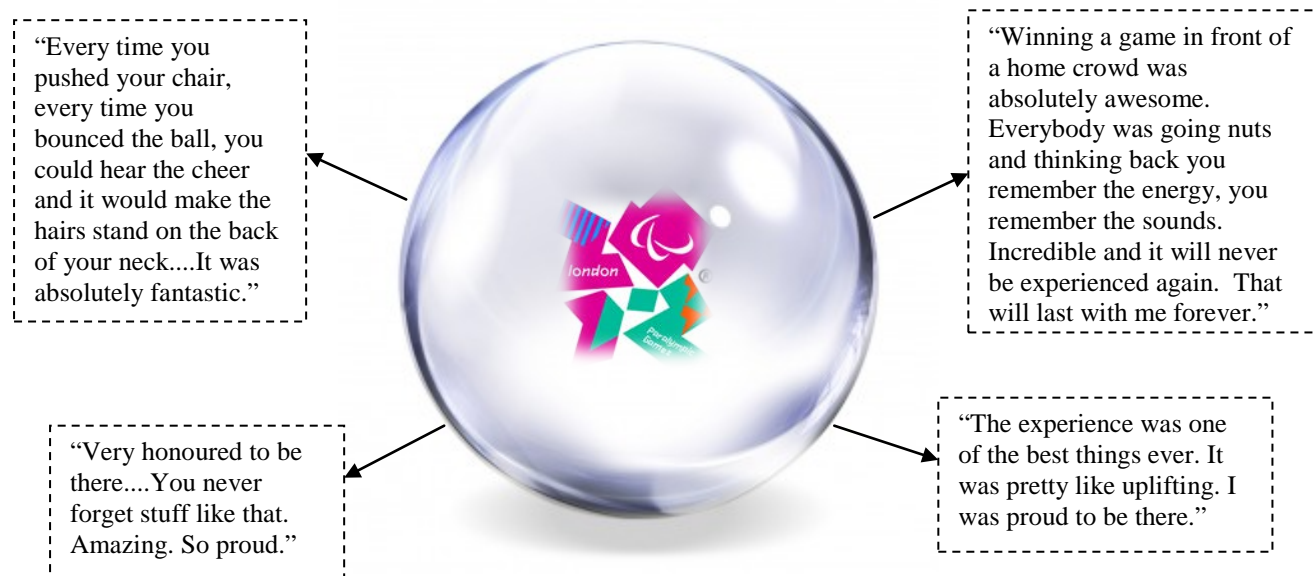


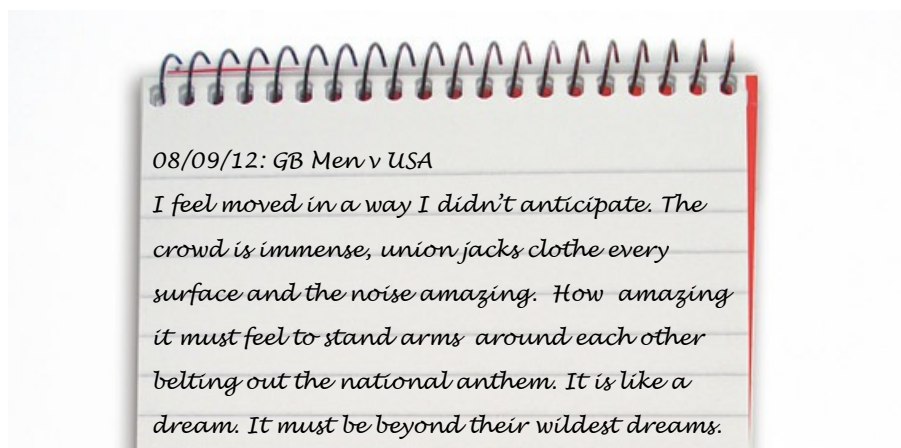
Figure 21. Accounts of players regarding their experience of playing during London 2012. Bubble (2012) retrieved from Dreamatico, copyright 2014. London logo (2012) retrieved from Panasonic, copyright 2015.

What was clear in all of the accounts was the significance of the crowds, the feeling

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of unwavering support. And yet, in echoing the earlier data it was the presence of family which registered the most. Keegan et al. (2014) found that elite athletes could feel an ‘indebtedness’ to them and were motivated by seeing the pride of their families. This was also the case for the participants of this study. For example Lucy described being overwhelmed to see half of her village including her family there, whilst James took satisfaction in giving something back. It made the experience complete, particularly for Sammy who shared the emotional and yet wonderful predicament of having her friends and family there as she bid farewell to the sport. She said simply, “that’s everything you’ve worked for” (pc, February 8, 2013).

For the researcher too the experience was emotional, an extract from her FN reflecting this and reinforcing how staggeringly and uniquely positive it had been for player PSH/WB.



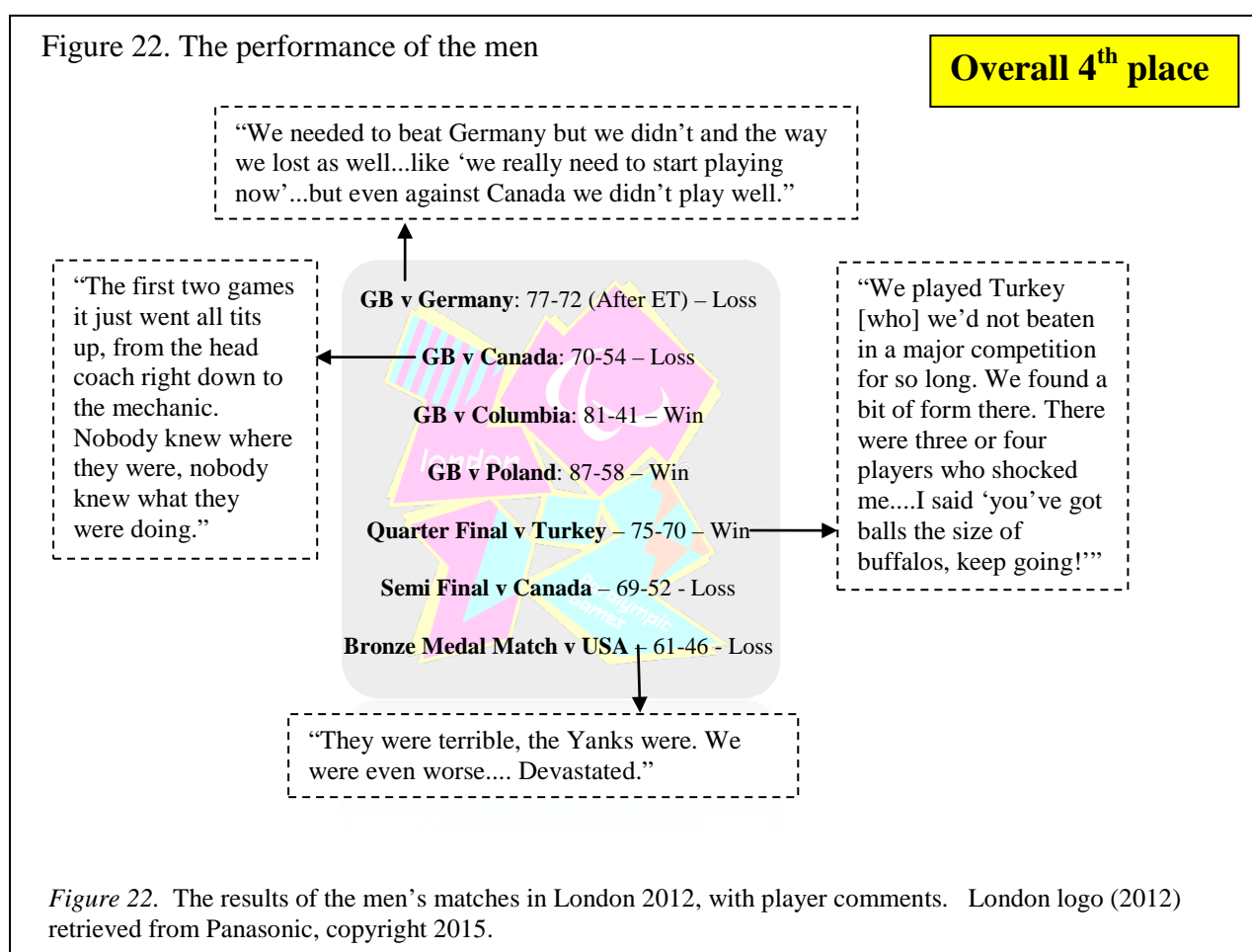
Notepad (2010) retrieved from Freestock, copyright 2008-2015.

And it was not only the game-day experiences which made London for the players, but being part of the athlete village (Lucy), closing ceremony (Emma) and heroes’ parade (Jen). Players revelled in their fortune, with some rating it 100% positive for their PSH/WB.

In contrast, for those not so fortunate, not selected, London was bittersweet. Whilst Kane rated it 25% positive for his PSH/WB and could only watch at a distance, Ben admitted his jealousy, saying “you sit there and go, ‘Jesus Christ, I wish I was playing right now’” (pc, February 28, 2013). Similarly whilst having a new son to enjoy the show with lessened the blow for Sean, watching was tinged with disappointment. Unsurprisingly being understudies was not as glamorous or positive for their PSH/WB as being in the cast. That said, the cast had to put on a spectacle worthy of the stage and this certainly tested their PSH/WB.

“The worst feeling in the world” London 2012 saw 264 WhB players take to the court for 10 days of competition (“London 2012 Event”, 2012). Expectations and GB medal hopes were high. Whilst the men sought to better their Beijing bronze, for the women reaching the latter stages of the competition would be new territory. What’s more, there can be little doubt that the increased attention brought on by a home Paralympics ramped up the pressure, and yet this played out differently on the PSH/WB of the players. For James, Bec and Jen, they felt at their peak and raring to go. In contrast last minute injury and illness had left Kate and Mike willing their bodies to heal or hold up. So how did the teams fare?

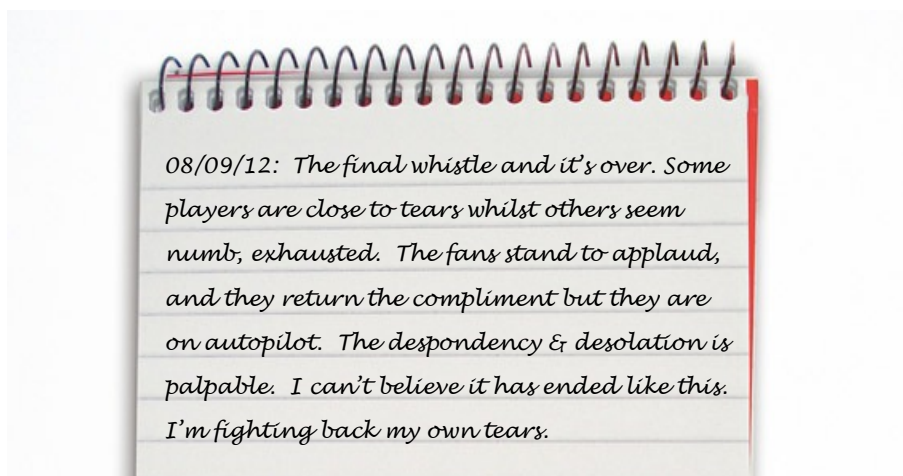
‘Buffalo balls and tits up!’ For the men, there were mixed fortunes, as they flitted between wins and losses. Figure 22 illustrates.



These results at London meant for ups and downs for player PSH/WB or as Coach Will put it, a ‘rollercoaster’ again. Max and Mike spoke of the Turkey win being a real high, fuelling optimism and drive, and yet losses, particularly in the bronze medal match were crushing.

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Just as the London experience was one of the best of their lives, failing to medal was one of the worst. A further extract from the researcher's FN reveals the scene after this match.



Notepad (2010) retrieved from Freestock, copyright 2008-2015.

Indeed the players themselves reflected candidly on what Coach Will and Coach Doug called a 'morgue-like' dressing room, the detrimental impact on their PSH/WB confirmed. Luke said "I cried. I was shell-shocked, awful. I wanted the world to swallow me up. I still think about it now. It still makes me feel like shit" (pc, February 18, 2013). His peers agreed:

Very sombre, very, you know. It were like you'd lost someone. I mean I were in tears at end of game and I don't cry.... The worst I've ever felt were losing in that, that bronze medal game. I've never felt anything like that (James, pc, February 18, 2013).

The atmosphere was just something like a morgue as you would expect because we'd just lost the bronze medal but it was a case of looking at each other and saying 'What happened? Was it your fault? Was it my fault? Was it his fault? ...Confusion, absolute confusion (Mike, pc, February 18, 2013).

Interestingly for those players not selected, there were mixed feelings. One (see Footnote 17; p.119) explained "it was hard to watch them under-perform. It was so hard to watch. I'm heartbroken for the lads not to medal" (pc, February 28, 2013). And yet, interestingly there was also a realisation that there would be wider political, even positive consequences of an empty trophy cabinet. Thus he continued "we would be better coming fourth because it means there would be a shake up because we'd under-achieved. I'm going to admit it. I hoped they lost." Likewise another said "I didn't want to see my friends do

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badly but I didn't want to see the coach do well" (pc, April 8, 2013). And yet, whilst they were hoping for a change in personnel, Sean wanted the coaches to stay in post if it would mean his promotion in the squad ahead of London's non-performers. As such, whilst London's results rocked the selected players, impinging on their PSH/WB, there was a possible silver-lining for those not selected.

Nerves and Nearly-there! And so would the women fare better and meet their semi-final target? Certainly Coach Fred was cautiously optimistic a month before London. In his eyes, he had the best squad he'd ever coached, and a successful 2011 season had seen them beat many of the world's elite. That said, with several players making their Paralympic debut, he had fears over whether they would hold their nerve. However his main worry, the team's inconsistencies, mirrored that of the players and the earlier data. As he put it "we're either good or we're bad. I never know what team's gonna go on court" (pc, July 24, 2012). Unfortunately these worries proved founded. Table 11 summarises the team's results.

Table 11.

The results of the GB women in London 2012

Match type	Match opposition	Result
Pool Match 1	Holland	62-35 (Loss)
Pool Match 2	Australia	51-24 (Loss)
Pool Match 3	Brazil	42-37 (Win)
Pool Match 4	Canada	67-50 (Loss)
Quarter-final	Germany	55-44 (Loss)
5 th -8 th place play-off	China	72-55 (Loss)
7 th -8 th place play-off	Mexico	59-37 (Win)

On asking the women to reflect on their performances many confirmed that players had been debilitated by nerves. Kate said "it was like we were shell-shocked for the first half of the tournament. All the cracks kind of show and they get bigger and bigger and bigger" (pc, June 13, 2013). This appeared to flood the team, for as Sammy said "we tend to all of us play well or all of us underperform. We kind of all sink together" (pc, February 8, 2013). Indeed Sagar and Jowett (2012) reason that "a team performance often operates like a chain,

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where each component affects the other and where failure of one team member to perform well can hinder the performance of another member” (p. 74). This led to panic setting in.

It almost felt like ‘oh my gosh, this is like the biggest moment of our lives, we’ve got to perform.’ Maybe it was the pressure ‘oh we’ve missed a shot, we’ve got to get this one, oh my god we haven’t done that, oh my god, oh my god.’ It felt like the games kind of spiralled downwards. (Emma, pc, February 7, 2013)

Hill and Shaw (2013) found that ‘choking’ was brought on by important moments where team athletes felt under pressure and were adversely affected by their own and other’s expectations. Emma’s comment reflected this, and in some ways this was not unexpected. Lucy and Coach Fred spoke of shooting having been an issue pre-London, players fine in training but choking on the big stage. Whilst Fred had hoped that initial baskets would help the team find a rhythm, instead the snatching at chances was reflected in the poor game stats (Table 12), players converting only 35% of 2 pointers and 38% of free throws. A home Games had proved a baptism of fire for some. As Lucy concluded “a lot of the young girls had no idea how to handle their emotions, no idea what to do with their nerves, no idea how to balance their life and there was a lot of crying going on in rooms” (pc, July 17, 2013).

Table 12.

Women’s cumulative points statistics- London 2012

Team	2 Points				3 Points				Free Throws			
	For		Against		For		Against		For		Against	
	M/A	%	M/A	%	M/A	%	M/A	%	M/A	%	M/A	%
 Australia	168/408	41	136/332	41	2/10	20	0/17	0	15/57	26	42/85	49
 Canada	199/424	47	175/432	41	1/18	6	2/19	11	46/78	59	58/118	49
 Germany	180/370	49	126/381	33	6/14	43	2/18	11	38/70	54	34/82	41
 Great Britain	133/375	35	168/399	42	3/16	19	0/7	0	34/90	38	45/82	55
 Netherlands	175/436	40	148/377	39	2/5	40	3/22	14	56/96	58	22/50	44
 United States	165/365	45	149/392	38	6/35	17	2/11	18	51/114	45	38/80	48

Note. Data courtesy of GBWBA, (pc, January 11, 2013). Statistics across 7 games. M/A = made/attempts.

That said, the players spoke of the quarter-final game against Germany in different terms. A ‘do or die’ attitude had developed and players described a changed atmosphere, renewed belief. Thus, having given a great account of themselves and suffered a narrow

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defeat the embarrassment of earlier performances gave way to disappointment. Jen labelled it “just heartbreaking....We were emotionally exhausted, we were physically exhausted” (pc, February 7, 2013). Lucy agreed.

That was very, very hard to take, because not only were we out of the semi-final, we had that taste of, we could have beaten them. Literally the minute everybody got in the tunnel, the tears started. The absolute dream of a medal was gone. That was, I think you probably couldn't have got any lower than that. We might as well have packed our bags and gone home. That was the lowest point. I can't remember much after that. Totally, totally deflated (pc, July 17, 2013).

Therefore, and in mirroring the men's experiences, the PSH/WB of the women suffered most greatly following the defeat which took away their chance of a medal. Players admitted the struggle to play subsequent matches which would decide their overall position, so demoralised were they. Their 7th place finish might have been their best at a Paralympics, but it was little consolation. Just as Kate and Lucy had rated the London experience hugely positive for PSH/WB, the opposite was true when assessing the impact of the results. London might have been a dream, but failing to reach the medal rostrum was a nightmare.

What went wrong? Before the overall impact that London 2012 had on player PSH/WB can be considered, it is important to examine the factors which led to the results.

Turmoil: Turmoil is not too strong a word to describe the men's camp in London. The already strained relations between players and coach deteriorated further. As James confirmed “there was definitely a split. Coach on one side and everyone else on other. It were just pressure we didn't need.... It wasn't good at times.” (pc, February 18, 2013). Indeed Coach Will revealed that the situation became untenable, a coup nearly staged. He said:

After the Canada game, they'd lost it again, they'd lost it with [the coach]. They just wanted him to go. It was eleven to one.... That one person said 'no, we're gonna stick this out.' It shows what a great team they are that they stuck together as a group and said 'if one of you says no, then we'll stick with it' If they'd have come that morning and said 'we can't play for you anymore' he would have moved aside, but they didn't, they bottled it (pc, May 10, 2013).

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Whilst Coach Will heaped praise on the men for not railroading ‘the one’, he also gave the coach in question credit.

After Canada finished about 9 o’clock we sat up talking in the canteen about if he’s gonna go or not, for 6 hours, the coaching staff and the staff, 6 hours, because he came to me and said ‘look, you know I think I’ve lost the team,’ so we started just chatting generally, told everybody and I thought come the morning that he would just say ‘yeah, you take over’.... I think everybody at that table thought that. Next morning, he’d changed his mind. He’s very good at switching the focus off of himself and onto the players and that’s what a good coach does (pc, May 10, 2013).

The coach in question (see Footnote 20; p.172) also shared the signs that he had picked up on, that things had turned sour:

I had a meeting with the staff to pose the question ‘have I lost these guys?’... I’d lost the faith and trust that a coach needs. You just read the signs. Just little things like you’d go into the dining room and leave your bag on the seat....no-one would sit next to me.... Just the mood in the camp was not good. Then we beat Turkey and obviously winning cures a lot of things, but it was still not right (pc, November 9, 2012).

That this was happening behind the scenes was naturally far from ideal. Players and coaches were privately in turmoil as they battled to put on positive public performances. However the situation impinged upon the PSH, WB and performance of all, and the results reflected this. Put simply, the coach was unable to lead because the team would not follow. For James and Mike that they reached the bronze medal match was therefore impressive. And yet with no silverware, anger and bitterness were perhaps inevitable. As Coach Will explained “it all ended in that changing room....all those 4 years of frustration” (pc, May 10, 2013). Some blame was laid at one coach’s feet. Though he himself had expected that he would be made the scapegoat, he did however speak of being upset by the degree of resentment and vilification from some, and pointed the finger at a few players for their behaviour in London. Here Jowett and Cockerill (2003) warn that “research that aims to tease out the negative aspects of interpersonal relationships in sport should be particularly sensitive because the disclosure of such information is often embarrassing...and undesirable for the athletes and/or coaches” (p. 328). Indeed, though the research did *not* set out to unearth such data, it was still important to heed the advice. One extract from the RJ shares the ethical issues that the researcher tried to work through:

22/10/14: I met with one coach today who had been on the receiving end of player criticism. He expected this- he'd described the player review post-London as 'damning' after all – but I still felt I owed it to him to be honest about the fact that the research would include some negative comments. As a researcher you have to present the data and not be a coward. However I have found this difficult. I like him and I like the players. This doesn't mean that I can, nor would manipulate the data in the interests of either. I don't think they would even want this...it is what it is. However I wanted to show him (and the players) the respect that they deserve, and was glad of the chance to be candid with him on this occasion.

Interestingly it must also be noted, just as Tamminen et al. (2013) found, that the players were more able to find meaning from their adversity once time had elapsed. London was initially raw for all, but subsequently a number of the men offered a more balanced view. That is they spoke of being indebted to the coach for transforming the GB programme, and reflected on his qualities, including his support with funding or when injured. The coach also told of receiving positive correspondence and of ongoing contact and relations with some players. As Mike concluded he'd left a platform to build on. He explained “I think from the last coach...we now know what direction we need to go ...There's been plenty of positives, more positives than negatives,” (pc, February 18, 2013).

In addition, whilst criticisms were levelled at the coach(es), so too did the players concede that they were accountable for London. As Max said “it's easy to blame the coaches, but we were on court. We didn't do it” (pc, January 30, 2013). James agreed:

At end of day you know, the coaching staff put five people on the court. They don't score, they don't defend, that's down to us. We didn't do our job in London as well. I'm not blaming it on anybody. It just didn't for whatever reason, it just didn't happen (pc, February 18, 2012).

As mentioned the coach also made some criticisms of the players, labelling one “destructive”, “toxic” and “a fucking prick” for his behaviour (pc, November 9, 2012), reflecting his angst, and implying that players were not innocent bystanders. He claimed that there were divisions and too many player meetings, whilst apportioning blame to an assistant and the BPA²¹ for their poor organisation which added to issues behind the scenes. Here Coach Doug also spoke of being unprepared as staff due to their own and others' faults.

²¹ BPA = British Paralympic Association

Finally the notion of playing in fear or under pressure was also spoken of as a possible reason for players failing to reach their potential. Mike claimed that players had been intimidated, saying “everybody went into [the Canada game] apprehensive, everybody went in a little bit scared...and if they deny it to you then I think they’re only lying to themselves” (pc, February 18, 2013). Sagar and Jowett (2012) confirm that a ‘fear of failure’ can impinge on athlete performance and WB, and suggest that coaches can alleviate this or make it worse. Certainly for one non-selected player (see Footnote 17; p.119), the fear which infiltrated the squad had been inherited.

I think most of those [players] played better club basketball last year and this year than they did in London. I don’t think anywhere near the 12 performed to their best in London, but I don’t think that was because they weren’t able to. I imagine there was unrest, people weren’t happy with the treatment and things like that, and at club level we have a real good laugh. I think you play better in that situation than you do in fear and I think a lot of players that went to London played with fear (pc, May 16, 2013).

Put simply it appeared that the camp was turbulent and tense when it needed to be relaxed and happy. Perhaps some would argue that this is the norm in elite sport, but it proved counter-productive for the men whose PSH, WB and performance suffered under such conditions. Having moved to another elite sport after London and drawn negative comparisons with the GB WhB set-up, the aforementioned player confirmed that enjoyment and success could marry up:

It’s relaxed. Atmosphere’s more relaxed and it genuinely is a bit of a laugh, like we’re still competing at that level and we’ve got World Cup next month, but I do think we play better relaxed...that fun element’s back in it...Without the pull of London would those players have done it? I don’t think so (pc, May 16, 2013). ^[See Footnote 11; p.69]

Indeed, not only did this reflect the comments of some of his teammates, but it spoke again of a ‘Healthy Paralympian’ being a winning formula. So strongly did this player feel about this that he followed up by email “I saw a quote that I thought was quite appropriate after our chat; ‘champions are propelled by desire, not compelled by fear’” (pc, May 16, 2013). Thus perhaps the issues in London were testament to the consequences of not heeding this message. Certainly few of the men would have described themselves as ‘Healthy Paralympians.’

Ultimately the men and their coaches shared a common goal for London – they were going for gold or at the very least a podium place. And yet they faced an uphill struggle as relations reached breaking point. A medal became an unlikely outcome as fear gave way to failure and the pressure that the participants felt told in their performances. Unfortunately their final position of fourth reflected this drama and disharmony and, it may be suggested, spoke of an unhealthy camp.

Lacking in leadership. Like the men, the women blamed the coaches and themselves for their poor London form. For Emma, Sammy, Bec and Jen one bug-bear was the failure of the coach to deviate from Plan A. Just as Sammy spoke of him favouring two shooters and others feeling like domestiques²², Emma explained that the regurgitation of the same set plays rendered them unthreatening. Bec claimed that he was unwilling to take risks. Jen agreed:

The coach wanted to rely on a certain number of players to do a certain thing and he kept forcing it even though it wasn't working. He was too scared to put someone else on court or try something different. We were just so predictable.... A lot of players were only allowed to do certain things, and obviously then because you see it as 'I'm not allowed to do other things because I'm not capable of doing other things', you doubt (pc, February 7, 2013).

As inferred, this situation picked at player confidence, not least because according to Emma the mentality was inherited by some players who became reluctant to give up the ball. Play was forced rather than fluid, players doubting rather than believing. Hill and Shaw (2013) found that diminishing confidence and a perceived lack of social support preceded choking and this was not only the case, but far from ideal for player PSH, WB or performance.

However for another player the issue was a lack of direction from coaches. She explained that “there wasn't any leadership”, concluding that “it was really very poor and really quite upsetting to see” (see Footnote 17; p.119). In elaborating further she spoke of the culture being inherently wrong.

Your nation is watching you and they're watching your team like fuck it up basically. That was frustrating. The coaches and the system didn't really give us the best chance. They didn't create a winning mentality within the team. People didn't look like they were trying at times and millions of people watching it on TV could see that. You could hear it on social networking sites. That's embarrassing (pc, June 13, 2013).

²² A 'domestique' is a cycling term which refers to the role of a team member(s) to sacrifice their personal aims in order to serve the interests of the 'leader' in the team (e.g. set the pace, preserve team's position.) (“English Dictionary”, 2014)

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Indeed, the knowledge that the performances had been witnessed by unprecedented numbers compounded things and Jen too spoke of chronic embarrassment at appalling displays.

Cracks started to appear, putting team health at risk.

For Lucy and Sammy these cracks existed between them and an assistant coach, whose eyes were on a few and had alienated them. Sammy explained:

I didn't like the way he spoke to me. When he talked to me it was never about coaching....He talked to us as if we were not even children, not even human beings.

At one point I said to [the head coach] 'I don't want him talking to me.' It literally got that bad (pc, February 8, 2013).

Whilst this was reminiscent of problems in the men's camp however, the players also brutally dissected their part in their poor form and creating cracks. As mentioned previously nerves and confidence were a problem and in choking under pressure, the SWB of the players was badly affected (Hill & Shaw, 2013), as was their performance. Tensions were rising.

The atmosphere in the camp was really bad. A few people tried to blame each other. There were a lot of tears. It was just really horrible....After one of the games one of the players got us all together and started saying how she didn't feel like she was trusted to do anything on court and she never got the ball and it just wasn't the time and the place, and people were then all of a sudden trying to protect their own backs...by shifting the blame onto the coach or onto another player. I just don't think people were happy. No-one was individually performing very well, the team wasn't performing very well (Jen, pc, February 7, 2013).

When you have two captains but one of them is out of shape and the other is having a mental breakdown, you're kind of like 'well what do you expect? Where is the leadership?' The coach put those people in place but actually they were the wrong people (pc, June 13, 2013). ^[See Footnote 17; p.119]

Just as the men's coach had spoken of winning fixing a lot of problems, the losing streak of the women caused the opposite. Poor performances fuelled disappointment and frustration which created stress and resentment, subsequently risking player PSH, WB and future performance. And yet for Kate, players and coaches were also sustaining and yet suffering a perpetual, negative cycle. That is, the coach was failing to lead or iron out issues, giving licence to players to go off on a tangent, with captains failing to set an example, and others

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tiring of the perceived lack of direction or gumption. She reflected that perhaps she was of a different ilk to the others, her 'never say die' attitude at odds with the team mentality.

Having said this, and again like the men, some players were more forgiving of what had happened in London. Time again allowed them to reflect more holistically about coaches and players. Lucy for example explained that it was a huge learning curve, everyone simply trying to do their best. Kate also conceded that there was no malice or intent by players to cause upset, whilst Emma reflected that, though tensions existed between players, it was largely in the heat-of-the-moment and a far cry from the divisions synonymous with past teams. Players also described the coach as technically-sound and well-liked, some simply concluding, like the men, that perhaps he had run his course, London a step too far. They recognised how far he'd progressed them, whilst Lucy mused "coaching is not an easy job. It's hard to criticise when you know how difficult it is" (pc, July 17, 2013). In this way time afforded some players a sense of perspective and soothed their PSH/WB if but a little.

Ultimately the women's 7th place finish was, in terms of the data collected in this study, arguably born from coaching and player naïveté. A lack of leadership and wrong mentality undermined player confidence and bred doubt. That said, players shedding tears and pointing fingers was also not conducive to team unity or player PSH/WB, a situation made worse by nerve-ridden youngsters. Perhaps there was some consolation in finishing higher than ever before, and certainly time healed some pain, though scars remained and like the men the women cursed a missed opportunity.

London: Overall healthy or unhealthy? London brought the players great fortune and yet frustration. As revealed, they had to contend with a whole array of emotions; pride, happiness, excitement, embarrassment, bitterness, sadness. It was as overwhelming as it was an anticlimax, the best and worst experience of their lives. They would cherish the memories as much as be hurt by them.

With this in mind it was challenging for players to decipher the overall impact that London had had on their PSH/WB. As illustrated, some made two plots on their timelines in an attempt to portray the contrasting positive and negative impact (Figure 23), whilst others recorded a single plot based on how they felt it had affected them on balance (Figure 24).

Figures 23 and 24. The overall impact of London 2012 on player PSH and WB

Figure 23.

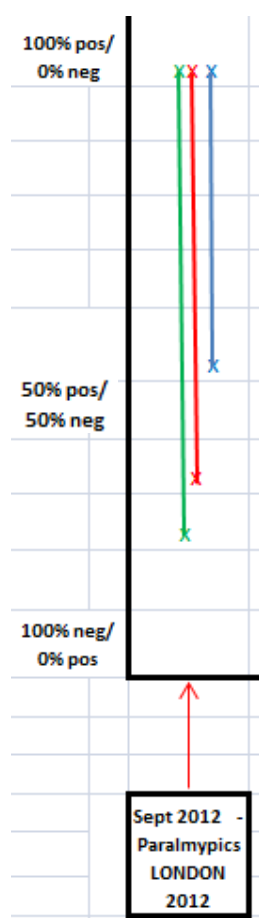


Figure 24.

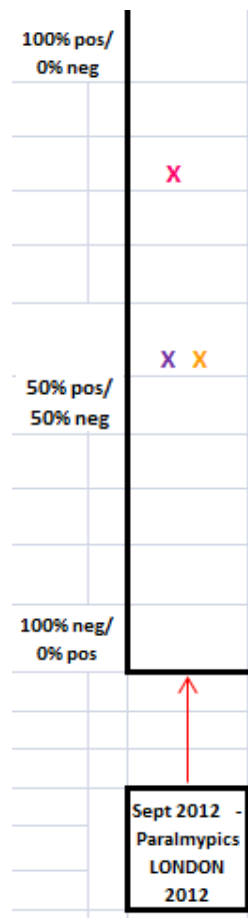


Figure 23. London's PSH/WB highs (experience) & lows (performance) of Kate, Mike & Lucy.

Figure 24. The impact of London on balance on the PSH/WB of Sammy, Emma & Bec.

Interestingly the timelines plotted by the players revealed a similarity and yet subjectivity of experience. Whilst the plots reinforced that London had boosted and tested player PSH/WB, the degree to which this had happened varied. Though Kate had experienced extreme positives and negatives, for Mike and particularly Lucy there was less of a differential, suggesting that results had not impinged on their PSH/WB to such an extent. Indeed Lucy confirmed that managing her expectations had meant she was less crushed by losses, for as she explained "a little bit of realism helps you cope" (pc, July 17 2013). In contrast sitting helpless on the bench had compounded things for Kate. Whilst Emma and Bec's plots suggested an overall neutrality of experience, for Sammy the highs had outweighed the lows.

That said, whilst the overall impact on player PSH/WB was variable, the feeling that it could have been much better was shared by all. For example Coach Will commented “all those four years, fucking hell, what a waste of time that was. We could have done things a lot better, and the stress levels we must have been under, all of us, must have been huge” (pc, May 10, 2013). What’s more, having learned of the huge public interest and digested events, their regret was magnified and they mourned a lost opportunity. A medal was the measure of success but they didn’t have one. London had neither played out as they had hoped, nor as others had presumed it would. And yet it had also been incredible and unique. Forever would they be able to share stories of being part of it. They had joined an exclusive club. As such a paradox existed, and this was reflected in the players’ comments. They ventured this way and that, making contradictions and affirmations as they tried to compute an experience which had been simultaneously wonderful and crushing.

Don’t get me wrong as a whole, amazing but at the same time it should have been like the best thing ever to happen in my life but you look back at it now and think it could have been so different, it could have been so much better....I felt like I was cheated out of a lot of things in that tournament, like we should have done better as a team. The Opening Ceremony, the whole experience could have been so much better....It wasn’t enjoyable but it was worth it in the end even though I didn’t get the result or the experience that I wanted, I still went and experienced that and on the whole it’s one of the best things I’ve ever done but I think it could have been much better (Luke, pc, April 8, 2013).

It was the best experience of my life, but the tournament itself came with lots of highs and lows and there was a huge mixture of emotion. It wasn’t all just great. It was really quite difficult and quite challenging. It was frustrating actually a lot of the time. At times it was awful, like really, really awful just the frustration and actual tears. Just ‘oh my god, sort it out, somebody just sort it out’ and I couldn’t do anything. It was embarrassing actually at times, and probably the most embarrassing that I’ve ever been in my life and the most frustrated and so it was the most amazing experience of my life, [but] it wasn’t all good (Kate, pc, June 13, 2013).

Basketball is part of me, who I am, so emotionally it was very difficult cos I wanted to do well and the emotional ride was just huge, you know the ups and the downs. Every time that you did well you cried and every time you did badly you cried.... I did a talk

yesterday and people want to hear that everything was great and everything was wonderful, but at the end of the day it was hard work and it was the most difficult, testing time I hopefully will ever go through. [But] I wouldn't take it back....I enjoyed London all the way through. I enjoyed the crowd, I enjoyed being there. It was everything I expected it to be (Lucy, pc, July 17, 2013).

That two of these players spoke of it being 'worth it' and not something they would 'take back' was significant. It implied that the London experience, despite its challenges had benefitted their lives. Yes their PSH/WB had been tested, but so too had it been championed and thus, whilst they might not relish all of the memories, neither would they regret that they had them. This sentiment was shared by Sammy, for though she had hoped to bow out with a medal, London had still been mesmerising and thus there was more cause for celebration than commiseration. That said, Max did not share this view. As a player also on the verge of retirement he talked of its physical and mental toll. Thus on asking if it had been worth it, having not won a medal he replied "no, not that year, and I couldn't do it again" (pc, January 30, 2013). What's more, notwithstanding that Luke said that the experience was 'worth it' he too spoke of it paining him many months on, admitting that he had photos from London which he still tortured himself with.

In short therefore players for the most part felt thankful for having had the opportunity to be part of the London spectacular. Their PSH and WB had certainly appeared caught on a pendulum, swinging back and forth between positivity and negativity, but the dizzy heights and bright lights of a home Games had for most trumped the dark depths that they'd also reached. They knew they would never experience anything like it again and it had left an indelible mark. This did not mean that it hadn't also left scars, for undoubtedly it had. For some these were paining them still months on. Perhaps they always would. Indeed London proved to be an inherently subjective experience, the overall impact on player PSH/WB multi-dimensional, for it had been a wonderful dream and yet torrid nightmare.

Showcasing Disability and Changing Perceptions

The players may have wrestled with making sense of London as performers, but they were clear, in their eyes, on the impact it had on the public. For them disability and disability sports were showcased like never before, altering the perceptions of those looking in, whether AB or disabled. This was significant for their PSH/WB as Paralympians, but also simply as disabled people.

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A comment made by Coach Fred a few months before London 2012 served as a reminder of disability prejudice in society, something also previously highlighted.

I have a mother who's 78 year old, struggling with her legs now and I said 'we'll get you a wheelchair mum' and she went 'I'll not be seen dead in a wheelchair.' But that's their [AB] mentality. And I just shouted at her 'well you'll be stuck in the house then mother!' (pc, July 24, 2012)

In accounting for such prejudice it was common for players to pinpoint the media's failure to educate society about disability, and disabled athletes. As Chang, Crossman, Taylor, and Walker (2011) explain, they have historically been marginalised. For example in examining a Canadian newspaper's coverage of Beijing 2008 they found 302 Olympic articles compared to 11 Paralympic ones. Similarly Buysse and Borchering (2010), in focussing on worldwide coverage²³ found 152 photos of the Paralympics compared to 4,000 of the Olympics, with female athletes particularly suffering and not portrayed as attractive. Worse, and in echoing the earlier data, the media have tended to undermine the credibility of disabled athletes (Howe, 2008), portraying them as 'supercrips' (Berger, 2009). Ahead of London, the players also noted this. For example Jen commented "I feel that some of their coverage might be 'oh look at these they're achieving, yay.' Yeah whilst they're giving us publicity it's still a little bit patronizing...kind of 'good for them'" (pc, June 22, 2011). Similarly Harry said:

We don't get as much coverage in anything really....I was watching the marathon the other day and that David Weir done awesome and Shelley Woods done amazing and yet they spoke about it [for] three seconds and then went back to people running in a daft costume but they'd done two hours talking about the elite runners before that. There was no correlation really (pc, May 2, 2012).

Whilst this had caused them frustration, Chang et al. (2011) suggested that times were changing, more equitable coverage emerging. Indeed players also spoke of unprecedented coverage as the London countdown intensified. They praised Channel 4 and programmes like 'This Paralympic Show' for putting disability out there. What's more it got the royal nod, the Queen's 2010 speech featuring Paralympians ("The Queen's Christmas", 2010) and Prince Harry venturing to the Arctic with wounded ex-service personnel in 2011 (Leach, 2011). The players became in demand, reporters flanking the court at men's training with microphones at the ready as the months gave way to weeks. London had whipped up a storm and Paralympians received the kind of attention which had long been reserved for Olympians.

²³ They examined coverage in 12 newspapers across China, Italy, New Zealand, South Africa & the USA

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As the Olympics finished, the slogan “thanks for the warm-up” was designed to hold the public’s attention ready for the Paralympics (“No 13: Channel 4”, 2012). And it did, for they tuned in and turned up in record numbers. Table 13 illustrates.

Table 13

London 2012: Breaking Records

Television coverage - Channel 4 and global	Spectatorship and website activity
Opening Ceremony watched by 11.2m UK viewers ²	Over 2.7m tickets sold - most ever for a Paralympics ²
1 main & 3 extra channels-150 hours of live coverage ²	Sold out for most events ²
Coverage reached 39.9m people - over 69% of the UK population ²	12,985 crowd at the women’s WhB final ³
100m final (Johnny Peacock) watched by 6.3m ¹	Over 25m hits to London 2012 Paralympics website ²
3.3m viewers for GB men v Germany WhB match ¹	1.3m tweets mentioning Paralympics during Games ²
(Overall Games were watched globally by an audience of 3.8 billion) ²	Over 5.8m upgraded to the Paralympic App ²

Note. Information was acquired from the following sources: ¹ “Record 6.3 million” (2012), ² “London 2012 International” (2012), ³ “Basketball glory for” (2012).

Webborn (2013) also noted the unparalleled media and public interest:

Being a home games, there was certainly a greater media interest for Paralympics GB going into the Games, but we were unprepared for the extent of the reaction to the sporting achievements of the athletes by both media and public. The coverage was unprecedented, the crowds of paying public were record breaking and people were clamouring for tickets or seeking the opportunity to glimpse a Paralympian. The Paralympics were talked about on the tube or bus on the way to work by the usually reserved commuting public. It was news, it was interest, but moreover it was the sport (p. 402).

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I, as the researcher also made similar observations, whilst noting changes in the disability discourse.



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And so how did this impact on the PSH/WB of the players? Well for those selected they become headline news overnight, and undoubtedly enjoyed this, if not at times finding it overwhelming. James spoke of being stopped during London for pictures and autographs, whilst remarking on how odd it was that his family watched one match on a large screen at their shopping centre. Max was inundated with friend requests on Facebook, whilst non-selected players also celebrated changes in public perceptions. Ben commented “people had studied and learnt so much before it had even started. We’re considered to be athletes, rather than disabled people trying to keep themselves busy” (pc, February 28, 2013). Sean agreed:

I think Jody Cundy, as embarrassed as he was for having his outbreak on the cycling velodrome actually did disabled sport no end of good. People sat back and went ‘shit, this guy’s given a lot.’ People realised there’s a lot more to it than a group of disabled people having a bit of fun (pc, March 18, 2013).

It was suggested earlier that being a Paralympian could socially elevate athletes (see Figure 16), and yet London appeared to propel them to even dizzy heights. Buysse and Borchering (2010) claim that the media can alter the discourse of marginalised groups like disabled athletes, turning consumers on to sports and dismantling stereotypes, and there was certainly evidence of this. Coach Will spoke of Paralympians becoming ‘cool’ and having the ‘wow factor’. The players also talked of a new celebrity status.

People like Jonny Peacock now, he's a household name, and they're going on chat shows and game shows and I mean that's really great. They got Paralympic athletes like nominated in the same category in Sports Personality of the year and things like that. In terms of disabled athletes there's kind of a whole new level of respect now, definitely (Jen, pc, February 7, 2013).

At London I remember finishing a game and walking through the North Greenwich Arena and I spotted two little boys...and they were having a race and one of them shouted 'I'm Jonny Peacock.' This able-bodied kid pretending he's got one leg. And that's when I really, really knew this, this is a positive thing, that young people were aspiring to be disabled athletes, and that it just incredible (Kate, pc, June 13, 2013).

As the earlier data revealed, all players had been hurt at some point in their lives by the prejudice and ignorance of others, their PSH/WB negatively affected. And yet in contrast any labels of inferiority or claims of not being real athletes were thrown out. Instead research ahead of the Closing Ceremony found that 1 in 3 adults had changed their attitudes towards those with impairments, with 65% agreeing that London had been a breakthrough ("London 2012 International", 2012). Webborn (2013) agreed, saying "it may not go down in history as the 'miracle of London' but the 2012 Paralympic Games truly brought about changes in attitudes towards people with disabilities that will be enduring" (p. 402). This was most satisfying and refreshing for the players, with many experiencing it firsthand. Ben and Kane for example spoke of incredible receptions at schools, the coverage meaning children were already au fait and ok with impairments.

De Jong, Vanreusel and van Driel (2010) also found that elite sport has an inspirational function boosting mainstream participation, and indeed the players hoped that more disabled people would pursue sport, no longer held at arm's length by prejudice. Again there was evidence of this for in June 2013 Charlie Bethel Chief Executive of GB WhB spoke of a 25% increase in participation in clubs ("Is British Wheelchair", 2013). Just as Coach Will talked of twitter messages from children telling him they were taking up WhB, Lucy shared how the Paralympics had, in her eyes, reached the AB as well as disabled community.

We've got some able-bodied people coming down to clubs and having a go. [As] a club we've seen an increase of members....There's more younger girls playing now than there ever were. I think that's a change of view from their parents as well. So they've seen young women playing this sport and they're seeing their daughter sitting

there, thinking ‘why am I not letting them play?’....All [the public] ever saw with disabled people was about benefits or what you can’t do or how life is so terrible and suddenly you see this group of people with a variety of disabilities saying, ‘you know what, it’s not that bad. You know, life’s still worth living’ (pc, July 17, 2013).

That said, some players did offer criticisms and regrets about the media attention. For example Emma noted the penchant still for sob stories, whilst Jen maintained that there was some way to go to change attitudes fully. Ben, Sean and Kane feared that the progress made would be lost if the coverage was not sustained, whilst Bec had concerns about players being held to ransom or becoming a commodity if it were. She explained that since London she had been asked to ‘ham up’ her disability story when giving talks, something she had found compromising. Therefore, disability may have been made more palatable by the coverage, but it could have come at a price, a new identity possible and yet an old one never far away.

Ultimately the players acknowledged the benefits offered to them and wider disabled community courtesy of London 2012. Whilst they relished the attention and accolades that went with being part of the cast, they hoped that the viewing public would continue to run the story long after the curtain came down. Indeed they desired that London be the springboard which dismantled barriers, bringing disabled and AB individuals together. London had showcased their talents, whilst heralding disability as something else, something more, and this had PSH/WB benefits for them and their community. As Lord Coe concluded at the Closing Ceremony “we will never think of sport the same way and we will never think of disability the same way (Dawson, 2012). The players certainly hoped for this legacy.

Stay or Go? Park or Play?

As the curtain drew on London players scattered in different directions, digesting the experience, regretting the performances and pinching themselves at the coverage. As weeks turned to months, decisions had to be made regarding their futures, whilst the reviews which they had participated in after London gave rise to changes which informed these decisions. Both head coaches of the men’s and women’s programmes left their posts, whilst UK Sport reviewed the sport’s funding. As Figure 25 shows WhB was the highest funded Paralympic sport not to medal in London, and this did not go unpunished.

Figure 25. UK Sport's funding for London and medal return (of GB Paralympic Sports)

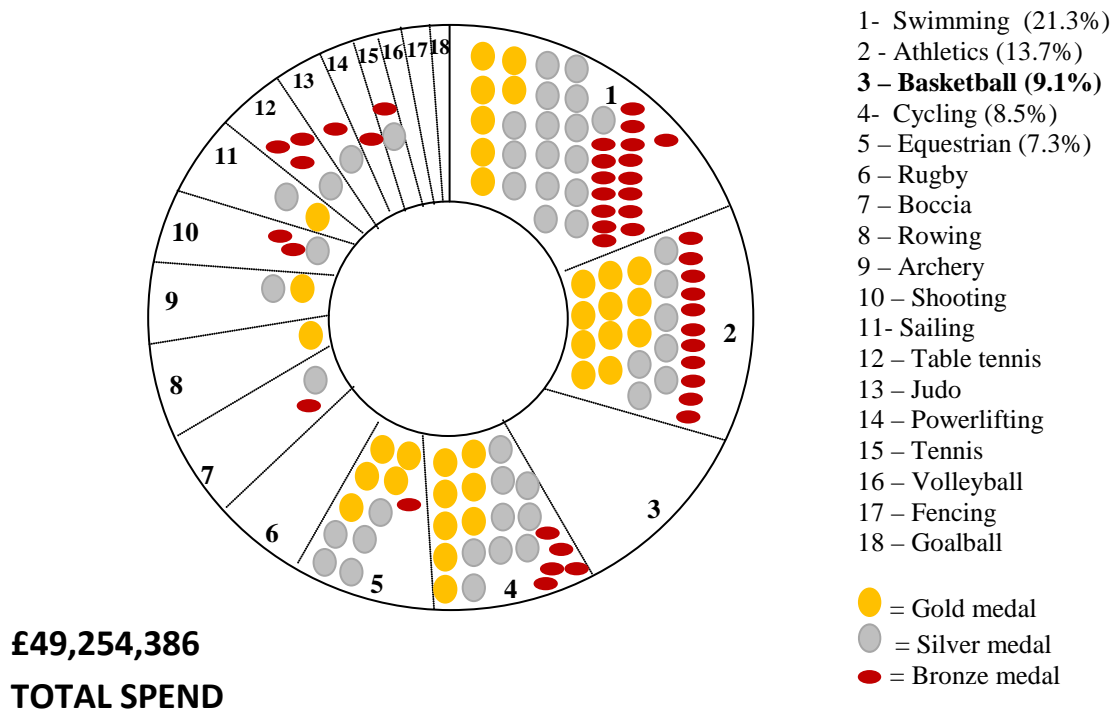


Figure 25. Graphic adapted/reprinted from and courtesy of The English Institute of Sport, shared by Nik Diaper (2013), Head of Paralympic Sport Science & Sport Medicine at the UK High Performance Conference for Paralympic Sport Science & Sport Medicine. Percentages indicate the sport's share of the total funding.

Indeed, though there was a large increase in funding for Paralympic sports for Rio ("Paralympics receives", 2012), the reduced 7.5% share of the total allocation for GB WhB inferred less confidence in them ("Rio 2016", 2014). Whilst the women received more funding, the purse strings would be held more tightly for the men, and this prompted some anxiety. However other issues factored more in deciding their GB futures.

Interestingly protecting their PSH/WB featured in the decisions of some. Particularly for the men its sacrifice at times during the London cycle had prompted reflection with some admitting that they would not endure this again. In reiterating the earlier data, Harry spoke of the mentality of the men having been to weather the storm to reach the Paralympic platform. However, in referring to a teammate, he explained that the end had not justified the means.

Two players got roasted a lot more than anyone else, maybe three, and [Player 1] missed out. He took all that grief for two years and I can't think of anything that would have made that alright. And then you just think in your mind 'it'll be justified if

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they make it, if it makes them a better player' but then for [Player 1] to not make it, but yet he's took grief for two years, that's got to be crucifying (pc, May 16, 2013).

He was right for Player 1's (see Footnote 11; p.69) words revealed his perception that he'd had no return on his investment, no justification for his treatment and no vindication for the toll on his PSH/WB. His priorities had shifted from WhB at all costs to what was best for his health and happiness.

Because of the negative um experience of the last four years I think my opinion of playing for GB has changed a little bit. It was the be all and end all. Anything I did revolved around playing for GB. My training was nothing to do with club, it was all about GB and it's kind of opened my eyes a little bit. I just can't do that, I can't put everything on this 'cos we've got a strong group of guys, the chance is people won't get selected.... It is that, that change of emphasis. I think I'm happy in the club situation I'm in, I'm happy with the life situation, I don't want to change any of that. If I have GB as well that's a bonus (pc, April 8, 2013).

As Keegan et al. (2014) explain "elite athletes need to be highly motivated over a long period of time, in order to train so frequently and intensely" (p. 97). They argue that this motivation is affected by key social agents such as coaches and teammates. However like Player 1, Max also questioned whether he could repeat a past which had been marred by the actions of such shareholders, including his peers. After London he admitted that being a GB player was proving 80% negative for his PSH/WB. His career was on a knife's edge.

I had a feeling it [London] was gonna go bad. I had a feeling for a long time, thinking 'this isn't good.' Thought we could get by it, but it turned out we couldn't. And I'm still thinking I don't know if I'm going to be carrying on or not, because that year was horrible. I'm not going to leave my family to go away and bitch and be negative. It drives me up the wall....I've been off for ages and I've not missed it. I got in my chair last week and enjoyed pushing about, but it has, it took a toll on me a bit last year, it broke me, just going through all that (pc, January 30, 2013).

This quote was interesting, for whereas the earlier data shared the 'performance narrative' of players which saw them ignore other parts of their lives and risk relationships in honour of WhB, here there was evidence of a changing of the guard. Carless and Douglas (2013) also found that elite athletes could question the performance script and instead turn to

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a 'relational narrative' which prioritised different values and was underpinned by new moral and ethical assumptions. As mentioned, for Max and Player 1, playing GB WhB had stopped being fun and acquired negative connotations, prompting a change in script. Indeed for another player too, despite leaving WhB after London due to a lack of funding, this decision may have come regardless. Having moved to another elite sport his decision was vindicated by the 95% positive impact he claimed it was having on his PSH/WB. He said:

Mentally I do feel a little bit better to be honest cos I've got no pressure. I can go and play club level [WhB] without caring who's watching, who's judging me... I'm just playing for fun. And you're not arguing at home cos you're not playing away, so I've had less arguments in the last 6 months at home since I decided I was stopping....If you took finance away I think I would have walked away this year just for a break from it and to hopefully enjoy the game again, and I think when I went to rugby, and my family noticed it before me...my Mum said 'I love you playing rugby' and I said 'why?' and she said 'you're just happier. You're back to how you were with basketball 10 years ago' (pc, May 16, 2013). ^[See Footnote 11; p.69]

In this way it appeared that the impact of the London cycle on the PSH/WB of some players had prompted them to re-assess their futures and change their priorities. And for Coach Will too, counting the days until the end of his contract reflected wider problems within GBWBA and that his PSH/WB had also come to matter more.

Others like Kate, Sammy and Lucy had reached a crossroads in their careers, having arrived at an age where retirement was a real consideration. However the impact that staying or going would have on their PSH/WB still featured in their decisions. On the one hand WhB was part of them and they had close friendships and unrealised ambitions. Just as Ronkainen, Ryba and Nesti (2013) had found with elite athletes, to leave would be the end of an era and their athletic selves. On the other, London had been stressful, being a GB athlete was a big commitment and with no coach appointed and essentially the same cohort of players, stopping had its attractions. Indeed Sammy rated her PSH and WB 80% positive having retired, concluding that, though a natural decision it was made easier by circumstances:

I was sick and tired of saying 'I'm sorry, I can't come to that.' Now that's the most change I've made. I haven't really even got to look at my diaryI think if we'd have won a medal and everything was happy I would have still retired but it would have

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been harder to leave. I felt content quite quickly not having to worry about everything. My whole life's changed (pc, February 8, 2013).

For Kate, whilst she was loath to retire from GB WhB she was aware that she couldn't stomach the frustration of London again. Thus she faced a dilemma in deciding how to maximise her chances of fulfilling her athletic ambitions and satisfying her PSH/WB.

Really I've got one more Games inside of me and I need to make the decision of whether I want to carry on in a team sport which I love, but the team aren't perhaps on the same wavelength as me, or whether I actually take the plunge and do something that doesn't excite me as much. Maybe hand-cycling or something like that. But the thought of it bores me. But then I think the frustration and it is that mental thing, the frustration of playing in a team sport and the girls not having that team mentality and that do or die for each other mentality upsets me. It is a tough call (pc, June 13, 2013).

Instead, for Lucy her quandary was whether continuing would add to an already satisfying career or if, with much change happening and instability surrounding the programme, she would be better signing off. Once again, her PSH/WB factored in her decision, for she was reluctant to place herself under unnecessary stress at this stage.

I'm pretty chilled right now with basketball. I'm at a late stage in my career now. I just don't see myself going to Rio. I'm pretty sure I will [retire]. Right now I am deciding whether I want to go to the Worlds or not. I have very mixed feelings. Part of me doesn't want to let it go. It's been such a fantastic ride to be on, but then a lot of me thinks I simply can't go on and I've had the best of it...I'm not signing anything until I know who the new coach is...[I'll] see what the new coach is, see the set-up in Worcester. If I don't like it I'm not doing it (pc, July 17, 2013).

Thus, whereas for Max and Player 1 it was the pressure on their PSH/WB which had put a cloud over GB WhB, for Kate, Sammy and Lucy they were simply weighing up whether their PSH/WB would be better fulfilled away from it.

Finally for some players, particularly those not nearing retirement, WhB remained a kind of drug and though they had perhaps overdosed in London, they were still seeking the next medal rush. In echoing what the earlier data found, they were held to ransom by the sport and were willing to risk their PSH/WB again. This was no more apparent than in James' account, which revealed the pain of failing to score and yet desire for another fix.

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I think because you've built for it for that long, you've built for it for four years, you know, everyone has sacrificed everything for four years...it just came down to London and you were just emotionally drained from it. You were absolutely smashed and that's probably why, like I say I never cry but at end I were in tears....You've got nothing. You failed. We failed at end of day....Not getting to the medal game, the, the proper medal game, you know, the bronze, silver, gold was a fail, but to come away with nothing was ridiculous, yeah, massive fail. [But] it [the draw] is still there. I'm still here and I'm still going to Rio (pc, February 18, 2013).

Similarly Mike was keen for another few years in the sport, in spite of feeling there had been more PSH/WB lows than highs, just as Bec was planning her GB future despite feeling apprehensive and deeming it 50% negative for her PSH/WB. And yet for others GB WhB *was* a healthy prescription. Luke for example reasoned that there had been more highs than lows, claiming that he had no doubts about staying loyal to GB WhB, whilst Emma was also feeling good about the future, labelling it 75% positive for her PSH/WB. James even suggested that London had happened for a reason and that was to win in Rio. This revealed, in contrast to before, how for some their PSH/WB was either not the priority in deciding whether to park their chairs, or had not been impinged upon at all or enough to direct them away. Indeed for some GB players WhB *was* the healthy choice.

Ultimately players shared many different feelings and philosophies regarding their ongoing careers with GB WhB. That said many considered their PSH/WB in making their decision. Just as some had reached the end of the road, others felt the sport still had much to offer them. Just as staying was for some a healthy choice and no-brainer, for others it put their health in jeopardy and they were cautious. London had left quite the hangover, but then Rio was seen as intoxicating.

Domestic v Foreign WhB

Players may have decided their international commitment one way or another, but they still had to choose where to base themselves. Opportunities abroad were aplenty, on the continent for the men and America for the women. Staying at home would mean playing for a local club and travelling to train for GB. In deciding what to do they had to consider what was best for, not just their performance, but also their PSH/WB.

For the women the opportunities abroad were largely unique to those of a certain age. For example two were debating swapping domestic Universities for US equivalents, to combine education with high quality playing environments. It was a prospect which left

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them nervous and yet excited. In contrast foreign opportunities appealed to many of the men. For three the decision was simple, not least given the PSH/WB implications.

[Going abroad], it's better for my career. My lifestyle's better, basketball's better, I can earn more money there. The pros far outweigh the cons, let's put it that way. [If I stay] I reckon I'd go backwards in terms of my game....[Abroad] I can get up and go to training when I want....I don't have all the constant running that I've got to do when I'm in England...I love my life [abroad]. I would personally stay there. It's a lot more relaxed....From a stress point of view it's a lot less bother (Luke, pc, April 8, 2013).

I'd no interest in staying in GB. I didn't want to be around the programme 24 hours a day....It seems the standard is so low because everybody's left, there's nobody to train against. [They left due to] the frustration at the way the programme had been over the last, like everyone just wanted space from each other, just wanted to have some respect.... Most people's assumption is that you're playing abroad because you want to earn money. It really isn't.²⁴ It's that you're going somewhere where people want to have you, they're positive in training, they're like applauding the good things you do (Kane, pc, April 8, 2013).

I'm playing in the [foreign] league which is probably best league in world. It's just so competitive....You just don't get that here. I wouldn't have got ought from staying here. [It's] awesome, every training session's fun, it's enjoyable, you go there, have a laugh. You know, I train harder out there than I ever done here as well, so it's not that the training's easy, it's harder. The way of life for me I've actually seen more of my [family] now being than I did back home because you're not travelling up and down motorway for three hours to do a two hour session (James, pc, February 18, 2013).

Interestingly for these men, the offerings gained from going abroad were almost the antidote for and opposite of the problems at home. Where the domestic programme dealt stress from travel to instability, playing abroad soothed them. It was relaxed, respectful and most of all uncomplicated, with Coach Will labelling it 80-90% positive for their PSH/WB. Thus, as another player explained going abroad made sense.

Players don't want to go abroad. They go abroad because they know it is better for themselves. They go abroad because the league's rubbish here, the set up's awful and we get shat on. Abroad you're royalty, you're superstar, you're looked after. I'll go

²⁴ The highest earners would get £2,500/month abroad but the lowest earners only £400-500/month. Extras would often be provided (e.g. accommodation, transport) (Coach Will, pc, May 10, 2013).

abroad in September. I've got nothing to keep me here. What draws you is such a stable set-up which we don't have here (pc, February 28, 2013). ^[See Footnote 17; p.119]

What was clear was that players wanted to feel valued. This was on offer in Europe. Their PSH/WB mattered and the choices they made reflected this. That this depleted the GB contingent at home and negatively affected session quality was of course not ideal for those remaining like Max and Sean. Indeed there was some apprehension about the future, not least with speculation that the programme would be centralised. What's more, with reduced funding Sean mused that GB no longer 'owned' the players residing abroad. As such, unless given advance notice he, like Coach Will suggested that players may not be willing to annoy their club to fly home for a camp. Therefore, whilst relocating abroad offered potential PSH/WB gains, only time would tell as to how it would affect the health of the wider team.

Ultimately it appeared that the offerings abroad appealed to many of the men who wanted some respite for their PSH/WB, and a more professional set-up. Whilst foreign territory was also explored by the women, in contrast this migration was in its infancy and offered little disruption to the domestic programme. Instead the men's would need to react to depleting numbers to ensure that the PSH/WB of its remaining servants was not inversely proportionate to that of those who had left.

Time for a healthier future – making health matter

As Figures 26 and 27 indicate, and moreover in mirroring what the earlier data said, being a GB player during the London cycle had been some rollercoaster. Players had experienced unique versions of the ride, though all had had their fair share of PSH/WB highs and lows.

Figure 26. Plotting PSH & WB over a 3 year period – the women



Figure 26. Timeline showing the PSH/WB of Sammy, Emma Jen & Bec over time.

Figure 27. Plotting PSH and WB over a 3 year period – the men



Figure 27. Timeline to show the PSH/WB of Mike, James, Max & Sean over time.

It was accepted that to a degree there would always be ups and downs, that this was part of any 'job', whilst being an elite athlete was no ordinary job! And yet those continuing, whether residing abroad or at home, implied that their PSH/WB needed to matter more. Perhaps this research had made them think about it, or this had been prompted by all that had gone on, but they saw that their continued involvement and performance potential rested on this. From the negativity of the men's programme to wrong mentality of the women's, with training/travel a chore and enjoyment waning, players pointed to the need to better support their PSH/WB if performances were to be optimised. It was time to 'tame' the rollercoaster.

Table 14 indicates how the men felt this could be done and how they forecasted that their PSH, WB and performance would be affected if the changes were heeded. There were some parallels with the requests of the women, which are similarly summarised in Table 15.

Table 14

Changes needed to better promote the PSH, WB and performance of the men

Change	Evidence	How PSH, WB & performance would be promoted
Coaching democracy, not dictatorship	<p>“I just want somebody who understands Wheelchair Basketball and is not a bloody dictator” (Max, p.c. Jan 30, 2013).</p> <p>“It wasn’t a democracy.” (Ben, pc, Feb 28, 2013).</p>	<ul style="list-style-type: none"> - Players respected/ valued (Kane) - Would encourage, enhance, support & nurture (Mike, Sean) - Better coach-athlete relations (Harry)
Fairness, not favouritism	<p>“I didn’t really feel like I’d had a fair crack at things....in the unlikely event I was on court to play a game, if I took a shot and missed it I was subbed out instantly, whereas other players could miss 5 or 6 or 7 or 8” (Kane, pc, Apr 8, 2013).</p> <p>“[I want it to be] very clear and open on when you can be selected, when you’re not going to be selected, what the criteria for that is, what you need to do” (Sean, pc, Mar 18, 2013).</p>	<ul style="list-style-type: none"> - Would promote equality rather than a hierarchy of players - Reduce feelings of injustice & frustration - Players would feel they had more opportunities (Sean) - Could boost coach-athlete relations and player motivation
Professionalism & scheduling	<p>“We just found out today that maybe we’ve got a camp in March and it’s in like a month. It’s hard when you’ve got to change things last minute” (James, pc Feb 18, 2013).</p> <p>“It would be nice to know like six months in advance what our schedule is” (Luke, pc Apr 8, 2013).</p> <p>“The professionalism of the sport does not exist...The kit’s awful, we don’t get enough kit. It starts from your appearance. It’s like a school uniform for kids” (Ben, pc. Feb 28, 2013).</p>	<ul style="list-style-type: none"> - Would reduce stress (Luke) & avoid causing grief/disruption to others (James) - Players would have pride & positive identity (Ben) - Would avoid embarrassment from looking unprofessional (Ben) - Set-up would feel stable & secure
Feeling valued	<p>“Not nobody, but very few people felt respected over the last few years” (Kane, pc, Apr 8, 2013).</p> <p>“The problem with this programme is they expect you to give up everything for nothing....They say ‘it’s GB first, anything else comes second. Well that’s fine but I can’t live my life thinking I don’t know what I’m doing next week’” (Ben, pc, Feb 28, 2013).</p>	<ul style="list-style-type: none"> - Players would get a return on their commitment (Ben) - Rewarding them– e.g. caps, praise – boost motivation (Ben) - Players would not be hurt by the negativity =positive vibe (Harry) - Players would feel supported, respected, applauded (Kane)
Fun!!!	<p>“Probably last few years it was not fun, it was a chore....Just [add] more fun into it” (James, pc, Feb 18, 2013).</p> <p>“If it ain’t fun, it ain’t worth doing....If I get the gist that’s it not gonna change, then I’ll have to say ‘I’m not doing it anymore’” (Max, pc, Jan 30, 2013).</p>	<ul style="list-style-type: none"> - Players more motivated (Kane) - Players may leave if not fun (Max) - Enjoyment key to camp attendance & performance in Rio (James) - More fun could help in creating a more positive culture
Squad filtration & positive culture	<p>“For this GB team to progress there needs to be changes.... I’d like to see half the players gone....We need a new breed of players because the old school can be very intimidating. If certain players were to remain and new players were to come in, it would still be like the [old] regime” (Mike, pc, Feb 18, 2013).</p> <p>“If the same 12 players that went to London got to the Europeans this year it will be exactly the same, no matter what coach, so we’ve gotta cut it out and change the culture. Not ‘me, me, me.’ Bring some of the kids in” (Max, pc, Jan 30, 2013).</p>	<ul style="list-style-type: none"> - Stamp out intimidation/hierarchy & promote inclusivity amongst players (Mike, Ben) - Bring about a new, better culture (Max) - Motivate players - feel they have more opportunity

Table 15

Changes needed to better promote the PSH, WB and performance of the women

Change	Evidence	How PSH, WB & performance would be promoted
Strong leader	<p>“It’s too much the players trying to manage each other and it needs to come from a coach, and like everything goes through the coach and that’s where it stops” (Bec, pc Feb 7, 2013).</p> <p>“We need someone to come in and say ‘this is how I do things... and this is how it’s gonna be. There’s no compromise and if you don’t like it leave’” (Jen, pc, Feb 7, 2013).</p> <p>“[We need] to have one clear leader” (Kate, pc, Jun 13, 2013).</p>	<ul style="list-style-type: none"> - Know where you stand-no broken promises (Bec, Sammy) - Coach who is tough but nurturing would offer good balance (Lucy) - Would bring team together – gel in good/bad times (Kate) - Promote positive environment & cut out player antics (Kate, Jen)
Player freedom & belief	<p>“I still didn’t feel believed in. I still felt [the coach] didn’t believe I could do it” (Bec, pc, Feb 7, 2013).</p> <p>“We need to start developing a greater range of options...so people have various different roles rather than ‘you shoot inside the key, you shoot outside’” (Emma, pc, Feb 7, 2013).</p>	<ul style="list-style-type: none"> - Could help develop a ‘culture of confidence’ (Emma) - Players would all feel they could play naturally, rather than having to fulfil set roles (Sammy)
Equality & fairness	<p>“I’ve always had to work so much harder than some players....It’s just not fair...Other players get away with doing literally nothing, like haven’t trained properly for months” (Bec, pc, Feb 7, 2013).</p> <p>“These players were so in there with the coaches” (Sammy, pc, Feb 8, 2013).</p> <p>“The older players think they can mother us and talk down to us. We’re supposed to all be equal” (Bec, pc, Feb 7, 2013).</p>	<ul style="list-style-type: none"> - Would reduce bitterness/anger - Would prevent a hierarchy developing - Would promote inclusivity and respect amongst teammates - Would boost coach & team relations
Treated as athletes	<p>“The girls are used to losing...the majority of them haven’t got the mindset, that winning mentality....I guess it takes a long time to create a different type of culture” (Kate, pc, Jun 13, 2013).</p> <p>“I hope now they realise our opinions as athletes.... [We need] a coach who’ll treat us like athletes and not children or individualsJust a professional relationship” (Jen, pc, Feb 7, 2013).</p>	<ul style="list-style-type: none"> - Feel respected/taken seriously – boosting confidence - Promote a reciprocal relationship between players & coach (Jen) - Breed positive mindset not mediocrity. Excellence (Jen, Kate)
Behave like athletes	<p>“Actually a lot of the girls were overweight. The condition that the girls were in in London for elite athletes was despicable really” (Kate, pc, Jun 13, 2013).</p> <p>“Why are you afraid? It’s just bloody basketball. You get paid to play. Just do it. It upsets me when I hear this ‘afraid’ and they verbalise it, kind of creating this fear.” (Kate, pc, Jun 13, 2013).</p> <p>“I get the impression that other countries watch us more than we watch us” (Jen, pc, Feb 7, 2013).</p>	<ul style="list-style-type: none"> - Would make players take more ownership/accountability - Would have right mentality to succeed (Kate) - Pride in professionalism - Would give better performances
A cohesive team	<p>“There are two people in the women’s team that need to get out, otherwise things won’t change” (Sammy, pc, Feb 8, 2013).</p> <p>“In London two girls were paired up to room together and one of them said she didn’t want to room with the other...[that] person is still holding that grudge” (Lucy, pc, Jul 17, 2013).</p> <p>“You could make [teambuilding] fun, occasionally. We put that to them years ago, like an army camp or something. We’d love it” (Sammy, pc, Feb 8, 2013).</p>	<ul style="list-style-type: none"> - Removing antagonists = less stressful, better team harmony - Team could become closer & enjoy things more (Emma) - Teambuilding – more natural way to bond v forcing it (Sammy)
Fun	<p>“The impression I get is that other teams seem to enjoy it more and they perform better because they’re having fun, and in London not one of us was really enjoying it, we weren’t having fun, we didn’t perform well” (Jen, pc, February 7, 2013).</p>	<ul style="list-style-type: none"> - Fun = player happiness (Jen) - Enjoyment & happiness = better performances (Jen)

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A final change which players from both camps endorsed was more sports psychology (SP) support. This followed discussions with myself - the researcher - who had observed that support was disproportionately weighted towards the physiological rather than psychological conditioning of players. That is, they had regular access to physiotherapists, nutritionists and strength and conditioning coaches. In contrast, aside from a short-lived arrangement with a psychologist for the women's team (see Footnote 19; p.168), the equivalent SP support was lacking. This seemed an oversight given the stressors which players had identified and labelled detrimental to their PSH, WB and performance during the London cycle. And yet Deiffenbach and Statler (2012) point to evidence that such provision is not always a given for Paralympians, whilst Martin et al. (2011) allude to this being a common, albeit concerning situation:

As many sport psychologists note, often the difference between medalling at major competitions, wheeling a personal best time, or making a national team is psychological in nature as athletes at comparable levels of competition often have similar physical skills. Despite the recent media attention surrounding athletes who work with sport psychologists, most athletes still spend far more time engaged in physical versus mental training. The imbalance between mental and physical training is exacerbated for athletes with disabilities who often engage in no formal mental skills training (p. 198).

Sean echoed this.

I'd definitely endorse the sport psych route. I've made use of it within the rugby and other areas and yeah there is definitely a benefit to sports psych. It's just another part of your game that's just as important as that fitness and health side of things, in some instances more important 'cos if you're not mentally prepared in the head to perform to your best then that can sometimes have more of an impact than your physical preparation because physically when you look around the world most people, you get to a point and it's all much of a muchness. It then comes down to how much you want it and how tough you are mentally so yeah, it's a huge, huge area that I think in some instances is underestimated (pc, March 18, 2013).

And so why was SP not being invested in within the GB men's squad? The following quotes indicated that coaches had been put off by past experience.

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I've been to a psychologist and they listen to the rumblings and say 'ah there, there, don't worry, everything's going to be alright.' It's rubbish, it's just, just toughen up. It's mental toughness.... I'm not sure there is any treatment for mental health. If there was I'd be a millionaire.... You've got to be mentally strong.... Some are born mentally tough, some learn.... I call them nutcase shrinks. I've seen one and didn't do anything for me. All it was I could just shout off at him about how shit the coach was.... [The players] know they can always come to me and I will talk and I'll give it them straight, 'just toughen up' (Coach Will, pc, September 2, 2011).

My experience is the athletes tend to use a psychologist as a crutch and as an excuse. In saying that we don't have one attached, we have some individuals who need that assistance, they then get referred to assistance. But as a group I think that you're just creating issues that you don't need. So in terms of mental strength, how do you get it? You practice at the intensity, you play at that intensity that gives you that all the time... so I will create that situation where they need me to toughen to get through that, so that anything they face in the future is easier than what I'm throwing at them at this stage (Coach Ian, pc, May 17, 2012).

Thus, whilst the men's coaches were convinced of the need for players to be mentally tough, they did not see SP support as a way of achieving this, and spoke of only isolated cases where players were referred on. Coach Will questioned whether mental toughness was teachable even, despite the Athletic Excellence Model set by leading sports psychologist Loehr (1980, cited in Biçer, 2007) arguing the contrary. For Coach Ian, rather than deeming SP an ally capable of boosting player PSH, WB and performance, he feared that it could be the thing to threaten it. Both deemed it superfluous, something to do themselves.

Interestingly Pheasey (2005) also reported resistance in British Disability Swimming to such support, whilst in reviewing the literature Fletcher and Wagstaff (2009) found that it was thinking that anyone could counsel elite athletes which created barriers to psychologists forging links with sports. Indeed the men's coaches felt that they offered this support to their players, and the 'Circle of Truth' or informal chats spoke of their efforts. That said, though players did talk of benefitting from this, it was arguably and ironically the hard mentality that coaches opted for to toughen players up that created stress and gave rise to the need for more formal support. Here the good intentions of one coach may not have translated, and as Kane's comments suggests, he may instead have appeared ruthless and righteous:

We had a Sports Psych before [Coach] came in and one of the first things he did was fire the Sports Psych because he thought it was, his words ‘just for pussies, just for girls, just man up and get on with it’ so we got rid of that and that was not for everybody...but some people used that as a sounding board and someone to go to for advice (pc, April 8, 2013).

Put simply therefore SP was given a wide berth by the self-confessed ‘old school’ coaches, who had their reasons. It was just that this may have created more problems than it solved.

Indeed, with no sports psychologist to turn to and yet stress to handle, the men needed an outlet elsewhere. Some admitted that interviews with the researcher had been this. For example Kane said “it’s been cathartic. It makes a change not to be doing it to parents or the physio” (pc, April 8, 2013). Likewise Luke commented “it was nice not to go home and rant about something to me girlfriend, but to be asked questions and for me to give the answer... get it out of your system a little bit” (pc, April 8, 2013). With Coach Will also reflecting that “they probably voiced their opinion more to you than anybody else” (pc, May 10, 2013) it inferred that a formal system of SP support could not only offer great benefit, but be needed to fill a gap left when the research ended.

There was also an endorsement of SP from the women, though this came from first-hand experience. In reflecting on the support they’d had ahead of London, they revealed how it had helped them. For example Jen commented:

We had the Sports Psych and she was really great and I think she really understood us and she got the kind of niggles we had with [the coach] and things like that, so I think we benefitted from having her around.... In some of the camps leading up to London she wasn’t there but she said ‘you can ring me’ ...and she was just there to listen and it was really useful to have that outlet.... In the past it was quite stigmatised, but I think if that attitude changed people would be much more accepting of it....I don’t understand why you train your body but don’t train your mind ‘cos the mental aspect of my game is quite important (pc, February 7, 2013).

Page et al. (2001) in investigating the attitudes of WhB athletes towards SP also found that SP could be stigmatised, and yet that athletes were becoming more open-minded. Lucy and Sammy may for example have had reservations but they were not turned off altogether. Coach Fred also spoke of it serving a purpose for the women. Again with the London cycle having proven an emotional ride, there was an argument for formalising the SP support which

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they had been privy to, and using it as an antidote for some of the issues going forwards. The literature certainly pointed to this being possible. Martin and Wheeler (2011) for example talked of SP helping to minimise negative self-talk, whilst Biçer (2007) cited its use in stress management. More pertinently Asken (1991) claimed that “a further area that may frequently be appropriate for physically disabled athletes is attention to general confidence enhancement” (p.373). Certainly it might be argued that the women would benefit here.

Ultimately there was evidence in both squads that SP support had taken a back-seat to physical support and could be more prioritised. Many felt it had been underestimated as a performance booster, and this was reinforced in looking at how other Paralympic sports had invested in it. Chisholm (2010) for example revealed that SP was part of a multi-support system for athletes in GB Adaptive Rowing. Moreover Figure 28 illustrates how for London 2012 the majority of GB Paralympic sports had opted for full SP support.

Figure 28. SP support in place within GB Paralympic Sports for London 2012

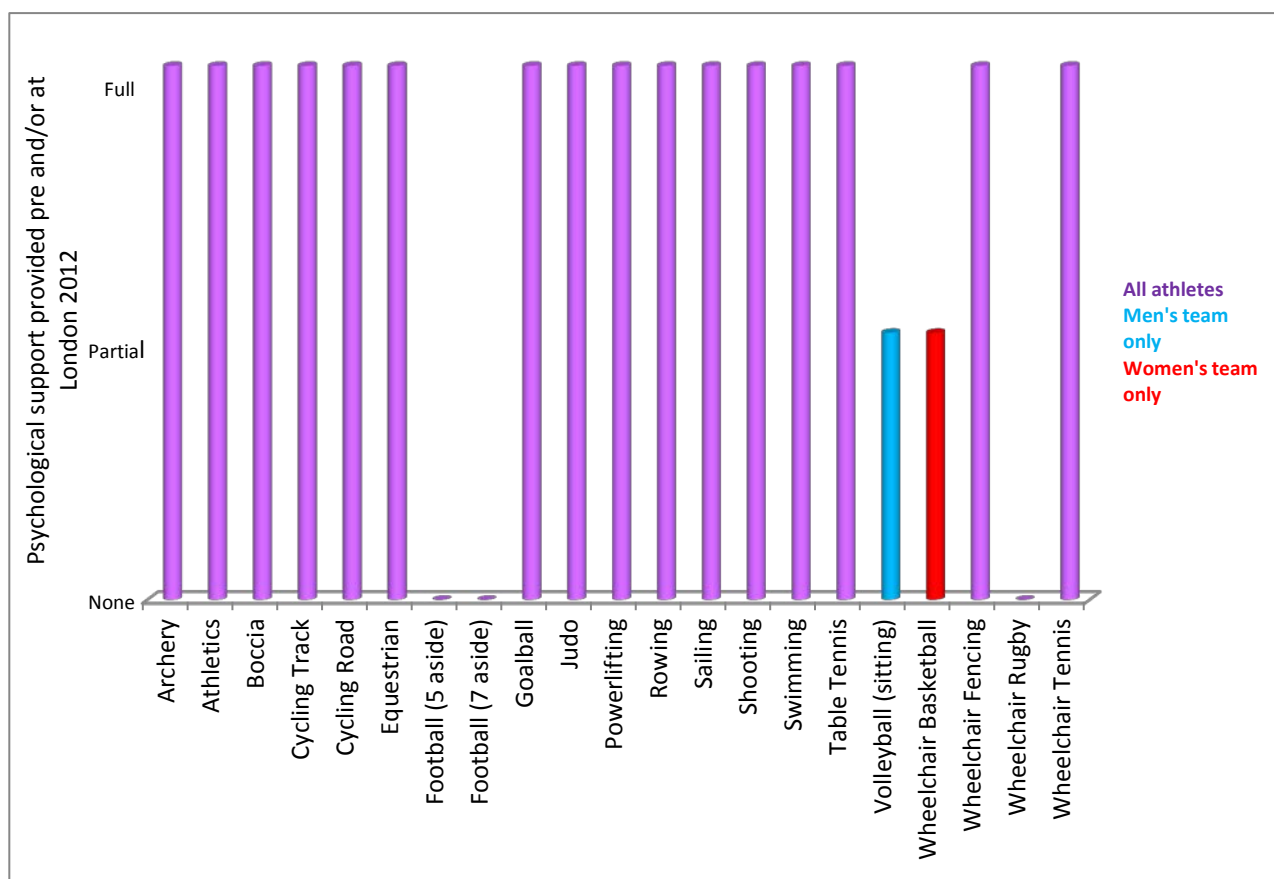


Figure 28. Arrangements in place within GB's Paralympic sports with Sports Psychologists for London 2012. Data courtesy of Sport Wales (pc, May 23- July 2, 2013).

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This appeared to reflect an increasing appreciation of SP support in elite disabled sport. The players were keen for their sport to follow suit, to yield improvements in their PSH, WB, and performance. Thus this was a further and final area for change in the Rio 2016 cycle.

A journey of triumph over regret

As this part of the analysis draws to a close, a final note must be made regarding how players looked back over their careers as GB athletes, and over their lives as disabled individuals. As discussed, some had made their final appearance in a GB jersey whilst others were entering a second decade in the sport. Disability had also shaped their lives and yet offered challenges. In light of this, as interviews reached their conclusion the researcher asked players whether they had any regrets, if they could go back whether they would change anything and how much their PSH/WB informed these decisions. Their answers were telling.

On the subject of their careers the response to whether they regretted wearing the GB shirt was resounding and unanimous; no. Just as Sean talked of sport being his driver, a habit he could not have imagined his life without, Max spoke of where the sport had taken him, the experiences it had brought. It may have been some rollercoaster but Lucy concluded;

It's been such a fantastic ride to be on....I'd do it all again. Of course I would. I'd be mad not to...I could push any young child into a sport because I could say they'd have a wonderful life with it (pc, July 17, 2013).

Coach Ian also echoed this and maintained that, despite London and its criticisms, he too had great memories of the road travelled. His comments, made on the verge of leaving were especially poignant and reflected that WhB was much more than one tournament's heartache.

This is a wonderful sport to play. You get great opportunities, you get to see the world, you get to represent your country, you play before so many people....To do that [sing the national anthem] linked arm in arm is quite staggering....After five and a half years in the job I leave with very few regrets, very few. I've had a wonderful journey here, I've met some great people (pc, November 9, 2012).

Finally, Kate agreed:

I wouldn't change it for the world. I mean mentally it was quite interesting I suppose Physically yes I'm broken and I'm a mess but would I change it? No, absolutely not. I would have done absolutely the same thing, and even if I have to have spinal

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surgery in the next couple of months, that's the price I would have paid and that's a fair price, because it's a once in a lifetime opportunity (pc, June 13, 2013).

This comment revealed the health trade off for players. In receiving a boost to her PSH/WB, Kate knew that there would likely be a cost to her physical health, and yet it was 'worth it.' Emma used the same words and indeed there were parallels here with how the players had summed up London; the positives had overridden the negatives. As Coach Will reasoned, he may have felt 75 not 42, but his memories would last a lifetime. Being part of GB WhB had brought great joy. It had been a proud journey. Never was this more apparent than in the discourse of newly-retired Sammy. Having asked what she would miss, her comments, when combined with images she had taken, revealed all that being a GB WhB athlete had been.

Images 16 and 17. 'All my memories'



All the little highs, the little perks, having tea with the queen, meeting so many people, I went to Sports Personality of the year. I'm never going to get those opportunities. They're the things I'm going to missThese are my memorabilia in my spare room....These are pictures of Sydney, Athens. I've now got a Beijing and a London wall (pc, February 8, 2013).



Note. Photographs were taken in 2012 as part of the AP task. Images have been cropped to improve quality and focus.

Finally players were asked whether, given their knowledge of what GB WhB had offered them, they would they go back and take the disabled path again. Did they deem that their PSH/WB would have been better off in a parallel AB world? Had they yearned for a different life, or given thanks for the one they'd had? Here there were mixed feelings.

Coach Will asserted that he would remain disabled, such had been his QoL with GB WhB. James agreed, commenting "one thing I've never got is regret so I wouldn't change a thing" (pc, December 14, 2011). That both had congenital disabilities is perhaps significant. Or maybe not, for during London 2012 a teammate whose disability arose from a traumatic accident was asked during a television interview whether, if given the chance he would re-

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write history. With a rueful smile he said without hesitation “no, pure and simple” (Franses, 2012). That GB Paralympic skier Ben Sneesby was also asked this question, (answering in similar fashion) at the Sochi Winter Games (Franses, 2014), inferred a wider curiosity regarding whether a disabled life was ‘enough’. However, without doubt for some of the GB players, though WhB may have come courtesy of their impaired bodies and at a cost to their physical health, the boost to their PSH/WB had been huge compensation, and had made a disabled life more than enough.

Having said this, for Ben, notwithstanding the great opportunities offered by WhB, there was some regret over what could have been. He explained:

If someone came to me tomorrow and said I could be a pilot in the RAF which is what I wanted to be, I’d stop it all and go and do it...but obviously I can’t because of being in a chair...I’d want to live a normal life...You’re treated differently in society, plus you also have to do everything differently...It’s just if I wasn’t disabled I could do anything, there would be no restrictions. Because even if I was able bodied I could still work my arse off and try and be in a Great Britain team...I’m happy with the life I am. I just know if someone said to me tomorrow, you know ‘you’re not going to be disabled’, I’d take it (pc, May 11, 2011).

This sparked a debate with myself, the researcher, as noted in the RJ:

11 May 2011: I questioned Ben’s thinking today regarding an AB life being non-restricted. In being AB I couldn’t get across to him why I felt this view was naïve, or how being disabled might offer advantages (e.g. more chance of playing elite sport). Likewise as a disabled person he could not fully explain what it is like to feel not every door is open. We occupied different sides of the same coin. He never got to finish his AB story and so has been left wondering what could have been. And just as I can’t imagine this, neither can he.

Indeed this issue of ‘alterity’ was also found by Smith (2008a):

Imagining putting ourselves in the place of another person is problematic because the other is other: absolutely and completely other to me. So for example, just as the other is fundamentally not me, fundamentally irreducible to me, so too are his or her feelings of being and having a disabled body (p. 148).

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What's more, Ben also spoke of the future altering his perceptions. For example he said that pushing onto court for a major competition could leave him not wanting to change a thing. Thus, whilst he may have felt that his PSH/WB could have been better as an AB person, so too did he realise that he hadn't fully played his disabled hand yet.

Finally some players and coaches shared mixed feelings about the life they had lived. They recognised their fortune but cursed their luck. Lucy wanted the best of both worlds.

I would not have done what I did again by choice because it was horrendous and what I went through in the first couple of years of my injury and what my disability impairs is not good, you don't want to have it. Basketball is fantastic but that is a separate thing. If I could right now not be disabled but still have had a basketball career, of course. It is an impossible...I made the best out of a bad situation (pc, July 17, 2013).

Indeed Coach Fred explained that, given his time over he would change the nature of his disability, without altering the path that being disabled had taken him. Therefore both rued the PSH/WB benefits they perceived an AB or less disabled life would have brought, whilst being thankful for all that they had reaped in their disabled lives.

Ultimately players spoke with affection about their careers with GB WhB. Despite all issues and irritations they had no regrets about engaging in an occupation which had offered copious PSH/WB benefits. That this path had only been made possible by virtue of being born or becoming disabled however left players in a quandary when mulling over whether they would choose it again. For, just as their impairments had opened this door, it had closed others and permanently given them over to a life of being 'different.' For some the PSH/WB benefits gained from GB WhB more than compensated them, and yet for others bypassing the AB avenue was bittersweet. And not only did opinions vary but they had the potential to wax and wane as time elapsed. For just as they would never know what a parallel AB world could have offered, neither did they know what was left in store for them in their disabled world.

Conclusion

Getting to London marked the end of a long journey for the players. They had waited with baited breath for what would be the pinnacle of their careers, a home Paralympics no less. And it was mesmerising, arenas pulsing and disability sport given a global platform on which to show off. Players arrived as unknowns and left as icons. They were stars of a show dubbed the 'Greatest on Earth' and it was extraordinary. From wheeling onto courts bathed

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in union jacks, to seeing disabled athletes enter the hearts and homes of the public, they swelled with pride and satisfaction, their PSH/WB immeasurably boosted.

That said in-house turbulence and player under-performances risked spoiling the show. For the men the London cycle had been full-on and hard-hitting. As player-coach relations dissolved so too did their chance at a medal, and their ability to feel vindicated for the compromise of their PSH/WB. For the women a lack of leadership coupled with crippling nerves also prevented a podium place. The London cycle may have been their most professional and harmonious yet, but tears and mediocrity smacked of work to be done. And as all players and coaches carried out their post mortems and contributed to those of stakeholders, a verdict of shared responsibility was recorded and this was a bitter pill to swallow. London had left quite the health hangover.

Overall two key messages arose. First, despite the devastation most players did not regret London nor their service to GB. This reflected not only that the highs had superseded the lows, but spoke of the huge and positive part that GB WhB had played in their lives. For many it had been their making, changed their lives. For some it had even saved their lives. That their PSH/WB had been a casualty of this obsession at times was unquestionable, but so too had it been its greatest benefactor. As such they desired that London's legacy would be more disabled people crossing the threshold of a sports hall to reap these very rewards.

That said, the second message was that being a GB WhB player needed to become a healthier endeavour going forwards, for London had tested their health and well-being. This was apparent in the accounts of those trying to muster commitment for Rio, whilst wrestling with the fear of a recurring London nightmare. Not all were prepared to strap themselves and their PSH/WB onto the same rollercoaster again. Instead they called for their programmes in their respective ways to enter a healthier era. For the men, democracy and positivity was the order of the day, whilst for the women more conviction and cohesion. As they reflected that their PSH/WB needed to matter more if careers were to be continued and medals earned, the notion of a 'Healthy Paralympian' was once again put forward as the blueprint for success. Rio was already on their radar, and they wanted to right past mistakes.

Chapter 5: Recommendations

In view of the data just presented this PhD makes three contributions; empirical knowledge advancement, methodological advancements and practical impacts and recommendations.

Empirical Knowledge Advancement

This PhD sought to develop knowledge pertaining to the PSH and WB of Paralympic athletes, notably WhB ones. It is the first study to examine all this. What's more, in tracking the athletes over a 3 ½ year period, it is unique in having examined how their PSH/WB changed. In doing so it answered the call of researchers (Campbell & Jones, 2002a; Smith & Sparkes, 2012) for research to take place over-time, to afford a better understanding of these athletes and their health.

Specifically Part 1 of Chapter 4 has expanded knowledge of the subjective and multi-dimensional relationship between PSH, WB and disability. Frank's (2006) theory of quest, chaos and restitution has been upheld and the complexity of becoming disabled reinforced. An exasperation with disability pigeon-holing has been revealed and a desire for impairments to infer 'normality' rather than be rubber-stamped 'disability' shared. Finally just as the LR revealed a propensity for disability to be presumed 'unhealthy' (Huber et al., 2011; Krahn & Campbell, 2011), this has been strongly refuted with evidence provided to the contrary.

Part 2 examined the interplay between disability, PSH, WB and sport. In particular it confirmed that stories can be subjectifiers (Frank, 2006), influencing the sporting habits and lives of disabled people. However, in exploring rehabilitation practices it also revealed that such habits risk being jeopardised by negative story-tellers, politics and a spinal unit lottery. With recreational sport heralded a saviour and source of solace for disabled individuals, it is important to address this situation.

Parts 3 and 4 expanded knowledge of the PSH/WB experiences of Paralympians. With similar research of GB WhB players arguably outdated (Campbell & Jones, 1999; 2002a; 2002b) and yet interest in athletes and methods to boost their performance growing (Jefferies et al, 2012), this PhD has thus proven timely. In particular Part 3 offered an insight into the health rollercoaster which athletes endured, increasing knowledge of the interplay between PSH, WB and performance. Despite upholding the obsessive nature of elite sport (Hull Garci & Mandich, 2005; Lafrenière et al., 2011), the notion that PSH/WB and performance cannot marry up was challenged. Instead Part 4 offered stark warnings against allowing athlete PSH/WB to be a casualty of performance, and shared a key message; that health matters and should be invested in, not ignored.

In short, this research has contributed empirical knowledge pertaining to the PSH and WB of disabled individuals and Paralympians. Whilst it has updated and built upon previous research, so too has it offered food for thought and given rise to timely recommendations.

Methodological Advancements

The research was unique insofar as it adopted a more ‘longitudinal approach’ than often is the case in qualitative research, avoiding the one-shot interview approach (Campbell & Jones, 2002a; Williams & Kolkka, 1998). Indeed the blending of life history and story interviews with participant and non-participant observations and visual methods (auto-photography and timelining) make this PhD methodologically original. It enabled the unprecedented accumulation of data, in particular allowing visual illustrations to capture people’s experiences in ways that words alone might not have. In marrying new and old methods multiple layers of rich data have been unearthed, and whilst this has contributed empirical knowledge, it also makes a case for using such methods in future qualitative sport and exercise science research.

Practical Impacts and Recommendations

The recommendations arising from this PhD can be divided into two categories; those disseminated to the GB WhB community and which have already had a practical impact, and further ones made for this and other disabled communities.

Recommendations taken up. Following the London Paralympics, in April 2013 recommendations pertaining to improving athlete PSH, WB and performance were shared with the GBWBA²⁵ (Appendices 7 and 8). This was an arduous process as the RJ notes.

28/04/13: Deciding how frank to be was hard. To reveal all of what the players had said would be to heap criticism on the programme. It would also mean sharing negative views of people who’d been kind to me. As an honest, moralistic person, I loathed the idea of seeming complicit. And yet, in having the tools to help, offering a watered down version would have been a disservice to them and my research. I had to remember that I was just the conduit. After delivering a candid account of the players’ views & making my recommendations, I drove home in a daze. It cannot remember ever feeling more drained.

Indeed, whilst those present confirmed that the message had been hard Coach Doug conceded that it was a fair reflection of the London cycle. Coach Will agreed, reasoning “you’ve been with those guys for two and a half, three years....I knew what was gonna be on that board....

²⁵ Those present included the new men’s coach & assistant, women’s interim coaches, new performance director and talent development officer/junior coach.

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There was nothing in there that I didn't expect." He concluded "what you've just given them...they're simple things that could change the team around" (pc, May 10, 2013).

It was pleasing therefore that the recommendations, in conjunction with the GBWBA player review did indeed have a positive impact on the Rio 2016 programmes and pertinently athlete PSH/WB. There is some evidence of this. This comes not only from comments that players made in final interviews, but courtesy of the 'Year-On' review carried out in May 2014 with 11 male players and coach (Appendices 9/10) and confirmed by the men's Head Coach in December 2014 (Appendix 11). In fact, the researcher spent considerable time in the field to acquire such evidence and this reflected the ethos of the PhD, namely to make a difference to the GB programmes.²⁶ As such it was gratifying that the men's Coach said in late 2014 "this research was different. I can't think of any other research we've taken this far and learnt so many lessons from." In confirming that other research had tended to be a one hit wonder, he explained "these continued discussions have been really important. Your feedback is really valued. It has offered a different perspective, a holistic approach." Finally he concluded "it changed what we do and how we do things," (pc, December 15, 2014). Thus to illustrate this, as recommendations are presented below, their practical impact (with supporting evidence) is also highlighted.

Men's Recommendations. 3 recommendations were made to address 8 problems.

A New Coaching Philosophy. Whilst Part 3 of Chapter 4 revealed that players found the tough nature of the coaching challenging for their PSH/WB, Part 4 shared the degree to which relations deteriorated in London. Given the detrimental effect on performance too, a new philosophy was needed. In October 2012 it was also announced that the head coach was not continuing, his successor an assistant (who had also taken part in the research). Thus with the meeting to offer recommendations a month post-appointment, there was a unique and timely opportunity to share what the players wanted in a new coach, with the new coach.

It was recommended that he adopt a 'firm-but-fair' stance by being hard on, without going overboard with the players, for as Stirling and Kerr (2013) argue optimal performance and WB over the long-term occurs when athletes are more adjusted, independent and not involved in conflict. Carless and Douglas (2013) also propose that coaches reflect on stories that they tell which propagate what it is to be an elite athlete, using narratives that are conducive rather than damaging to WB. Thus positivity and praise was advised. Finally he was urged to allow no special treatment but to set clear parameters, avoid players getting ideas above their station and be brave by filtering the squad to enable a new breed to thrive.

²⁶ The researcher spent 12 hours post data collection in the field - April 2013: GBWBA feedback presentation (3 hours), May 2014: 'Year-On' Review with men (6 hours), December 2014: Meeting with Men's Head Coach (3 hours).

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In short, he was charged with supporting the players, but mixing things up and taking risks, rather than allowing them to stagnate.

Whilst claiming no cause and effect relationship, there was qualitative evidence that this recommendation had been heeded. In May 2014 players spoke of a positive start for the coach (see Appendix 9). Equality had replaced hierarchy, whilst pecking orders had given way to a more inclusive, happy environment (see Appendix 10). He himself also talked of greater collaboration, a non-punitive approach and subsequent good relations (see Appendix 11). His focus was on ‘solutions not problems’, fairness not favouritism and he introduced new rules stating the need to commit or not be selected. There were suggestions that he may not prove strict or tough enough, and still some talk of special treatment. However in giving 8 debutants the nod for the major championships of 2013/2014 (“GB men’s team”, 2013; “Three new faces”, 2014) he challenged this. Players were enjoying a hard but opportunistic regime.

A New Positive Culture. There had been talk of negativity and issues during the London programme, which sapped player and coach energy and created an unhealthy environment. With criticism lavished far more than praise and little recognition of service, players did not feel valued. As Part 4 of Chapter 4 revealed, the unprofessional, disorganised nature of the programme (including in the aftermath of London) did not to help, and left players juggling commitments and lacking motivation.

It was recommended that the new programme be branded ‘Project Rio’ with a new kit launched to enable players to literally as well as metaphorically remove the ‘tainted jersey’ of the past. To promote greater recognition a cap system or alike was suggested, whilst advance scheduling was advised to reflect a more serious programme, and reduce stress. Finally it was proposed that players ‘buy-into’ making the programme more professional and positive too, by performing set GB duties and avoiding past indiscretions or egos.

There was again evidence of such recommendations being taken up and having an effect. In final interviews players spoke of feeling more motivated and valued. Just as Mike talked of the positivity coming off camps, Harry said that receiving phone calls asking him to stay involved was a pleasant surprise. Moreover, though the cap system was not taken up, (a badge system was proffered as a possible future idea) the philosophy behind it was. The coach was recognising player strengths and listening to their feedback, inferring his faith in and respect for them (see Appendix 11). Indeed players also spoke of a democratic culture (see Appendix 10). And yet the culture shift was also attributed to the players and a more supportive team ethos too. As Kane explained “the juniors have a lot more respect and they

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seem more relaxed and confident because there isn't this elitist, aggressive, negative attitude of the top guys bleeding down" (pc, April 8, 2013). Finally, (though some time in coming) new Samurai kit had been rolled out, and it was hoped that this would not only evoke pride but reinforce to the players that they were being invested in (see Appendix 11).

In terms of the organisation of the programme however problems remained. Certainly great improvements had been seen in the planning. The coach explained that this had been a key message of the researcher's feedback and his 10 page session plans and year-in-advance calendar reflected his commitment to change (see Appendix 11 and 12a-c). The players too branded his planning second to none and appreciated these efforts to harmonise and organise (see Appendix 10). However post-2012 funding cuts meant that they were now having to pay for camp accommodation and food. This brought stress and made co-ordinating plans with one another difficult. As such they felt disjointed and criticised the lack of administrative support from GBWBA (see Appendix 10). Further improvements were called for.

Incentivising domestic WhB. As Part 4 of Chapter 4 concluded many players were demoralised post London. Too much travelling and training/camps had become a chore and with well over half the men relocating to Europe, concerns had been prompted over the domestic programme. Domestic players spoke of there being no future unless they trained as one. Worse and as Part 4 also revealed, some were questioning their GB commitment and pondering if they wanted to return for camps at all.

This led to the final recommendation which was designed to stop a domestic vacuum and re-incentivise playing in and for GB. It was suggested that domestic players train at a centralised venue to boost session quality, whilst camps abroad were proposed. Importantly, to encourage players to remain committed to GB, it was recommended that fun be injected into camps. There was a need for players to relish a return for GB duty.

Again, without claiming a cause and effect relationship, there was much success reported here. In final interviews players spoke of enjoying camps. For example Harry commented "under this new regime, from what I'm hearing it's fantastic. Everyone's saying it's fun" (pc, May 16, 2013). This was confirmed by Luke who explained "we had our first trip away last week and it was the first time in years I've actually enjoyed going away with GB" (pc, April 8, 2013). Indeed a new mentality and team atmosphere had left them satisfied by their involvement (see Appendix 10). What's more efforts had been made to inject some light-heartedness into their time together and this included some downtime in Copacabana whilst in Rio for their 2016 preparations. The coach spoke of the benefit of players being able to relax/have fun and alluded to more teambuilding activities in the

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pipeline (see Appendix 11). Finally he had ventured to Europe to see/coach players based there, whilst camps in Italy and Spain had also been trialled successfully.

However the centralisation of the domestic programme and camps was proving problematic. The new Worcester Arena became home in mid-2013 (“University of”, 2014), and yet with domestic players predominately from the north of England travel issues remained. What’s more, no on-site accommodation or food precluded opportunities for domestic and overseas players to bond at camps (see Appendix 10). The coach also conceded problems here and spoke of this being a transition period. He revealed that efforts were being made to forge links with the University to facilitate housing the players as one group.

Overall Impact on PSH and WB: Ultimately the recommendations were designed to improve player PSH/WB, with performance benefits a possible by-product. Having provided evidence to substantiate their positive impact, it was interesting therefore to see how players *felt* that their PSH/WB had been affected. Thus at the ‘Year-On’ Review in May 2014 they were asked, taking everything into account (from opportunity to professionalism, team bonds to coaching, motivation to organisation) to give two words to describe their PSH/WB during the London programme, and now during the Rio programme. Table 16 summarises:

Table 16

Comparing London to Rio and Player PSH and WB

	London Programme	Rio Programme
2 words to describe their PSH & WB	3: Not good/unhappy 2: Tired/overused 2: Stressed/pressured 2: Worried/anxious	5: Happy/happier/more content 2: Will to succeed/motivated 2: Cheerful/positive 2: Knackered/tired

Note. Information was acquired from the ‘Year-On’ Review in May 2014. Only responses given by 2 or more players are shown. (See Appendix 10 for full results). The number of players providing each response is indicated. Colour coding denotes **positive** or **negative** response.

As indicated the Rio programme was favourably compared to London, with player PSH/WB shown to have undergone a positive change. This was also reflected in the scores given by players in marking their PSH/WB out of 10. Figures 29 and 30 illustrate.

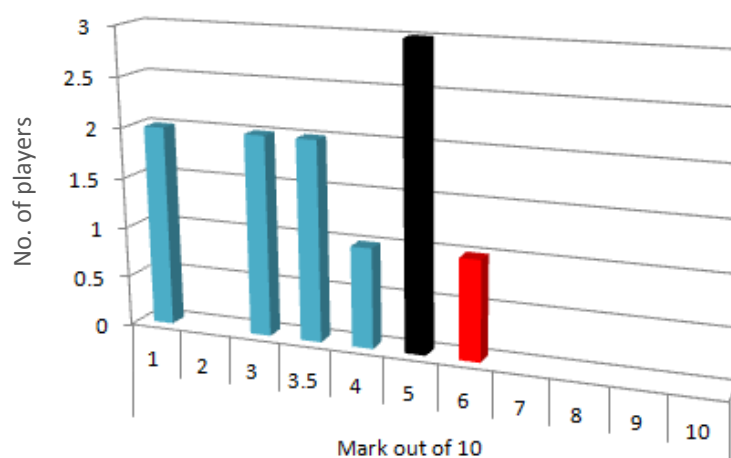
Figure 29. **London:** Player PSH/WB marked out of 10

Figure 29. Graphical illustration of how players retrospectively rated their PSH/WB out of 10 during the London 2012 programme. Data collected during the May 2014 'Year On' Review with 11 male players. Colour coding denotes a **positive**, neutral or **negative** response.

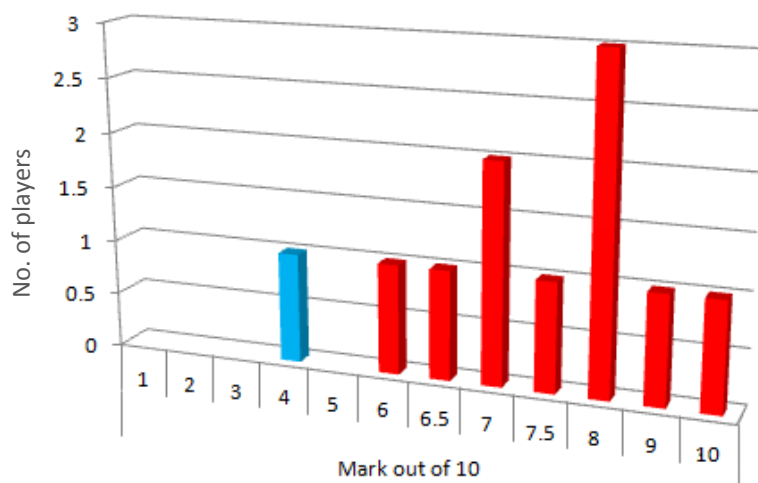
Figure 30. **Rio:** Player PSH/WB marked out of 10

Figure 30. Graphical illustration of how players rated their PSH/WB out of 10 during the Rio 2016 programme. Data collected during the May 2014 'Year On' Review with 11 male players. Colour coding denotes a **positive**, neutral or **negative** response.

The 37% improvement in PSH/WB reinforced that positive changes had occurred. It appeared that player PSH/WB had come to matter more, and indeed a comment made by the

coach also reflected that this research message had been heeded. He said “we realise just how important health and well-being is to the squad, how looking after the health and well-being of the players over a long period helps them buy in” (pc, December 15, 2014). And yet it would be wrong to suggest that there was not further scope for improvement, for though players did say that their PSH/WB was more prioritised, others still claimed that performance could take over or pointed to issues that remained (see Appendix 10). Kane also indicated that it would take time to heal old wounds:

There’s still a little bit of a hangover from the old regime, not in the atmosphere once we’re here but just in that ‘I’m about to get on a plane to go to a GB camp’ and just thinking ‘I’m not sure I want to be doing this’ cos...there’s still that, not an expectation that it’s gonna be crap...but there’s still a bit of a hangover to get past, just the negative connotation around being involved (pc, April 8, 2013).

Indeed finally and in talking about the effect of time, just as there was a hangover from the past, as Coach Will explained there was now a honeymoon period, for example the coach possibly seen as great simply because he was new and different. What’s more with the Rio cycle not near its climax when the feedback was collected, making comparisons with the entire London cycle was also potentially flawed. It was in fact anticipated that as Rio edged closer and the stress was magnified that PSH/WB scores could well decrease, as the pressure increased. By consequence this comparison gave a snapshot of a picture that was likely to change. That said, it was important to deal with the situation in real time, and to this end there was an intention for the researcher to keep contact with the team/coach into 2015 to try to ward against any potential health hurdles.²⁷

Women’s Recommendations. 3 recommendations were made to address 6 problems. With overlaps between the first two, they are discussed together.

Justice, Equality, Courage/A new positive culture. Part 4 of Chapter 4 revealed how in London the squad was not utilised. For some this meant feeling ‘domestiques’ or stifled by having to conform to Plan A. A lack of confidence was also reflected in their form, with free-throwing a particular problem (see Table 12). And yet it was the negative mentality which was a major issue, messages breeding mediocrity, and inconsistencies ignored rather than addressed. Having pre-empted their London form and 7th place an all too familiar story, there was a sense that the time for cossetting was over. Any antagonism and animosity also

²⁷ This had begun and was ongoing. E.g. Findings from the 2014 ‘Year-On’ Review were fed back to the coach in May 2014, informing his practice. Phone, email and face-to-face contact also enabled progress updates to be shared in 2014. The coach was to consult the performance director about organising another review in the summer of 2015.

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needed to stop, replaced by equality and respect. If they wanted to stop being ‘also rans’ and be treated as professional athletes they would need to buy into this. It was time for a change.

The recommendations centred on creating a new philosophy of empowerment and intent. With the London coach stepping down it was advised that a new coach deliver fresh, positive messages, championing the women as something they had never been before. It was vital to breathe confidence into those who’d suffered anxieties, for as Lundqvist, Kenttä and Raglin (2011) assert self-confidence can be a buffer rendering such anxieties less debilitating. There was also a need to grant the women freedom to play, whilst making tough decisions and stopping special treatment. The players needed to be accountable with new standards set and no room for agendas and antics, whilst like the men new kit or caps were proposed to mark a new era. However it was all about the women becoming athletes, not ‘just girls’.

Post London two interim coaches were appointed, with a permanent one not in place full-time until March 2014. Thus insufficient time had elapsed by May to conduct a ‘Year-On’ Review as with the men. However in final interviews they pointed to positive change. Lucy’s comments for example inferred that the interim coaches had adopted an ‘autonomy-supportive style’ which enabled collaboration and empowerment (Keegan et al., 2014).

They listened to us a lot more and they used some of the stuff and tried it out. They also got other people in, so they said ‘we’ve got a bit of a free throw issue in the team’ and they brought in [coach]. It was wonderful. That opened up so many new ideas. It was no longer this secret-military operation (pc, July 17, 2013).

Thus there was evidence of a new philosophy being embraced. The men’s coach also spoke of the team going from strength to strength under their new permanent coach, their highest ever finish (5th) at the 2014 World Championships reflecting this (“GB Women’s”, 2014). What’s more an under-strength team were only narrowly beaten by the Dutch at National Paralympics Day (September 2014), with one player’s 62% scoring rate dubbed “NBA type shooting” (Davies, 2014). Thus this was further evidence of them having entered a new era.

A Team Rising from the Ashes: Whilst close friendships had been apparent during the London cycle, emotional outbursts of players and counter-productive efforts of coaches to harness harmony were also revealed in Part 4 of Chapter 4. This had implied a not entirely stable camp or ideal predicament for PSH, WB or performance. Camaraderie and cohesion needed to replace the heartache and headaches.

It was recommended that efforts be made to build relations, not simply as athletes, but also as women. Rather than forcing the issue with conflict resolution strategies under the

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gaze of the coaches, it was suggested that bonds be allowed to develop more naturally. Teambuilding sessions (off the basketball court) or ‘fun fines’ were proposed to foster a sense of belonging and camaraderie. There was a need for coaches to be tough in the face of histrionics, but also to make WhB fun and relaxing, enabling a team to emerge and thrive.

There was evidence of improvements on this front too. Hill and Shaw (2013) found that criticism of mistakes and a ‘not losing’ mentality could leave athletes more susceptible to choking, and in turn disappointment, anger and a sense of failure. In contrast Lucy talked of the interim coaches taking the heat off, saying “they were very relaxed, much more jokey.... They never talked about medals. They just brought it back to that level where ‘it’s ok, you can make mistakes’” (pc, July 17, 2013). Kate also noted the positivity coming out of camps, though she conceded, like with the men, that they were in a honeymoon period, and that only time would reveal true progress. That said there was evidence of a team emerging. For example the Assistant Coach mentioned that the women had started doing teambuilding activities, whilst their tournament results were also speaking volumes.

Final Recommendation - Sports Psychology. The final recommendation concerned both teams. Part 3 of Chapter 4 revealed the many issues which tested player PSH/WB, from injury to selection. However despite heavy investment in physiological support Part 4 shared the lack of SP support (particularly for the men) which had left many alone in navigating these issues. Given the turmoil in London and reports that player enjoyment and PSH/WB had waned leaving some contemplating their futures, this was arguably an oversight. What’s more Figure 28 revealed that WhB was in the minority (of GB Paralympic sports) not to have SP support, whilst further analysis conducted found that these sports collectively shared no medals from London (see Appendix 15). Conversely with 87.5% of sports with full SP support medalling, it added more support for GB WhB to invest in SP, (see Appendix 15).

The recommendation was simple. There was a need to equalise the support offered and invest more in player PSH/WB by embracing SP support. Thus it was suggested that the performance director source personnel for both teams and moreover that coaches legitimise its use, for this would be critical to its successful introduction (Fletcher & Wagstaff, 2009).

Certainly steps forward had been taken in relation to this recommendation. Whilst the women’s assistant coach mentioned that the players were working with a psychologist in May 2014, for the men it took more time. Indeed it was not until December 2014 that the coach talked of an imminent appointment, after it was decided that it may help to iron out some issues (see Appendix 11). However, though he admitted to softening to the idea of SP,

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he did explain (off the back of his past experience) that the appointee would speak to staff first to gain an insight into and formulate a plan to address the issues, before meeting the players. It was hoped that an ongoing arrangement would be made. That said, though Pensgaard and Abrahamsen (2012) found mostly positive effects of long-term SP support, they did discover its value in the short-term for Olympic/Paralympic athletes. Thus any support, especially given its total absence in London, was likely to be better than none.

Further Recommendations. The research also offered recommendations for other communities. Efforts made to disseminate these are also acknowledged below.

Recommendations for the Paralympic Community. Many findings of the PhD are transferable to other Paralympic sports, not least as the health rollercoaster described in Part 3 of Chapter 4 *may* have parallel versions. However the key message to share was that athlete PSH/WB is significant to and must be managed to fuel optimal performance. As Part 3 testified, push too much and athletes may break, too little and they may frustrate. Part 4 was testament to this and drove home the need for athlete PSH/WB to matter more.

Efforts were made to disseminate this message at the UK High Performance Conference for Paralympic Sport Science and Sport Medicine in May 2013, attended by representatives from Paralympic sports/sport councils. Whilst a poster presentation provided an overview of the findings (see Appendix 13), Dr Brett Smith (the researcher's mentor) elaborated via a talk (see Appendix 14).

Additionally post conference, data provided on SP support of GB Paralympic sports at London was followed up, with further information requested and kindly provided by Sport Wales (pc, May 23- July 2, 2013). The analyses were then returned (pc, July 4, 2013), as seen in Appendix 15. Alongside the findings of the PhD this endorsed an aim laid out in the BPA's strategic plan for Rio (BPA, 2013), namely to develop the SP provision of National Governing Bodies of GB Paralympic sports (see Appendix 17). It was hoped that it may serve a purpose for the sports council in evidencing the value of such investment in SP.

Finally the key messages of the PhD and importance of prioritising athlete PSH/WB was also shared at the 2014 QRSE²⁸ via an oral presentation (see Appendix 18). Whilst those attending were academics, in working with a variety of elite (AB and disabled) athletes, there remained scope nonetheless for informing them and the philosophies adopted by these sports.

Recommendations for Healthcare. Following the criticisms of SCI rehabilitation made in Part 2 of Chapter 4, it is perhaps unsurprising that recommendations are also targeted

²⁸ QRSE = 4th International Conference on Qualitative Research in Sport & Exercise Science, Loughborough University

here. That said, I – as the researcher – realise the scope of this PhD to inform such change. Brittain (2004) in reflecting on research conducted with Paralympic athletes commented that:

Although I personally feel that the struggle for a more just and fairer society than currently exists is a worthwhile one, I also feel it would be arrogant to believe that this research, on its own, could have this kind of effect. (p. 434)

This is a shared philosophy. Thus, though the recommendations are made on the basis of wanting to improve the PSH/WB of patients, they are also made in the knowledge that this research can only hope to make a contribution to and promote awareness of this topic.

With players advocating the therapeutic nature of sport and yet a postcode lottery in danger of risking this, one recommendation is to de-politicise healthcare practices, notably within SCI rehabilitation, to prioritise patient PSH/WB. One way that this could be done would be for policy-makers to re-think the ‘opt-out’ nature of sport and push, not just sport, but also exercise more. Indeed, though some may consider it a patient’s right to ‘opt-out’ an extract from the RJ offers a counter-argument.

20/05/12: It's ridiculous that sport is not compulsory in SCI units. Physios can't force patients. 'Force' – is that 'wrong' for I can already hear some tut, tutting at my political incorrectness! To force someone to do something is to hold out your hand out for your P45 after all. Physios are embroiled in a system where policy trumps common sense. Surely it's better to 'force' patients to shoot at hoops, reaping PSH & WB benefits, than have medical professionals 'forced' to jump through hoops?

Having said this, bringing about this change would not be easy. As such efforts could be focussed instead on addressing the inequalities which see patient access to sport dictated by spinal unit allocation. For example more links could be forged between spinal units and local sports clubs, given that most of GB’s players came from units with such links. What’s more where this would be impractical due to insufficient facilities, Paralympic NGBs could attempt to plug gaps left by the lottery. Gioia et al. (2006) also stress that rehabilitation units and sports organisations could collaborate more, whilst Figure 31 summarises how this could be done.

Figure 31. Plugging the gaps left by the spinal unit lottery



- ‘Try and talk’ sessions at under-represented units
- Targeting patients/players in other home countries
- Networking/partnerships – e.g. Battle Back



Figure 31. Illustration of how organisations like GB WhB could address gaps left by the spinal unit lottery, to ensure access of all patients to sport. GBWBA logo (2011) retrieved from British Wheelchair Basketball, copyright 2015. Spinal injuries map (2011) retrieved from Southport & Ormskirk Hospital NHS Trust.

In justifying these ideas, Part 2 of Chapter 4 revealed how storytellers had initiated the GB players into WhB, and how WhB friends/players play a key role in getting individuals into the game (Williams & Kolkka, 1998). As such there is evidence that NGBs running ‘try and talk’ days at units with poor sporting provision or those underrepresented in their sports could be fruitful. With GB players saying that they would fulfil this role and unit physios keen to receive them, this was put to GB WhB, with details to facilitate contact (see Appendix 16).

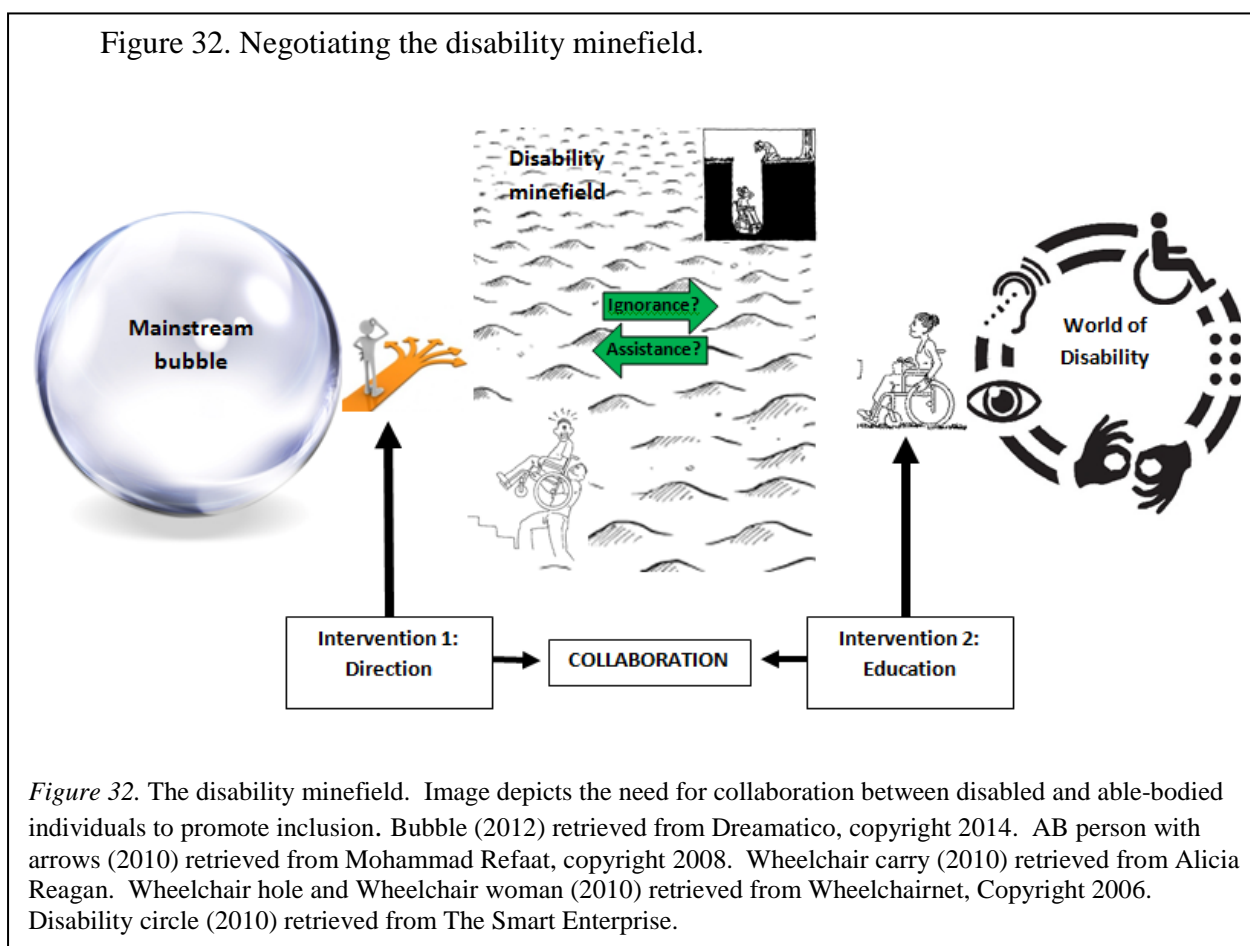
It would be naïve not to recognise that sports like WhB would also benefit from this arrangement, for mainstream sports supply elite players (De Jong et al., 2010) and patients are possible players no less. Indeed in thinking further along these lines it was also suggested that GBWBA target units outside of England given their lack of representation in the squads. Though the previous men’s coach had cited links with Ireland, Coach Doug spoke of further progress here, with one of the GB staff having become Scotland WhB development officer, and a Welsh addition to the men’s squad (see Appendix 11) evidence of this. In contrast a partnership with Headley Court to attract ex-military athletes had not been pursued. And yet it must be stressed that though Paralympians could be borne from these links, this is not the rationale for encouraging them. Instead, and as alluded to earlier, such proposals are made on the basis of wanting more newly disabled individuals to know the PSH/WB benefits of sport.

Recommendations for disabled community. The last recommendation concerns the PSH/WB of the disabled community. Part 1 of Chapter 4 shared how some players discarded the disability label, whilst others found that their impairments were undeniable or illuminated by society’s spotlight. For a few a disabled life even seemed unliveable. And yet this was not

the case. It was simply that they had to find this out.

For many, sport was their light-bulb moment, and indeed a key message of this PhD is the value of recreational sport for disabled individuals who wish to access it. It is just that sport shouldn't have to be a saviour, for disability should not be deemed the ugly sister of 'able-bodiedness' in the first place. Thus this PhD proposes methods to address some of the causes of disability being undermined, with the intention of empowering disabled individuals.

In Part 1 of Chapter 4 collaboration, (of AB and disabled individuals) was proffered as a way of dismantling the ability-disability divide to better promote the inclusion of disabled individuals. Figure 32 provides a visual illustration of this.



Indeed the ideas that follow uphold this philosophy. That is, as Table 17 confirms AB and disabled people are both responsible for fostering change. Ultimately, if such ideas could be heeded, instead of being abnormal disability could come to be un-extraordinary, possibility could replace prejudice and the PSH/WB of disabled people could be the greatest beneficiary.

Table 17

Collaborative proposals for promoting the PSH/WB of disabled individuals

Proposal	In response to what findings of the PhD?	AB or disabled-led?	Impact on PSH/WB
Positive rather than negative story-telling, which works FOR, rather than ON the disabled individual (Frank, 2006)	<p>Player comments regarding:</p> <ul style="list-style-type: none"> • Cautious physicians • Special treatment at school • Having to reassure loved ones • Parent mollycoddling • Impact of positive storytellers 	<p style="text-align: center;">AB</p> <ul style="list-style-type: none"> ➤ Healthcare - Doctors (messages of capabilities, promoting sport) ➤ Teachers (treating disabled pupils same as AB ones) ➤ Family (not mollycoddling, doubting or transferring anxieties) 	<ul style="list-style-type: none"> ✓ Disability = better rather than lesser identity ✓ Positive opinion of own capabilities ✓ Independence promoted ✓ Sport/activity encouraged
Better social networks for (particularly newly) disabled people in community, to facilitate their transition/personal development	<p>Player comments regarding:</p> <ul style="list-style-type: none"> • Value of meeting disabled people • Disabled peers taking wrong path due to lacking knowledge of opportunities • Impact of positive influences <p>Observations/Photos revealing:</p> <ul style="list-style-type: none"> • Support networks/sharing knowledge • Friendships/camaraderie 	<p style="text-align: center;">AB/Disabled</p> <ul style="list-style-type: none"> ➤ Sport-specific – Disabled teams seeking social as well as playing members ➤ Non sport – community centre monthly activities/meeting point ➤ Mentoring schemes – newly disabled person & positive local disabled mentor/sponsor 	<ul style="list-style-type: none"> ✓ Informal rehab ✓ ‘Normalising’ experience ✓ Mutual Support ✓ Altering personal perceptions ✓ Social integration ✓ Friendships/camaraderie
More media coverage portraying disability in a refreshing & positive light, informing public opinion	<p>Player comments regarding:</p> <ul style="list-style-type: none"> • Disproportionate media coverage • All disabilities tarred with same brush • Public prejudice - bullying/abuse <p>Observations of:</p> <ul style="list-style-type: none"> • Media interest in players pre-London • Power of London coverage on society <p>Statistics arising from coverage:</p> <ul style="list-style-type: none"> • More participant nos/changed perceptions 	<p style="text-align: center;">AB/Disabled</p> <ul style="list-style-type: none"> ➤ Channel 4 - continuation of championing disability sport. ➤ Other TV stations & newspapers - increasing coverage ➤ More disability pundits/ presenters ➤ Media avoiding ‘sob stories’ or ‘supercrip’ angles 	<ul style="list-style-type: none"> ✓ ‘Normalising’ disability ✓ Education - altering public perceptions ✓ Appreciating spectrum of disability ✓ More disability role models ✓ Inspiring others – e.g. to become Paralympian

Interestingly as recommendations were committed to paper in 2014, some seemed to be playing out in reality. That is, just as it was proposed that the media continue to showcase disability (sport) and educate the public, September saw the Invictus Games²⁹ hit TV screens with Prince Harry at the helm. Refreshing tales of injury and impairment were shared, with him an unexpected storyteller. Indeed at the Opening Ceremony he claimed “[The Invictus Games will] create a massive stir, not just amongst the general public here, but across the world....No longer are these inspirational men and women defined by their injuries, but as athletes, competitors and teammates” (“Invictus Games Opens”, 2014). And not only did subsequent reports of greater numbers entering WhB infer the power of the media and storyteller, but discourses were seen to be changing. Disability is no longer the taboo of the past, but trendy and trending even! An extract from the RJ provides evidence of this.

03/09/14: Over coffee today Dad mused that disability has become hot property, that my PhD turned out to be on the money. Thanks to the media coverage of London or the current Invictus Games it is no longer in the shadows.... It seems to be talked about differently now, it has been legitimised maybe. Only a few years ago I felt in the minority of those who even cared. Not anymore.

Therefore the PhD appeared to elapse during the time that disability landscapes shifted. The synchronicity between proposals made and what occurred in practice reflected this, and offers hope that further steps forward will be taken as disability finds its place in society. Perhaps London 2012 was the orchestrator of change, and delivered its promise of a legacy. Perhaps Lord Coe was right in saying that disability would never be thought of in the same way again. And perhaps one day GB WhB players will be simply players without the prelude, just as disabled people will be ‘just’ people.

Limitations and Future Research Directions

As with all research, this PhD has its limitations. The PSH/WB of the athletes was the focus and this meant many areas to explore; selection, injury, coaching, etc. What’s more in tracking the players from being/becoming disabled, to reaching and even retiring from elite WhB, the research was wide-reaching. Thus it was imperative to adopt a holistic approach and not travel too far down one research path, to the detriment of others. Mostly this was successful. However, occasionally the researcher unwittingly delved deeper than required,

²⁹ The Invictus Games was a sporting event that attracted over 400 athletes from 13 nations. All athletes were wounded, injured or sick ex-military personnel. It was held in London and involved competition over 4 days in sports such as WhB, athletics and archery (“Invictus Games London”, 2014).

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excavating rich data treasures which couldn't be fully celebrated within this PhD. This meant that additional data and research leads were left on standby.

What's more, the large workload precluded any opportunity to explore the topic with other Paralympic sports. With the researcher teaching part-time whilst completing the PhD, there was not time to travel, interview or observe another set of athletes. This is unfortunate because comparisons would have allowed for common and unique PSH/WB influences to be seen, making the findings arguably more credible for the Paralympic community.

A final limitation regarded the inability to conduct a 'Year-On' review with the women's squad to assess more deeply the practical impact of the recommendations made in April 2013 on their programme. As mentioned, the late appointment of a permanent coach meant that insufficient time had elapsed to conduct a review with players at the same time as the men. Additionally he had not been a part of the research and did not want the researcher to conduct a review until a later date. Though some evidence was acquired from the Assistant Coach, (who confirmed that he had revisited the proposals for pointers), this meant that the degree of analysis here was less than desired.

With the above in mind, opportunities for further research emerged. Whilst some are in the pipeline for the researcher, others require new research minds.

Opportunities for the researcher - GB WhB. As mentioned plans are in place to stay involved with GB WhB. In particular it is hoped that another review will be scheduled with the men for the summer of 2015 (see Footnote 27; p.225) to establish whether their PSH/WB continues to follow an upward trajectory or if the pressures of Rio 2016 start to tell. Indeed the coach is keen to maintain an ongoing relationship with the researcher, not least given her rapport with the players which offers scope for achieving candid feedback. Furthermore this offers an opportunity to track the PSH/WB of Paralympians over two cycles, London 2012 and Rio 2016, which is unique and unparalleled research territory.

Opportunities for the researcher - elsewhere. The researcher also plans to research SP support in GB Paralympic team sports. Whilst the absence and yet possible significance of SP for GB WhB was shared in this PhD, this is an area where significantly more evidence was acquired than could be presented. With further analysis done by the researcher finding a correlation between SP support and medal success at London 2012 (see Appendix 15), there is also a desire to understand why it was largely team sports who did not invest in it. Thus this is a research priority and the researcher intends to use GB WhB as one case study.

A final research lead arising from the PhD which is to be followed up is the retirement experiences of Paralympians. This was touched upon as players alluded to the relief and yet regret of leaving WhB. However there is also a lack of literature on the aging experiences of elite athletes (Ronkainen et al., 2013), and particularly the retirement experiences of disabled athletes (Wheeler et al., 1996; 1999). With Martin and Wheeler (2011) suggesting that this needs addressing the researcher plans to use the data already acquired as a starting point.

Opportunities for others. Further avenues arising from the PhD for other research minds to follow up include comparative studies. First it would be useful for similar PSH/WB research to be carried out with other Paralympic (particularly individual) sports, again linked to a Paralympic Games. This could afford comparisons and an understanding of the unique and common PSH/WB highs and lows of Paralympic athletes. Secondly research with athletes living in the host nation of future Paralympic Games could enable the relationship between a home Paralympics and athlete PSH/WB to be further interpreted.

Chapter 6: Concluding Thoughts

With the key messages of the PhD already presented, the researcher wanted to step in front of the curtain for a final time and draw what was a privileged research journey to a close...

I began the research wanting to discover the PSH/WB experiences of GB's WhB players over time, culminating in the London Paralympics. Having been told by GBWBA at the outset that it was unlikely to offer them much benefit, such was their confidence in their systems, it transpired to be a quite unexpected and significant voyage of discovery for all. And so too was it timely, for as the Paralympic pantomime in all its technicolour glory came to town new dialogues and discourses were initiated regarding the very issues being studied – disability, athleticism, performance, health.

And yet for the players, London was simply judgement day. Being a GB athlete had meant many sacrifices, from 5am starts to pressure sores, crazy schedules to team wars. The 'no compromise' approach of the men and 'no consistency' issue of the women translated into a tempestuous rollercoaster ride, which tested their PSH/WB beyond expectation. But then success and silverware would repay the debt wouldn't it? Unfortunately no and this left the players and coaches mulling over what it had all been for. Perhaps there was room for improvement after all. Perhaps athlete PSH/WB needed to matter more.

But do not mistake me. The desire for a podium place in London may have caused tunnel vision, and seen some enslaved by the sport, but for many players it had been their saviour. For WhB was 'bumper cars in chairs', refuge from society and a gateway to a new life. From in jokes to shared woes, player highs to difficult lows, giggles and gaffs to huddles and laughs, it offered support and solace. And this threaded through all levels of play, elite included. Indeed, sitting amongst the day chairs and metal limbs littering the sideline, I have never seen or envied so much the sense of belonging, the men brothers in arms, in spite of the stress. It was as health-affirming as it was a dangerous obsession.

What's more, a life on-court was far preferable to one sat at home or being patronised by so-called 'experts'. The players might have accepted that they had impairments, but they didn't want, nor see a need to be disabled by them, (therefore aligning more with the medical than social model of disability) and sport offered the chance of a different identity. Thus for some life was defined as before and after WhB, once a welcome friend and now a lifelong companion. It may have been an unhealthy drug at times, but it was also what cured and convalesced them in their hour of need, and they will stay guardians long after removing the

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national jersey. There may have been heartache, but no players had any regrets for WhB gave them a wonderful life.

And so what did the research find? Well WhB can be both friend and foe. It can rob players of their health whilst being the very thing that made them healthy. So should it be recommended? Without question if it is to be enjoyed recreationally, absolutely and if, with some critical thought, it is to find its rightful place again in rehab, but perhaps with a little caution if it is to move to an everyday (elite) indulgence. This research took place with GB WhB when Paralympic sport stood up and was noticed. I saw the sport at its best and worst. I smiled as players had their PSH/WB championed and cringed when success was so cruelly elusive. It was a health rollercoaster...but if I were 'disabled' I'd be strapping myself in for the ride.

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APPENDICES

Appendix 1: Extracts from Literature Review Matrix

Author, article, year	Disability (and Rehabilitation)					Sport for people with spinal cord injuries/disabled					
	Impact on social health		Impact on psychological health		Impact on societal health	Prevalence of sport for those with SCI/dis	Impact on social health		Impact on psychological health		
	Ability to form/ sustain relationships with others	Ability/ desire to socialise/ cope in social settings	Medical conditions. E.g. Depression, anxiety, etc.	Inner well-being - e.g. loss of hope, self-confidence, self-respect, quality of life.	Disabled people's perceptions of their ranking in society/what they can offer /do (job, family, etc.)	Society's perceptions of disabled people & what they can offer (stereotyping, medical labelling, ignorance)	Amount /type /duration /intensity of exercise	Positive effects- meeting like-minded people, social interaction, part of a team	Negative effects - e.g. athlete snobbery, excludes.....)	Positive effects - increased self-confidence, normalising experience, empowering etc.	Negative effects - too much emphasis on sport during rehab, think they are invincible
Levins et al (2004) Individual and Societal Influences on Participation in Physical Activity Following Spinal Cord Injury: A Qualitative Study	x (friends and family can take a little time to adjust to the ind's dis too, and their changing.....)				x (loss of identity following SCI - can miss old AB ident, shatter old ident.....)	x (Soc can view dis inds as not capable - discounting them as being able to play sport....)	x (Those with SCI are often inactive. Even for those involved in sport prior to their SCI.....)	x (getting involved in sport can be a way of the dis person interacting....)	x (can lack support from friends and family when start sport....)	x (sport can help build self-esteem, confidence. It can be a productive use of time)	x (rehab exps can be not great, or not encourage a)
Lindemann (2008) "I Can't Be Standing Up Out There": Communicative Performances of (Dis)Ability in Wheelchair Rugby.contin.....									x (competitiveness/ physicality can exclude some...)	x (normalising experience)	
Martin & Wheeler (2011) Psychology	x (can strain relations with others- can lose friends, marriages can end)		x (Disability Paradox - people with dis can still have a good QOL.....)		x (whilst dis athletes have much in common with non dis ones, they operate within a.....)		x (it isn't unusual for formerly active inds to get in in dis sport....)	x (parents of dis children feel that their child showing...)	x (dis children can have their involvement in sport trivialised, or capabils doubted)	x (coaches must not presume just because someone is dis....)	

Author, article, year	Paralympics/Disability Sport			The Elite Disabled (Wheelchair) Athlete				The Future: The Legacy of the Pa			
	History		View of paralympics & disabled athletes	The Ups- social, psychological, societal		The downs - social, psychological, societal		A lasting legacy - positive repercussions o			
	Of Paralympics /disabled sport. E.g. Sir Ludwig Guttman & Stoke Mandeville	Of Quad rugby/ basketball	Status amongst disabled population- i.e. elite sport, etc.	Status within society. E.g. Not as credible as Olympics, focus on sob storg, etc.	Internal - e.g. glory, satisfaction, being of a great team, etc.	External - travel, medals, etc.	Personal challenges e.g. Injury, non-selection, losing, etc. Athletes can be elitist	Challenges created by others - Not taken seriously, lack of funding, classification issues, etc.	Social - opportunities to continue as part of a team - become coach, etc.	Psychological - E.g. Sense of achievement, pride in success. Relief following years of life dictated by sport. Excited about future opportunities.	Societal - E.g. Respect from others for success, 'celebrity' status
Martin et al (2011) Personality and Mood in Women's Paralympic Basketball Champions			x (Research with elite disabled FEMALE athletes is rare. Research comparing.....)	x (women who made team were tougher-minded, had lower anxiety levels, depressive moods & confusion & more vigor....)		x (those NOT selected showed reverse affects, including being less tough-minded. Their mood states were not as good either...)					
Martin & Wheeler (2011) Psychology ...contin.....					x (elite athletes feel confident & enjoy their performs...)	x (coaches, psychologists, etc. can promote...)	x (sport consid - e.g. Anxiety AND non-sport consid....)	x (can feel others don't see them as legit - whilst research suggests...)	x (IPC have signed an agreement in 2007 with Adecco Athletic Career Program...)	x (see opps to explore new things, can be relieved to no longer have training...)	x (athletes could be recognised more - during & after career - may help in transition)
Semerjian (2009) Disability in Sport and Exercise Psychology		x (should there be a combined games?)	x (Pistorius case- equity & fairness...)	x (study showed wheelchair players...)		x (wheelchair basketball players not selected had...)	x (When dis use assistive devices- Pistorius & wish...)				
Wheeler, Malone, VanVlack, Nelson, Steadward (1996) Retirement From Disability Sport: A Pilot Study					x (friendships, athletic identity)	x (travel)	x (life can revolve around sport dominating ...)			x (relief-not having to train- time to heal, exciting...)	

Appendix 2: Sample of a Life History Interview (Interview 1)**Male Player - 20th April 2011 - Post training session - 5.00pm**

Interviewer: So just to start off with I just want to get a bit of information about your background

Interviewee: OK

Interviewer: so kind of where you grew up, brothers and sisters, family, that sort of thing

Interviewee: Yeah I grew up **Matlock**, er married, one little boy called **Frank**, just turned one, er live in **Surrey** now.

Interviewer: OK

Interviewee: That's about it really

Interviewer: OK tell me a little bit about your lifestyle now then, kind of what a typical week is like for you.

Interviewee: A full time athlete, er so generally it's training twice a day, including a mixture of weight sessions and on court sessions and I have Tuesdays off and Tuesday is the day I have my little boy while my wife goes to work that day and that's basically Monday to Friday and then weekends is generally took up by games or or just family, family friend time.

Interviewer: Do you have like a club that you play for?

Interviewee: Yes we're just finishing the season at the moment, we've just won the league, er....

Interviewer: What club is that?

Interviewee: **Surrey**

Interviewer: OK

Interviewee: So I'm just finishing with them this season and then next season I'll be playing for **Newcastle**

Interviewer: What's made you decide to change?

Interviewee: It's just how the structure of the leagues changed and them wanting me to play with different players who is, happen to be at **Newcastle** so it's just for that really.

Interviewer: Is that the G.B. Squad wanting you to change?

Interviewee: G.B. Squad yes. There's me and another guy there and we play together at G.B. so they want us playing together a full season hopefully as a build-up for London, so.

Interviewer: OK so at what point did you start to play wheelchair basketball?

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Interviewee: I started when I was thirteen, I used to do a bit of athletics before sort of like shot, discus, javelin that type of thing and then just got introduced to basketball at National Junior Games and took it up at 13 so been playing it ever since then.

Interviewer: OK so at what point did you acquire the disability or was it....?

Interviewee: From birth I contracted meningitis, well it's like spina bifida and that were from a very very early age, so more or less, more or less from birth really.

Interviewer: OK do you think having a disability has had any impact on your life kind of growing up for example?

Interviewee: Not really, I think with me being obviously more or less from birth I've never really known anything else. Er, if it has had an impact it is only a positive impact because I wouldn't be with the woman I am with now, I wouldn't have the boy, I wouldn't have been to Olympics, I wouldn't be living where I am now, so I can't see any negatives to it really.

Interviewer: OK, so can you explain what the nature of the disability is in terms of how what, does it manifest itself, does it play any limitations on you for example?

Interviewee: Yes basically it means I am just wheelchair bound and I'm just basically affected just from the waist down so I've got all my upper movement. I can move my legs and all that but basically I just can't weight bear or walk basically so obviously I'm in a wheelchair 90% of the time really.

Interviewer: OK so did you, when you went to school, did you use a wheelchair when you went to school?

Interviewee: Yes I did until I was 12 I went to a Special Needs School and er basically my parents decided that weren't right for me so they got me into a main stream school.

Interviewer: So what was the difference between a Special Needs school then to a mainstream school?

Interviewee: Well basically with a Special Needs School you're with all disabled people no main stream people there so all you know is disabled people and I obviously wanted to be in a main stream environment.

Interviewer: What made you not want to be in a Special School?

Interviewee: The way I was I didn't need to be, I needed to be with what you would class as able bodied people, normal people without a disability. I didn't want to be in a world where everything is focused around disability so they, they got me into a main stream school at 13 and then I did all my junior school into high school all the way through.

Interviewer: Why was it that, these days presumably if you were to be 13 again now presumably you would go to a main stream school now so have things changed?

Interviewee: Yes it has changed a lot. Yeah, I mean, when I was talking, well I'm 29 now, you're talking like 16 year back, back then it was if you were disabled you went to a Special

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School that's it, but my parents did a lot of fighting to get me to a main stream school and even when I went to senior school there was a massive thing that they wouldn't take me to start with and then there was a massive petition done and then they got a sponsor to put a lift in and everything, and the school got a brand new lift put in just because of me and chair lifts and, and everything and so it was a big thing back then.

Interviewer: So why was it that they were tentative about you going to the school?

Interviewee: I think, I think it was just having, they never really came up with any reasons. I think a lot of it would have been health and safety. You know you've got this kid in a chair, pushing around with all walkers so to speak, somebody's gonna get injured and can I cope in a main stream school, er mentally I suppose that might have come into it but back then it were a bit of a fight.. My parents did amazingly really to get me where I am really.

Interviewer: What made you and your parents not want you to continue in special school. You said that it's, you know, you wanted to have the same opportunities as able-bodied individuals?

Interviewee: I think they just wanted me growing up, not, not in this bubble, that's what it were basically, you were mollycoddled so to speak, everything were done for you, that, that weren't right. I weren't brought up like that at all, you know I were brought up you're in a chair, fair enough you got on with it, that's it and it wasn't like that at the school. The school was everything was done for you instead of you doing everything, everything for yourself and alot of my mates were, after 12/13 you're starting to get mates and stuff like that and they were obviously going off to the mainstream school but I had to go off to this special school. It just never really worked.

Interviewer: OK so when you kind of then went to mainstream school, kind of secondary school, how was it, was it great, did you enjoy it?

Interviewee: Brilliant, yeah, yeah, it were awesome, never had any problems, never really came across any negative things really.

Interviewer: No negative things from the kids, no bullying or anything like that?

Interviewee: No not really, which were quite surprising. Er there might have been the odd thing but

Interviewer:you can't remember?

Interviewee: No never stood out or out. It's just here's the new kid, you got the new kid stuff, that were it, there were nought else really.

Interviewer: So you don't feel that actually having a disability placed you at any disadvantage in the school?

Interviewee: Not personally

Interviewer: Everyone was happy to be friends with you and all the rest of it?

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Interviewee: Yes I had really good friends set up at school so I never, never found ought negative like.

Interviewer: When you kind of would be out and about in society, growing up if you were pushing around in your chair, did you ever find there were any negative perceptions from other people, people treating you badly or ...?

Interviewee: Not really, I mean I suppose you got people looking or whatever, but I never, maybe you don't notice it, I don't know but I never had anyone say ought to me, you know like that so...

Interviewer: It's interesting you because you use the word kind of 'normal' as you know, you wanted to go to school with people who were normal

Interviewee: Yeah

Interviewer: Do you think the perception of society is that disability is not normal?

Interviewee: Well it's summat different isn't it and what, what people don't, don't understand I suppose that's what the fear is and what isn't classed as the normality. I mean I class myself as everyone else, you know as yourself as anyone else. For me there's no difference and I suppose the only thing I ever really got is "why you in a chair, you don't look as if you should be in a chair" because obviously I, I look maybe just like yourself sat in a chair, I don't look any different and I'm pretty big so and that's the only thing I ever really got.

Interviewer: Do you think that people almost couldn't understand why you used a wheelchair because you're quite strong...?

Interviewer: Yeah because I didn't look like I needed, needed to be in a chair. That's the only thing I can ever really remember but like I say, I had a good set of friends what never took any rubbish anyway so I suppose I was shielded from it if there was any but I never got to experience it at all.

Interviewer: So no negative effects. You don't feel that within society you're ever treated any differently to anyone else?

Interviewee: No, not really, not that I can ever say I've come across it and if there ever has been anything I've always found a way around doing it, like when I did my Gym Instructor because I'm a qualified Gym Instructor and Personal Trainer I was the first person to do that because nobody in a chair had ever done it before.....

Interviewer: Really?

Interviewee: So first time I went through it they were like "oh well yeah, you can't do it but there's a way round it", obviously there's some stuff I can't practically show, so I just theory it, I just talk it through, so there's ways round everything.

Interviewer: So in a way it's not been a barrier to you and you haven't let it be a barrier to you and you've done exactly what you wanted to do...

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Interviewee: Exactly, yeah....

Interviewer: ...And led exactly whatever life you've wanted to lead

Interviewee: Exactly

Interviewer: And so how did you first kind of come to be involved with wheelchair basketball, what kind of got you involved, or who did, was there somebody who put you in touch with the team or what?

Interviewee: Like I said I did the athletics to start with and I was an obese kid, probably 12, probably 9 – 12 I were really obese so my mum and dad said look you're gonna do something so right, fair enough and I tried various stuff, I tried swimming, athletics and all that. I did athletics, pretty successful at that, National Champion and all that and then I just found basketball at National Junior games and just, just took it from there really. It was definitely my parents who were the driving force originally behind it.

Interviewer: OK and so what was your first experience like when you played it?

Interviewee: I just were hooked on it and it were just this sport what it didn't seem to have any limitations, you just played and that were it and you got chucked out your chairs and in them days you didn't play with any straps or ought on so you were always coming out and I love all that rough and tumble type stuff anyway so..

Interviewer: I was gonna say, is that kind of the draw of it, the fact that it is very physical and aggressive and...

Interviewee: I think so back then yes and I was pretty good at it, so that's always helps, you always like things that you're good at I suppose and I did pick it up pretty pretty easy.

Interviewer: Would you say that kind of getting involved in wheelchair basketball was a positive thing for your health, obviously physically in terms of conditioning and that sort of thing?

Interviewee: Oh without a doubt

Interviewer: Would you say psychologically as well, did it make you feel happy, healthy, that sort of thing?

Interviewee: Yeah definitely, like I say I lost a lot of weight through doing the training anyway, er and obviously when you are a big kid it's not necessarily best anyway for yourself, for your mental and all that. Cos I never really used to do ought, I used to just sit in my room and do that before and this is when I was at the other school as well which I don't think helped. So yeah it definitely helped.

Interviewer: And do you feel that getting involved in wheelchair basketball helped you to feel more independent, improved your quality of life?

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Interviewee: I don't know about being more independent. I think that's come from my upbringing more than, more than ought else since I've always been independent, but definitely health and wellbeing without a doubt.

Interviewer: And was it a kind of social thing as well, playing in a team. Did you have friends through the team or was it separate?

Interviewee: No, no, no it was totally, totally different. I feel my friends were mainstream you know kids anyway from where I were from. None of them were to do with basketball but then obviously you get another set of friends through basketball.

Interviewer: Did you like the fact it that it was a team sport cause there's a social side to it?

Interviewee: I don't know if it was so much a team social side, more that it was basketball. It were just that what hooked me and anything else that came was a bonus really.

Interviewer: OK and then kind of what was the chain of events following this? So this is how you got involved in it and so you obviously progressed and became better.

Interviewee: Yes after playing for so long I got selected for the Under 22 squad at 14/15 and that, that, we got took to Canada for first World Championships, first ever World Championships and then it just went from there really and then I got into senior squad when I were 19 so I've been in senior squad 10 years now.

Interviewer: OK so that must have been quite a big deal, to be young and travelling the world.

Interviewee: It were massive, yeah, yeah. Well I'd never been abroad before that either so my first trip really was, was straight to Canada. My dad came with me and everything cos they thought I was a bit young to be going on my own so my dad paid his own ticket and he got out there and everything, so it were really good .

Interviewer: It was a great opportunity to be able to do something like that.

Interviewee: It was amazing yeah.

Interviewer: And so can you remember what it was like going to that first tournament?

Interviewee: Vaguely yeah. I mean I can't really say I had any nerves cause we didn't really know what to expect. It were just let's have another game, let's just have a laugh and alot of the lads now who are in the senior squad came through that way as well so we've more or less all stayed together.

Interviewer: And so ten years now with the G.B. Squad. If you were to try to explain to someone like me, who isn't an elite athlete, what are the highs and the lows, starting off with what are the highs of being an athlete, what do you think is the best thing about playing wheelchair basketball?

Interviewee: It's just achieving your goals, it's just seeing how good you can be. You know, you do only get one life and you've got to make the most of it and playing elite sport at the

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highest level which is the Paralympics, which is what I have done, you're not going to get any better than that and this is your chosen job so as to speak, so you know if you're an Executive Director I suppose you want to make the most money you can. If, if you're an athlete you wanna play at the Olympics or Paralympics and that's what I've done.

Interviewer: What is your motivation? Is it kind of wanting to be the best you can be? Is it wanting to achieve medals?

Interviewee: Everything. Yes, I want to be the best player I can be, er and then you start judging yourself against people in the world so you want to be the best player at your position in the world and then you wanna obviously win the medals and, and all that and see how good the team can be cause I think we can be really good at the moment.

Interviewer: And so kind have you had high points where you have won a medal and you've reached expectation or you've achieved something?

Interviewee: Well my best one was in Beijing. We got bronze medal at Beijing and my best memory from that were the Opening games, 16,000 sell-out and er I probably had my best game in the Tournament in that first game. You'll never forget that.

Interviewer: Tell me about what it feels like to play at that stage.

Interviewee: You just know you've got there. All the hard work of the last ten years or whatever, even, even longer, all the sacrifices you've made, all the sacrifices your family's made because obviously you're away, you're away quite a lot, so your wife and your family, and all the sacrifices my mum and dad did until I was 17 taking me everywhere, they took me literally all over the world to do this, that's what it's all about, it's all about playing on the grand stage.

Interviewer: And what's it like when you're kind playing, it's a packed crowd and you're winning?

Interviewee: It's, it is an adrenaline rush but it's a bit of a cliché, it's just another game, it's what you do and, and that's it really.

Interviewer: And when you win, so when you won in Beijing, you got a bronze medal, what was it like in the changing rooms afterward?

Interviewee: Oh, it was just a massive, massive celebration, cause we came through a lot of adversity in that tournament, with our coach being ill and some players being ill and we still got there and then we beat the Americans in bronze medal game which is always good. So yes it's just a relief as well. It was a massive celebration.

Interviewer: Is it a relief because there's a pressure, do you feel there's a pressure and expectation not just maybe internally through your own expectations and as you say the fact that you've worked so hard

Interviewee: Yeah....

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Interviewer: ...over so many years you've wanted it to amount to something but is there also expectation as well kind of externally to meet targets to justify the funding?

Interviewee: Well yeah, I suppose there is. Personally I don't think about the external stuff like all the funding and all that because that's, that's out of my control at the end of the day. Er, the pressure what you put, it's pressure you put on yourself, so I want to play well every game, I want my team to play well every game and you know as long as we do that if we've finished 8th but we've played the best we can fair enough but I, I think we've got a real good shot.

Interviewer: Would you rather play and play well and finish 8th than play poorly and win?

Interviewee: No you'd play poorly and win.

Interviewer: Ok, so that's obviously one high playing on that stage, winning a medal on that stage. What else is the high, what else motivates you to come and train to this degree and to travel to be away from your family?

Interviewee: Again it's just pushing yourself to that limit. I mean, for me I like training. As I say I've got my Gym Instructor and all that, I like training and that's just what I do, pushing yourself each day and see how further you can get and just thinking someone else in the world is training now, they want to be where you are, somebody else in this country wants my spot. Well they're not having it cos it's mine for next however long I want it. You'll have it whenever I say you can have it and that's it and that's what I keep training for.

Interviewer: And so you quite like the actual hardness of it and the physicality of it.

Interviewee: Exactly without a doubt

Interviewer: And for example if you were to describe yourself to me I'd probably think, Oh God, I can't be bothered to train that much, I can't be bothered to be away from my family and that sort of thing but in actual fact you quite thrive on

Interviewee: Yes

Interviewer:pushing yourself to the limit

Interviewee: Definitely.

Interviewer: Do you enjoy the training, do you almost enjoy the pain of when you're exhausted and knackered?

Interviewee: Yeah you push yourself through it and that's what it's all about, it's everything, it's the nutrition side, it's your lifestyle, it's what you are.

Interviewer: But invariably obviously if you play and push yourself to the limits all the time there is a risk of over-use injuries or overtraining.

Interviewee: Of course there is, and I did go through that when I were younger, I took a year out because I, I did too much when I were younger. I just got burnt out so I had to take a year

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out and obviously with my training and I'm pretty conditioned anyway, I know how to train. You've got to listen to your body at the end of the day but London's such a massive draw anyway that's what everyone wants.

Interviewer: So would you say in actual fact that injuries are one of the low points, an occupational hazard.

Interviewee: Of course it is yeah. Everyone, I think every basketball player's had injuries. I've had shoulder problems myself which are pretty common, people have elbow problems....

Interviewer: Upper limb injuries because you're pushing.

Interviewee: Yeah without a doubt, your body's not designed to do what we do but as elite athletes you push through it and your body adapts.

Interviewer: OK um, some people will say that if you aren't injured then you're not training hard enough, you know if you're kind of an elite athlete and if you're never injured that in actual fact you're not

Interviewee: No it's totally opposite. There's a, there's a, I used to have a personal trainer coach and their saying was train smarter not harder. So basically, basically you could go through your entire career and not be injured, as long as you're training smartly and you're listening to your body there's no reason to get injured.

Interviewer OK apart from obviously injury, are there any other low points in splaying at this level?

Interviewee: Only the downside of loosing. I mean, we had a very disappointing World Championships last year, er we finished 6th. We were expected to medal and obviously the lows of loosing are ..

Interviewer: What's it like when you lose?

Interviewee: Horrible.

Interviewer: How does it make you feel?

Interviewee: It makes you feel down. It takes you a few days to come off it. Er, it's just a nasty nasty feeling. It's, it's the opposite of the high. You can't stop thinking of all the sacrifices, you're thinking 'is it worth it?'

Interviewer: Does it ever make you doubt the sacrifices, does it ever make you think

Interviewee: I haven't so far

Interviewer: You know 'I can't do this anymore.'

Interviewee: Personally I haven't so far, London will be the big, big question so obviously that's definitely been the last four years since, well the last 6 years since it's been announced that's what the goal is.

Interviewer: OK aside from obviously the negatives of injury and um, and pressures and so on do you, have you ever not been selected because you say that you want to be the best, you wanna best everybody all the time.

Interviewee: Yeah, yeah, 2007, I missed the World Championships er, but since then I've pretty much been picked, picked for everything.

Interviewer: What's selection like, what's the process of selection?

Interviewee: Very tough, you're normally, right at the beginning you start off with maybe 40 athletes and then that gets cut down to say 30, then down to 20 and then you get down to your top 16.

Interviewer: It's about 30 now, is that right?

Interviewee: There was at the last camp. That's going to be cut now.

Interviewer: When will that be cut?

Interviewee: It'll be cut, basically it has been cut already because there's been a team picked for Manchester, big tournament coming up in Manchester.

Interviewer: Yes I'm going

Interviewee: So that one, so they've been cut to 14, so 12 players and two reserves and then that's more or less, I'm guessing is going to be the European team, so.

Interviewer: There's 14 people been selected for Manchester

Interviewee: There's 12 players but two reserves so them reserves will only come in if someone gets injured or illness or whatever.

Interviewer: So presumably you made the squad.

Interviewee: I'm in the 12 yeah.

Interviewer: OK, um you said you've had experience of not being selected.

Interviewee: Yes

Interviewer: I understand from what I've been told that selection involves kind of sitting before a panel of coaches going in one at a time.

Interviewee: Yeah basically yeah, you go in, you go in one at a time exactly ...lan's there, Will's there, possibly Doug, er....

Interviewer: So when you weren't selected, what was the reason for that, was it an injury or ...?

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Interviewee: No it were just that they were changing the way I were playing at that time. I used to play sitting big and I'd just started playing sitting low. There were another guy in the team at that time who's retired now and they basically wanted to give him a last shot at a major which they did and I weren't quite there then so I missed that tournament and then I came back strong year after really.

Interviewer: What was it like not being selected?

Interviewee: At that time I wasn't really a major player so it wasn't so much expected but it wasn't as much of a shock?

Interviewer: It wasn't a huge shock.

Interviewee: Yeah, yeah.

Interviewer: Would you say that now if for example you hadn't been selected or if you weren't selected for London that would be a huge blow?

Interviewee: Yeah definitely, without a doubt.

Interviewer: Do you anticipate, you know you're determined you will be selected?

Interviewee: I don't see any reason why not. Yeah I mean as long as I keep doing what they wanted me to do and I fit into their plan because that's the thing with basketball, you can be the best player but if you don't fit in to what they want or you don't fit into their combinations then it don't matter.....

Interviewer: It's classifications.

Interviewee: Classifications, yeah. It's, you know it's a team sport you know so you've got to fit into that as well.

Interviewer: Can that be a cause of frustrations sometimes, classification because you might be being, doing the best that you can but because of the combinations.....

Interviewee: Yeah, yeah it can be, I, I mean but I used to face it a bit before I changed the way I played because I'm a 3 pointer so I'm more points than what you normally have for a guard but I'm too small to be a forward so I'm sort of like an in between player, er sort of like the utility guy doing a bit of everything really.

Interviewer: You have forwards who are tall?

Interviewee: Forwards tend to be tall.

Interviewer: And then guards who are smaller?

Interviewee: Guards all tend to be small and I'm in between. Exactly. I used to face it, not too much now, but yeah classifications can affect people big time really.

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Interviewer: And you can be reclassified and so on presumably. You're a three. Have you ever been, have you always been a three?

Interviewee: Well yeah since 98, so yeah, I'm a dead three like, I started as a three and a half and they dropped me down to a three at World Championships and that's it like so I've never changed since then.

Interviewer: OK and you say there are sacrifices that you have to make if you want to play at this level and presumably you do have to be available to train, antisocial hours, to travel a lot,....

Interviewee: Yeah

Interviewer: That sort of thing. You have to spend a lot of time with the team...

Interviewee: Yeah being away from my family that sort of thing

Interviewer: Is that sometimes difficult?

Interviewee: Yeah it is yeah. Obviously being away from your family is the hardest one er especially having a little boy who's just turned one, like you miss quite a lot. I actually missed a tournament because I wanted to be there for his birth. I missed a club tournament which the club team were perfectly happy with and great with but it could have been a lot worse, you know if you were with a team what didn't want you to miss that your duties, you would have had to miss the birth.

Interviewer: Do you kind of feel that's you know a pill you've got to swallow in order to play at this level?

Interviewee: You know what you're getting yeah.

Interviewer: You know you don't always have an opportunity to be there, like a lot of jobs.

Interviewee: Yeah you know that and it's er, it has its rewards what outweigh the risks really and I've got a good family support and network enables you to do it.

Interviewer: And so do you enjoy the social side as well? Is there a lot of banter, a lot of camaraderie, that sort of thing?

Interviewee: Oh yeah, course there is, yeah.

Interviewer: Give me a typical training session or camp or match, what it's like?

Interviewee: They're just constantly taking the piss out of each other. Without a doubt especially at camps you know, you've got really big characters who you know lead and you're always running pranks on each other and then as soon as it comes to games time everything switches and everything's just game time.

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Interviewer: Is there that kind of switch between 'we are the professionals and we've got a mission and we're going, you know commit to this' and then also a 'we can relax and have downtime' kind of thing?

Interviewee: Definitely, yeah, yeah, yeah and there's also a big, big change between your club basketball and your international basketball. Your club basketball is a lot more relaxed, especially at Surrey. I mean, it is just like another family you know, most of my best mates are at Surrey and when my wife and boy comes as well they fit in perfect and that's great as well and then International it's a bit more serious. International is more like your job whereas club is a bit more, a bit more like a hobby type thing.

Interviewer: So would you say socially it has quite a good impact on your health?

Interviewee: Oh definitely yeah.

Interviewer: Cause you enjoy the banter, you enjoy being part of a team that sort of thing.

Interviewee: Yeah.

Interviewer: Tell me about the sort of pranks that are played. Give me an example of what sort of things happen.

Interviewee: It's just general stuff like at Stoke Mandeville you'd er, you'd move the beds out into corridor and lock em out and stuff like that. It's all different stuff. You'd, you'd open doors when people were sleeping so it's cold and they'd have to get up, bad stuff like that and wetting people's chairs so they sit down and stuff. It's probably childish stuff but it's, it's, yeah.

Interviewer: Yeah, it's probably a man thing.

Interviewee: Yeah just stuff like that.

Interviewer: Would you say there's quite a macho culture that surrounds wheelchair basketball as well if you compare that to other for example paralympic sports or if you compare to for example to the women, would you say that it is quite a masculine, powerful, physical sport?

Interviewee: Possibly, yeah. I mean in my opinion it's the dominant sport at Paralympics, it's what everyone wants to watch. It is, it is rough and tumble, it is adrenaline, yes it is all that, but yeah I suppose it is a macho sport.

Interviewer: Would you say that's one of the reasons why you and other men perhaps want to get involved in it because it is so physically challenging. Because you can display kind of you know that toughness, it's a bit like I suppose like playing rugby.....

Interviewee: Possibly yeah

Interviewer: ...where you can be kind of very hard and all the rest of it.....

Interviewee: Yeah but

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Interviewer: Because it's very common to see with you guys very tattooed arms and big and kind of muscular. Would you say that's part of the culture?

Interviewee: Possibly yeah. I mean I've got a full sleeve and there's a few other people who you know have got tattoos, skinheads, like that. Yes maybe the culture, maybe just the way we are, yeah.

Interviewer: Do you think for example if I were to say to you you can't play wheelchair basketball, you've got to go and do, I don't know, wheelchair fencing

Interviewee: Yeah.

Interviewer: A different culture?

Interviewee: Yeah, I imagine, well one of the lads did actually try fencing, didn't like it and came back to basketball so yeah, wouldn't be for me.

Interviewer: OK and so obviously now moving forwards the next big one as you say is London 2012

Interviewee: Yeah.

Interviewer: It's a huge games. When you found out it was a London were you pleased?

Interviewee: Definitely yeah. I remember exactly where I was, I were with my mum and dad and my wife and my sister at town and we knew it were being announced so we went to pub to listen it so, so yeah, it were really good news when it were coming, because obviously they can all go. Though my wife and my dad came out to Beijing the whole family's going to be able to go to London like so that will be awesome.

Interviewer: Do you enjoy the travelling kind of when you go to Beijing and places like that. Do you like the opportunities that you get?

Interviewee: Yeah I mean I'm not one of these who like sightseeing particularly you know. I like travelling cos that's my job but, you know but I'd rather go on holiday.

Interviewer: But obviously wheelchair basketball's offered a lot of opportunities to go and see places and.....

Interviewee: Without a doubt yeah.

Interviewer: To go and experience spectacles I'll never be able to experience ...

Interviewee: Yeah.

Interviewer: Unless I suddenly decide to enter the Olympics in some bizarre sport or another. Um, you know it's a huge opportunity. Do you think wheelchair basketball has presented you with opportunities that have had a huge impact on your life?

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Interviewee: Oh without a doubt. Like I said earlier I wouldn't be with my wife who I'm with now because we met through basketball. I obviously wouldn't have my boy, I wouldn't have travelled, I literally have travelled the world, I've been everywhere, er...

Interviewer: So is your wife a wheelchair basketball player as well?

Interviewee: No not at all. She was actually, she'll hate me, she'll kill me for saying this, but she was a cheerleader when we were like 14....

Interviewer: Nothing wrong with that

Interviewee: She hates it, we were like 14/15 and she was cheerleading for one of our games and er we just met through like that, but no she's totally able bodied like. Yeah we just met through that and we've been together ever since.

Interviewer: OK and so how do you feel about London 2012? Do you view it as completely a positive, can't wait, brilliant or is there you know some apprehension, some anxiety as well?

Interviewee: I've, I've got no anxiety about it at all. I just can't wait. The only anxiety is obviously I don't know if I'm there yet. That's it. That's the only thing. That's the only if. Everything else, whatever happens is out of my control. You know I can't control if it's run right or ought like that. As long as if I am there, I've got a basketball court, I've got two teams are there I'm happy.

Interviewer: Do you ever feel kind of frustrated when you go to tournaments and you feel the wrong calls have been made or you know, that you'd have done things differently?

Interviewee: Again it's stuff you can't control so it's, of course you have a moan about it, I didn't like that food or why did you call that? But at the end of day you can't do ought about it. There's no point, no point stressing about it.

Interviewer: OK so you don't feel particularly anxious about selection or anything. You feel quite positive about it?

Interviewee: Yeah, yeah.

Interviewer Do you think it will be the pinnacle of your career?

Interviewee: Well it will be yeah, definitely. Definitely London, cause although I was in Beijing I wasn't a main player. Now or when it comes to London obviously I want to be in a position that I am one of the main players.

Interviewer: Do you feel you're hitting the peak of your career then at the right time in that respect?

Interviewee: Hopefully yeah, yeah, I should be.

Interviewer: And hopefully you can have a big part to play

Interviewee: A big part

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Interviewer: ...in 2012.....

Interviewee:....in winning it, yeah.

Interviewer: So if you could you know write history, what would you write? To win a gold medal , to have a great Games,.....

Interviewee: Definitely yeah, yeah.

Interviewer: To be the person scoring the winning shot?

Interviewee: Yeah well that's, yeah, I don't know if I'd want that. Yeah it's exactly as you said, you know, it's to play well , to come out, come out of it knowing that the team's done the best we can. If that results in a gold medal brilliant. We did the best we can in Beijing and we got a bronze, so you know, obviously we it being home and all that and I think we'll have a better team this time than when we did than in Beijing anyway.

Interviewer: Do you think, obviously you're motivated to win medals, you're motivated to do the best that you can do, are you ever motivated by external things? Do you like for example the accolades, do you like the media attention or any of that, the external bits?

Interviewee: Yeah, I'm not particularly bothered about that. I'm not one of these who like to do interviews or like see myself on telly or ought like that. I mean if that comes then yeah it's a bonus, it is great you know to get that recognition but that's, that's not at all why I do it. If there were none of that I'd still do it because this is all I'm good at really.

Interviewer: Absolutely. Do you think following 2012 you'll keep going?

Interviewee: Yes basically I'm looking at a 5 year plan. So that includes London and then includes Rio and, er that's, they're the two I'm looking at so 5 year plan for myself.

Interviewer: So you want to finish London and then progress on?

Interviewee: And then go onto, yeah, and then do Rio and then obviously see what happens, cause I'll only be 34 in Rio so that's pretty, that's probably the average age of basketball players.

Interviewer: So do you think that somewhere down the line you'll think about retiring?

Interviewee: Well possibly yeah but it's not at all in my even thoughts at the moment, not at all.

Interviewer: Can you think about, do you think it will be strange to retire?

Interviewee: Well it's strange cos you'll not know what to do obviously. If I retire after London, sorry after Rio you're talking another 5 years it's probably most of my life, probably that's all, 20 years of my life, that's all I've done is basketball so after that, but I am putting things into place with my personal training and all that. If the worse happens and I get

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injured and can't play again or I'm not selected I have got a fall back but it's a very long, long fall back.

Interviewer: Do you think it's important to have something else so you don't have all your eggs in one basket?

Interviewee: I think so personally but I think also or myself I've always got my outlet with my family. My family's as important as basketball so the trade off again

Interviewer: Do you think that helps you to have a perspective in a way because you've got a family?

Interviewee: Without a doubt, yeah.

Interviewer: So it's not as if everything is focused on basketball.

Interviewee: Yeah.

Interviewer: Do you think if you didn't have that side to your life and it was just the basketball that it would be a bit more consuming and you know if you had a disappointment there it would be harder to kind of swallow?

Interviewee: Yeah, probably. Possibly. I mean, you lose a game, you're really annoyed, you're pissed off and all that and then you come home and you're with your wife and your son and all that and not that you forget about it but everything's different. You know, you've got different responsibilities, I need to look after him now. I can sulk later when he's in bed sort of thing whereas obviously if you're coming back to an empty house that's perhaps all you would do, yeah.

Interviewer: When you kind of meet people you don't know and you say you're gonna go, you're a paralympic athlete and playing wheelchair basketball and you want to go to London how do they react?

Interviewee: Oh it's all positive really, oh it's amazing, all that stuff really. To be honest unless they ask it's not summat, summat I say really. 'Oh What do you do?', 'Oh I play basketball for G.B.' that's it or 'Have you been to Olympics' or 'Have you been to' or ... They tend to be really interested and you know wanting to know about it and all that, especially with it being London. 'Can you get me tickets?', this type of stuff so...

Interviewer: Fair enough. OK so in kind of bringing it all together then you feel that in actual fact having a disability, growing up with a disability didn't have a negative impact on your health at all? That in actual fact you had the same upbringing if you like as everybody else?

Interviewee: I would have said so yes. I mean it's probably hard for me to answer it cos I don't know any different. Somebody's whose had an accident they can probably compare.

Interviewer: And to be honest it's not to say that it should be a negative experience.....

Interviewee: Yeah

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Interviewer: That's not the case at all.

Interviewee: I mean like I say nothing sticks out you know as to being negative or ought.

Interviewer: Do you think getting involved in sport had a really positive impact on your health?

Interviewee: Without a doubt. I mean all I can say is a lot of my friends now are either in prison or they're exactly where they was when we was at school, they're living in same area and all that so obviously they were my friends then, it would tend to say I would have gone that way or summat where now I've got my own house, married, kid, travelled all over the work, been to an Olympics, competed for your country, settled, and that's all, a lot of that has come from basketball.

Interviewer: If you hadn't got involved in wheelchair basketball what do you think would have happened to you?

Interviewee: I haven't got a clue. No idea. But as I say I did get involved with it quite young but as I say a lot of my friends are either, you know, I don't see a lot of them now anyway. They've now gone off that way so I don't see the majority of them anyway so I'm guessing I would have perhaps gone that way or you know I don't know, cause like I say I was in basketball from 14/15 but doing basketball kept me out of doing a lot of the stuff they were doing at like 15, 16, 17, 18 what they were doing, I was just like , 'no I can't do that cause I'm doing basketball tomorrow' or whatever, or 'I can't take that because I've got a game tomorrow.' So it did keep me away from a lot of other stuff I suppose.

Interviewer: Do you think that it was almost your stability that prevented you getting involved in antisocial behaviour and that sort of thing?

Interviewee: Yeah definitely yeah, yeah.

Interviewer: So obviously it has had a positive impact then. And then would you say as an elite performer, as an elite wheelchair basketball player that it's more positives than negatives in terms of percentage wise, did you say 50/50, 75/25?

Interviewee: Yeah, probably higher 75 or 85, 80/20.

Interviewer: 80% positive, 20% negative

Interviewee: Yeah not many negatives. I'd say the negatives are you being away from your family, and your friends and the massive lows. Yeah. I mean potentially injury, I don't know if I'd class that as a negative cos I can drive out here and have a car crash, that's same, that's everyday life that.

Interviewer: Would you say that the highs are huge highs and

Interviewee: Yes

Interviewer:the lows of losing are real lows?

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Interviewee: Yeah big lows yeah. They are if you lose at a major, like the World Championships I think took alot, it was alot to get over. It took you know a good few weeks for that to get over?

Interviewer: What did you do following the World Championships? Was it have a total break?

Interviewee: Yeah away from basketball

Interviewer: Take a break?

Interviewee: Yeah, we were told not to do any basketball for about six weeks which I took full advantage of. I went on holiday I think, yeah and just for me I turned it into just gymwork. I just hit gym, I just went in lifting weights. I didn't touch a basketball, didn't get in my basketball so chair for about six weeks.

Interviewer: Did you do that because you were kind of crushed by

Interviewee: Not that. I needed to do that for me. I mean, I can't go too long without training. It just don't seem right to me.

Interviewer: But do you think you needed to have a break from the basketball cause it was such a blow?

Interviewee: Without a doubt yeah, yeah. Yeah I think we all needed away from basketball, and away from each other for a bit as well.

Interviewer: Yeah

Interviewee: Because obviously there is 12 lads you get on with, everyone but there is certain people you only see at basketball, and there's certain people you're happy with out and about.

Interviewer: And is it frustrating, that's the wrong word. Do you find that spending time with the same people when you go to camps, and go to tournaments, you've got to live in each others pocket?

Interviewee: It can be. I mean

Interviewer: Do you want a bit of a break sometimes?

Interviewee: Yeah I mean you do, you do have your own little groups what maybe 3 or 4s of you what tend to be together most of the time and then you come together when you're training and everything so although you are in one big group of 17 like if you include staff and stuff, you are still in your own little groups, and if you want to go off on your own, you go off on your own. There's no problem.

Interviewer: And so finally then, um Paralympics 2012 do you think it will have a fantastic impact on your health?

Interviewee: I think it should do yes but our fitness has got to go through roof by then.

Interviewer: What do you think is going to happen between now and London?

Interviewee: I don't think so much between now and London, but from sort of like April, maybe a year's time sort of like April to the Olympics, I think everything's going to get cranked up a bit, so there'll be more fitness work, it's going to be more on court stuff cos we're going to need to be more game-sharp as well as fitness so I think that's what basically will overtake...

Interviewer: A final question then. You describe the fact that you enjoy the training, that you like the physical side of it, that's what draws you to it, that's what made you want to continue with it in the first place. You're very committed and determined that you're going to be the best, not just the best person in your team but the best player in your country

Interviewee: Yeah

Interviewer: The best player in the world etc. That's a huge dedication to have towards a sport, to have that ambition. When it, when you stop do you think it will be hard?

Interviewee: Possibly like I said I've never thought about it. I took a year out, apart from that but I needed to come back after a year. I were only like 16 or summat so it were more a case of took a year out to try other stuff, I'd just got with my missus at that time, so we just wanted to take some time together and stuff but I can't answer, I've never thought about finishing, and I've never thought about retiring and I think I'll always be involved with it in some way, if it's like.....

Interviewer: Coaching or something

Interviewee: Maybe coaching or I'd like to maybe take over the fitness side of it.

Interviewer: Right OK

Interviewee: Maybe that side of it. So I'd like to take a group of lads like we have done today and right, I've got you for an hour's fitness, you're with me and that's it and then I'd come out and the basketball coach can come in, stuff like that. Then again I'm talking 5 years. I don't know what I'm gonna wanna do in 5 years.

Interviewer: Fair enough. OK. That's great. Thank you very much.

Interviewee: No worries.

Appendix 3: Sample of a Life Story Interview (Interview 2)**Female Player – 8th June 2012 – Player's place of study - 11.00am**

Interviewer: So starting kind of going back to the beginning so the point you became disabled and work forward together, I just want to clarify a few things with you and then we'll come more to the present day. So you mentioned that kind of um, last time when I spoke to you kind of your experience of going into hospital and so on um, was quite difficult but that you didn't kind of dwell too much on things, you kind of well but once you returned to school you said it was quite easy to adjust, with your friends around you, that sort of thing um. Do you think that kind of being young helped in the transition?

Interviewee: Er yeah definitely I do yeah. I think a lot of like what you do kind of when you're at school like sort of determines sort of where you... so it gives you an idea of where you kind of want to go really like in sort of life and I think, I think you build a lot of friendships and I think you kind of I think having a disability from a fairly young age is kind of um, happening young it kind of I don't know, sets you up for

Interviewer:later life

Interviewee: ...later life

Interviewer: I think that's quite interesting because quite a few people have said to me that being born with a disability knowing nothing different is easier than not being born with a disability and people have suggested that, that you know, the age you become disabled is quite significant

Interviewee: Yeah

Interviewer: Do you think it would have been harder if you had been an adult?

Interviewee: Yes I think so because I think like you'd already have, that you'd already have done so many things, probably like maybe like achieved things say like if you're a dancer then you'd achieved in dancing and then you'd have all that taken away from you which I think would be pretty hard but I don't think, I mean I had like done stuff. It was hard to adjust from that but I guess 'cos I was young I could still build and start again.

Interviewer: ...build a foundation

Interviewee:a foundation of a slightly different life, develop whereas I guess if you were older you don't have as much time to develop it. I guess you like learn what you learn to enjoy doing when you're younger too.

Interviewer: I think as well when you're young you're kind of in a transition anyway

Interviewee: Yes

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Interviewer:as you're growing up, deciding your likes and dislikes, you're deciding what you'd like to do in the future whereas I think when you're an adult you've kind of made those decisions, you're set in your ways perhaps a bit more, I don't know ...

Interviewee: I think so yeah

Interviewer:and you spoke a little bit about your parents and kind of what it was like for them and you explained to me that your mum found it quite difficult ...

Interviewee: She did yeah

Interviewer:even more so than you perhaps and that's not unusual. Quite a few people have said to me that they think their parents found it harder than them. Um, do you think it kind of can be harder for your loved ones and did you find you had to offer reassurance or how did that play out?

Interviewee: Um, I don't, I think at the time it was quite hard to offer reassurance 'cos you're kind of going through but I think kind of later on I was more offering reassurance rather than at the time I didn't really know. I think as I got older, probably, with my mum, "no I can do that fine" and now she's like "yeah do whatever" sort of thing and she's "you can do that, 'course you can do that"

Interviewer: Why do you think it's hard for kind of your loved ones? Do you think it's because there's a little bit of helplessness because they can't kind of relate entirely?

Interviewee: I think they just want to, I guess they just want everything to be smooth and go really well like for their sons and daughters, daughter or son I think like maybe, yeah maybe they, it hasn't happened to them so they almost feel like "oh I wish it had happened like to me than them" 'cos you would, wouldn't you?

Interviewer: I suppose so.

Interviewee: I think you wouldn't want, I don't know, I think that maybe, yeah....

Interviewer: How did you find you had to reassure them as time went on? What kind of things was your mum concerned about?

Interviewee: Me not being able to like, do, not, not being able to do stuff but maybe needing help or like, um, "how are you going to do that" or "when you go out how are you going to". She had like all these things that might go wrong in her head and I think she worries quite a lot anyway and I do worry about things but not, probably not in the same way, not about, not about going out and doing stuff as much as she did at first

Interviewer: Yeah

Interviewee: Um, and she worried that I was going to be OK and then, I think she was just quite upset at first that like something like that had happened but I think like as time goes on you've got, I think she learned. I think it was a learning process for both of us

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Interviewer: Yeah

Interviewee: It just maybe took her longer. It wasn't happening to her so she was trying to.....

Interviewer: I think as well like, um, like quite a few people have explained how difficult their parents found it and they kind of had this impression that you know it had been a real disaster, that you know, the quality of life was going to be you know, less from now on etc. when in actual fact you guys I'm speaking to you, you know you're really forging successful careers, travelling the world, you're representing your country, you're playing sport. Do you know what I mean ...

Interviewee: Yeah

Interviewer: You've forged such a fantastic life and study in your case and other things....

Interviewee: Yeah

Interviewer:as well. Do you think there are kind of misconceptions in society that make kind of people presume that if you suddenly get a disability that, you know, that's going to be a negative thing for your life when in actual fact that's not necessarily the case?

Interviewee: Yes I do and I think, like I see it all the time. People sort of asking if you need help and you say "no," they carry on helping you. It's so frustrating sometimes and keep like um, and you can kind of like tell when some, I think, I think it's they don't know any different in a way like um. I think, if like if they'd had the education, if they'd, well not the education, if they'd known or known someone with a disability from maybe a young age it might be different but like I don't think it's their fault because sometimes they just don't really know anything about the disability and I don't think there's like maybe not enough education like, like a younger age to like the people just to sort of know about different types of disability like when I was younger I probably would have been as ignorant about disability as some people are ...

Interviewer: Yes

Interviewee:at the moment to be honest.

Interviewer: I kind of wonder obviously as an able-bodied person having spent a lot of time with you guys in interviews

Interviewee: Yeah

Interviewer: I don't think my perception was that wrong in the first place

Interviewee: Yeah I don't think it would have been wrong, you wouldn't have known.

Interviewer: but I have certainly have come to realise or better appreciate what it is like to be disabled

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Interviewee: Yeah

Interviewer: ...and to be honest I'm envious of you guys and you know, all the things you're doing and how exciting it is with London round the corner and that sort of thing

Interviewee: Yeah

Interviewer: In fact recently I was out with my boyfriend and there was um, there was somebody in a wheelchair I think behind us or in front of us and I kind of walked round them, pretty much ignored them

Interviewee: Yes

Interviewer:carried on with what I was doing, didn't like open a door for them 'cos they weren't quite that close enough to me. I'd have had to wait for a while and he said like "Mel, why didn't you, that person's in a wheelchair" and I as like "because they're no different to anyone else". I wouldn't stop and wait for someone who was halfway down the street if they were walking towards the door so why would I", but I think it's changed my perception a little bit. ...

Interviewee: Yeah

Interviewer:but I can understand and appreciate probably the same way you can

Interviewee: Yeah

Interviewer:because you were once able-bodied

Interviewee: Yeah

Interviewer:but it can be hard.

Interviewee: Yeah. People do get a bit worried as well like if you see someone in a wheelchair sort of almost panicking in a way. You can almost see in their faces, "what do I do, like do I open the door, do I do this, do I like walk round them?" and they kind of just sort of freeze and they like sometimes don't quite know what to do. It's weird, I've found you sometimes meet people that are completely like, kind of just don't think any different and it's weird I think how, I find it in a way like sometimes you meet people that are completely like fine and don't really care and don't really bother and some people just sort of

Interviewer: Panic

Interviewee:kind of panic

Interviewer: I wonder if the people who don't seem to care are the ones who know somebody who's disabled

Interviewee: Maybe

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Interviewer:and have had more of an experience and perhaps have been educated so don't see you as any different to anybody else.

Interviewee: Yeah

Interviewer: But I think, I have suggested to lots of players almost people, it's almost too politically correct.

Interviewee: Yeah

Interviewer: Everybody's worried about, or overcompensating to make sure that they don't get in wrong sort of thing

Interviewee: Yeah

Interviewer:and I sometimes feel like, like society needs to remove the kid gloves a bit, not panic so much about getting it wrong, you know, not feel the need to do something.

Interviewee: Health and Safety annoys me too.

Interviewer: Oh really?

Interviewee: I think it gets a bit over the top sometimes with the health and safety precautions, like I can't sit an exam in the same exam room as everyone else. I have to go like in some little room somewhere else.

Interviewer: Why won't they let you sit the exam in the same room?

Interviewee: It's health and safety like if there's a fire, like I don't know, someone might trip over me or something like that.

Interviewer: It's a bit mad really.

Interviewer: Um, OK, so you talked about returning to school and I remember thinking this was really funny at the time 'cos you said that obviously you'd been away for quite a long time and that when you returned you were almost like a celebrity, that the rumour mill had kind of started and that there was this curiosity about what had happened, that people were saying you'd been hit by a bus.....

Interviewee: Yeah

Interviewer:and all this sort of thing. How did you kind of feel about that? Did you enjoy kind of being centre stage and having that attention or did you find it was actually the reverse? You didn't like the attention and the curiosity.

Interviewee: At first I really quite liked it and a lot of my friends were "oh my gosh." Sometimes then, after a while it kind of, there was almost this over- fussing over me sometimes. I think with my friends it wasn't. It was like fine but the teachers, sometimes they were a bit kind of over-fussing, "is this going to be OK, is this going to be Ok?" Like every lesson taken aside, "OK what can we do, what should we do?" "Just get on with it, I

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just want to sit down and do work to be honest” so yeah I think like with my friends that was, I think everyone my age pretty good. It was mainly the teachers, just over-worrying a bit, yeah.

Interviewer: Did that kind of make it easier, kind of coming back to school and your friends being pretty much normal around you and feeling you could go back into the normal routine that you’d had previously, did that help?

Interviewee: Yeah

Interviewer: Did it help you to feel in your health that was a positive thing?

Interviewee: Yeah, yeah, definitely I think especially some of my like close friends, like my best friend now and I think, I think like almost became, my best friend now we became like really close almost because of it I think so it kind of helped me to become closer in some ways. I think I did lose some, maybe became distant from some friends just from like being away, ‘cos people change, that’s the thing I found as well like I was away for so long from a group of people, you come back and like my group friendship group, I wasn’t. It was like some big argument had happened and they weren’t friends anymore, I came back, “what’s going on here?” I was a bit confused at first.

Interviewer: So in some ways I think that’s probably like natural. You know, you’re never going to be close to everybody but it’s interesting that you kind of became closer to one friend in particular

Interviewee: Yeah definitely yeah

Interviewer:and that kind of there’s this um, belief that kind of following some kind of adversity or trauma or accident or whatever that you can kind of grow

Interviewee: Yeah

Interviewer:that you can actually, something positive can actually come from that and in fact I’ve spoken to people who’ve said when they became disabled that they thought immediately, “oh brilliant I can perform in the Paralympic Games and I can do this, that and the other” and I think “my God, you know, that’s amazing that they think that really” but....

Interviewee: Yeah

Interviewer: Um, you did say about the teachers being patronizing last time

Interviewee: Oh yeah

Interviewer:that it was really frustrating um, do you think that they just felt you needed checking up on and how did that kind of make you feel?

Interviewee: I don’t think it was like they meant really well I think from it but I just remember one and I think we were going on a school trip to I think it was to, I know, Prague. I think it was like a history trip. They were really good about “oh yeah you can go on the

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trip” and everything but this woman, this, this lady, she was, I think she was like an assistant teacher I’m not sure, but she was like constantly checking I was OK and telling my friends to like, I was a bit ill as well when I was there. She was like no, she wouldn’t let anyone sort of like near me and she was polite. She was really kind of clingy and that really kind of frustrated me and it really frustrated my friends as well so, yeah.

Interviewer: It’s funny really. Um, and you also talked about um, kind of accessibility issues and you explained how initially if you’re uncomfortable in a particular situation, for example um, accessing a house, using a toilet, that sort of thing

Interviewee: Yeah

Interviewer:it could lead to your friends feeling uncomfortable too

Interviewee: Yeah

Interviewer:and you almost suggested that if you were confident about it they would relax about it

Interviewee: Definitely, yeah.

Interviewer:and this is not the first time I’ve heard this as well. It’s almost as if your feelings would determine theirs. If you seem relaxed and happy they’d be relaxed and happy. If you seemed uncomfortable and anxious, they’d feel uncomfortable and anxious. Do you think that sometimes you have to show that you are fine um, in order for them to kind of feel fine too?

Interviewee: Um.....

Interviewer: In other words is the onus on the disabled person to make everyone else feel OK about it?

Interviewee: Um, I think with like close friends I think they kind of know you enough to know if you’re fine or not fine but I think um, I think, I think now if I wasn’t OK I think they’d kind of pick that up and I think, I think it depends on how long you’ve known someone .

Interviewer: If you met somebody for the first time for example

Interviewee: Yeah

Interviewer:do you find that you have to take the lead in

Interviewee: I think definitely.

Interviewer: Showing them that you feel OK

Interviewee: Yeah I think I have to kind of more-so. You can tell as well if someone’s a bit, like when you first meet someone they’re always slightly sort of, you can tell in the way they’re weighing up the situation slightly and you have to try and, try and sort of make them

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feel more, or maybe sort of talk about being more open to them about it maybe to make them feel sort of more comfortable I think.

Interviewer: So because quite a few people have said to me that they almost have to take the lead, that if they meet somebody new or they're in a conversation they almost have to over-compensate because they can sense when someone's a little bit uncomfortable

Interviewee: Yeah

Interviewer:so they're trying to make them feel more comfortable whether it's being open about it or showing that they're relaxed about it

Interviewee: Yeah I think I do try and be more open 'cos you can tell some people sometimes kind of want to try to like, trying to ask something but they'd don't quite want to or trying to say something and it gets a bit awkward so you kind of have to sort of get it out there and they're just like "oh." I've noticed that when you start to say something and they start talking more about it and you can tell OK they didn't want to bring that up first.

Interviewer: Yeah. I was going to say I almost wonder whether sometimes that it's a bit like elephant in the room syndrome. Do you ignore it and is that better but you're left wondering "are they thinking about this? I wish that they would just ask if they were"

Interviewee: Yeah

Interviewer:or is it better to be direct and say "Oh you know, why do you use a wheelchair" but then some people might think that's really rude to be so direct as well so....

Interviewee: Yeah sometimes I think I don't like it when some people do ask direct when I don't know them but I think you've got to just kind of sort of go with it sort of thing sometimes....

Interviewer: Yes, it's interesting this I think because um, if somebody was ill for example you would try to make them feel better so if one of my colleagues was ill at work I would try you now, to cheer them up or

Interviewee: Yeah

Interviewer:try to make them feel better or if you know, somebody at work was having a problem I would try and support them ...

Interviewee: Yeah

Interviewer:and help them, you know, to try and get them to persevere with whatever the problem was, it seems that this isn't really transferrable to disability, that others seem less inclined to make that disabled person more comfortable or confident in social situations

Interviewee: Yeah

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Interviewer:but instead the onus seems to be on the disabled person to make everybody else comfortable with the situation and I find that quite strange in a way because if able bodied people will or anybody will try to make others feel comfortable in situations where they feel uncomfortable whether it's because they'll ill or encountering a problem

Interviewee: Yeah

Interviewer:why is it that they don't, if somebody has a disability they don't make, that the onus is on the disabled person to make them feel comfortable. Do you see what I mean?

Interviewee: Yeah

Interviewer: Um, do you think it's because, um, able bodied people have no experience to draw on you know, so they can't reciprocate, can't be reciprocated back to them whereas if somebody is ill, like a colleague of mine is ill

Interviewee: Yeah

Interviewer:and I offer them support the chances are they'll return that favour at some point,

Interviewee: Yeah. I think, I think this is, I think maybe this is something sort of bigger. Like illness oh, they can sort of relate to it and sort of know a bit and it's not so

Interviewer: It's temporary

Interviewee:separate from their lives

Interviewer: Yeah

Interviewee: If they've never encountered like disability before in any form it might be quite distant for them so it may be, I don't really know because I don't know how they feel as such because I, I don't ever remember while I was able bodied. Actually I do, I do kind of now and again. I did, do actually remember, I was sort of, I remember being on holiday when I was about 11 and there was a girl in a wheelchair, a sister of my friend and I was quite shy anyway but I found it, I remember finding it quite hard just because I didn't, I'd never just encountered anyone with a disability before and I didn't know what to say. I didn't know quite how to and now it seems silly it just seems like another person but at the time I was just, I became more shy from it. It wasn't because I saw them in a bad light. It just made me more shy.

Interviewer: Yeah, you were a little bit unsure how to handle it as a situation.

Interviewee: Yeah, yeah. I just became more shy I think.

Interviewer: Um so it's almost a case that if you can reciprocate or you can relate to that person. You can offer that support but I think if it relates to disability

Interviewee: OK

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Interviewer: if you haven't got direct experience of that or you're not disabled ...

Interviewee: Yeah

Interviewer:there's kind of this uncertainty of not knowing kind of what to do and ...

Interviewee: Yeah

Interviewer:this therefore potentially is what leads the disabled person having to take the lead because they're having to almost say to the other person "no it's OK, you know, you can relax"

Interviewee: Yeah

Interviewer: Do you find sometimes it's a bit of a strain having to kind of go through this process when you meet people and you've got to make them feel comfortable?

Interviewee: Yeah. I found when I first came to university as well like I found that really hard. Everyone's in the same boat and then they've got like, um, but you've got to sort of deal with that as well

Interviewer: Like an extra thing

Interviewee:and you, you can sort of tell when like you first meet someone they're a bit sort of like

Interviewer: What do they do? Can you give me an example of meeting someone and how you found it a strain?

Interviewee: Um, they kind of, the first thing is they sort of, they keep sort of looking at the chair slightly. You get that, they're sort of like and then at first it's like, um, just conversation, gradually conversation comes more and more as they become more and more relaxed

Interviewer: Yeah

Interviewee: Um, but I think, I can't really remember exactly.

Interviewer: Do you think, obviously when you come to university and everyone's trying to make friends ...

Interviewee: Yeah

Interviewer: ...and it's a little bit of a not stressful situation but it's you know, a process everyone's got to go through.

Interviewee: Some people are really friendly and I think definitely when people have had a bit more to drink they sort of, I find that actually when people have had a bit more to drink they approach you more because you have a disability....

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Interviewer: Because they've lost their inhibitions.

Interviewee: Yea because they become really interested and because you're a bit different they become more interested in you but then when they're sober....

Interviewer: They don't say anything

Interviewee: Yes and then once they've had a few drinks, yeah "I can approach you." I find it really bizarre like during Freshers that that kind of happens.

Interviewer: You almost had to be like "if you're drunk come and speak to me. If you're sober don't!"

Interviewee: But like after you've had like um, that sort of conversation with them like it was sort of OK so maybe it's that first conversation I think it all kind of comes into it I think.

Interviewer: Sure and um, you talked about people can treat you differently. You said people could want to help even pushing your wheelchair and that how annoying you find this and you kind of recognise they're well meaning but it's frustrating

Interviewee: Yeah

Interviewer:um, or you could even say people ignore you and talk to your friend, you know, just ignore ...

Interviewee: Yeah sure that always happens with people. Like it's always quite awkward when there's someone behind me that I don't know and they assume that the person behind me

Interviewer: Oh no

Interviewee: ...is with me and "no, no, no, we're not, we're not together. I don't know this person."

Interviewer: Yeah it's weird sometimes how people are like that. Um, do you kind of think that, I don't know, people in society may under-estimate the capabilities of disabled people. They have misconceptions and that's why leads to these kind of bizarre situations where people are trying to be overly helpful and push your wheelchair or ignore you altogether.

Interviewee: Yeah I think there are a lot of like misconceptions, like there's something I think, I think like you hear disability and people don't really know about all the different kinds of disabilities and how it affects you so they sort of see it as "oh that person can't do something in some way" and I think um, yeah there is an assumption that people can do a lot less. I don't know whether that's because there wasn't in the past, there wasn't enough like aids to help, places weren't instantly accessible

Interviewer: Yes

Interviewee:like wheelchairs weren't as like they are now

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Interviewer: It may be changing more now

Interviewee: Yeah

Interviewer:because everything's become a little bit more accessible and legislation has changed.

Interviewee: Yeah so like you can be like more independent I guess.

Interviewer: Did you feel, I don't know when you first became disabled or do you find now that you, the way in which people behave towards you or the misconceptions they have or assumptions that they make can that, how do you think disabled people are viewed in society? Do you think they're seen as inferior or disadvantaged or

Interviewee: Definitely like disadvantaged and people almost feel sort of sorry for them in a way, like I was having a conversation the other day or something. There was um, it was with someone at basketball and they were saying "oh able bodied don't find people like in wheelchairs doing funny things that funny," they feel almost like "oh no what's happening sort of thing."

Interviewer: Oh really?

Interviewee: Yeah someone falling out of a chair....

Interviewer: So you would see someone falling out of a wheelchair really as quite funny? I'm not saying like if they accidentally and they hurt themselves but I mean....

Interviewee: It is a bit stupid, they're just messing around and we'd just laugh about it.

Interviewer: You'd laugh about it in the same way as if I fell off a chair?

Interviewee: I think my friends would laugh at me too if I did something a bit in like town.

Interviewer: But it wouldn't necessarily be put on TV because they'd see it as

Interviewee: Oh no definitely. They'd be like "oh my gosh, no, no, no, we can't laugh at this." It's quite sort of, I think it's quite sort of, I think disability is a very sensitive thing in society and that can be a bit frustrating sometimes.

Interviewer: Everybody can be trying to, yeah, make sure that they don't say the wrong thing, do the wrong thing

Interviewee: Yeah

Interviewer:portray it in the wrong way

Interviewee: Yeah, yeah, definitely

Interviewer: Do you find it like annoying sometimes?

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Interviewee: Yeah it is quite frustrating sometimes because sometimes why can't everyone just sort of just see it

Interviewer: normally

Interviewee: ...just see it, I just want everyone to sort of, I just want the world to know sort of about disability in a way and just 'cos I think, I think it is that just not knowing about disability.

Interviewer: I wonder whether maybe things are changing, that there's becoming more coverage on TV with the Paralympics...

Interviewee: Yeah I think they are

Interviewer:likely will be globally around the world, especially with it being in London.

Interviewee: Yeah I think it is probably definitely changing but sometimes it's just like "oh why can't everyone...?"

Interviewer: Sure

Interviewee: Yeah

Interviewer: Um, now you talked about how you got involved in wheelchair basketball and you mentioned that you were kind of looking for something to get your teeth into um....

Interviewee: Yeah

Interviewer:did you feel that kind of prior to the wheelchair basketball having been active before, because you did netball ...

Interviewee: Yes

Interviewer: before didn't you, um did you feel kind of you lacked a bit of purpose and direction and you felt like um, you needed something new to focus on?

Interviewee: Yeah I think if, I think I'd always want to have something to be good at and something to do whether it be, probably would be sport 'cos I'm quite sporty but then I like having like going to university like having that sort of challenge, something to get out of it and be better for it and hopefully like develop me as a person so I think, I think it was really important for me to have that something to focus on and to be like just sort of make me who I was sort of thing.

Interviewer: Yes I was going to ask you about this because last time you said it was good because wheelchair basketball became your thing

Interviewee: Yeah

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Interviewer:and it's almost as if your, part of your identity may be prior to becoming disabled was kind of sporty, playing netball, that sort of thing did you feel like that was almost helping you to reinvent yourself or to regain a bit of your old identity being sporty

Interviewee: Yeah

Interviewer:that was part of you

Interviewee: It wasn't reinventing myself, that's always been me so....

Interviewer: Yeah

Interviewee: Why change that?

Interviewer: Yeah

Interviewee: I just wanted to just be me but it's a different sport but I've always done lots of sports so

Interviewer: But it was part of your identity before

Interviewee: Yeah

Interviewer:so it's interesting that you felt like you needed something.....

Interviewee: Yeah

Interviewer:in another sport because that then kind of made you feel comfortable. It was you.

Interviewee: Yeah

Interviewer: It was part of your identity before. It was part of your identity afterwards

Interviewee: I guess me enjoying it makes me feel like, feel like I'm part of it and it's part of me so yeah it is kind of who I am.

Interviewer: And you said it was quite good because you could kind of zone out everything else and focus just on the wheelchair basketball. Was it, did you find that wheelchair basketball was or has been in the past a form of escapism, kind of like a de-stresser

Interviewee: Yeah

Interviewer: ...like if you, you know, you were to need to block everything else out?

Interviewee: Well sometimes it isn't

Interviewer: Yeah

Interviewee:well yeah, sometimes it is quite stressful but no to start with I think it did and um, just if things went like, if things weren't going particularly well like as a teenager as

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well like with my parents, the family, like arguments with my parents or feeling like people like don't sort of get me or things aren't going well at school or people are annoying me at school or something like that, I think yeah it definitely was an.....

Interviewer: Outlet

Interviewee: Outlet yes. Definitely yeah.

Interviewer: Um, so did you kind of feel like getting involved in wheelchair basketball was quite significant, quite a positive thing for your health? Did it kind of help you to feel good, positive, confident, part of a team and all that sort of thing?

Interviewee: Yeah definitely. I think, I think I learnt a lot from the people, the people that I first started playing basketball with, I'm still friends with now and um, I think like I kind of, it's taught me a lot about sort of like life is rather like just using a wheelchair like to start with when you first come out of hospital, just after basketball I think they did sort of teach me a bit about life, I was like "oh there's someone else like that's in a wheelchair doing this and this, she's got a job here doing this." It's sort of gave me this thing of and she was a bit older than me as well so I was like "oh OK" so this is what sort of gave me a sort of view of what I could be doing in the future so it gave me that future sort of perspective.

Interviewer: It's almost like she was a role model

Interviewee: Yeah

Interviewer:who empowered you to know this is all the things I can go on to achieve.

Interviewee: Yeah it was and it was quite kind of reassuring in a way that there was someone I wasn't, I felt almost like, I felt quite different at school I think 'cos I was the only disabled person so I was "oh I'm quite different" and so it was quite reassuring as well to have someone that was

Interviewer: Yeah

Interviewee:in a similar situation ...

Interviewer: Who could directly relate to you.

Interviewee:that was a bit older and that was doing this, had a job in doing whatever she was doing at the time, I can't remember, um, playing basketball, had like been to university and been through school so it was, it was reassuring in a way I think, yes.

Interviewer: Um, because I remember you saying that you know, you learnt things about life like you learnt to drive at 16 and things like that

Interviewee: Yeah

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Interviewer: Do you think it was important and helped your transition from being able bodied to becoming disabled to actually go into an environment where although you had your friends at school and that was great

Interviewee: Yeah

Interviewer:where you could relate to people, where they could understand without you needing to explain exactly what it was like and where ...

Interviewee: Yeah I think

Interviewer:they could offer that support

Interviewee: I think it gave me confidence as well that because they had confidence in doing what they were doing um, like you say driving it became sort of like, "oh this is quite cool" and I could tell my friends I was well like "I can do this and this, so and so does that...."

Interviewer: It's almost as if

Interviewee: And they were like "oh, that's cool sort of thing and ...

Interviewer: Yeah

Interviewee:I did basketball, "oh that's really cool" and they saw it as pretty cool and then like, yeah it did pick up my confidence.

Interviewer: Yeah. It's like you um, kind of re-evaluated the boundaries

Interviewee: Yeah

Interviewer:of what you could achieve in terms of knowing what you could achieve

Interviewee: Yeah I think it sort of opened my eyes a bit

Interviewer: Yeah now this is really interesting. I've spoken quite a lot to people about the process of rehab and particularly some of the players have had spinal cord injuries have said to me ...

Interviewee: Yeah

Interviewer:that in rehab they got involved in sport and you know they got hooked on basketball. It was really positive for their health. They met like you other people through basketball who helped them to re-evaluate their capabilities, empowered them almost, empowered them to feel like "I can achieve this and I can do that and the other" um, but often people say that nowadays rehab has changed in spinal cord units and that there's um, not so much emphasis on having to do sport and so on and so forth and that that's possibly a negative thing, um, now I know obviously you don't have a spinal cord injury but the same kind of thing applies...

Interviewee: I went to, I was in a spinal injury unit.

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Interviewer: Oh you did?

Interviewee: Um, the virus that I got it affected my spinal cord so essentially it does, it counts as on paper as a spinal cord injury.

Interviewer: Oh right OK so you've had experience?

Interviewee: A slightly different form of spinal cord injury caused by a virus.

Interviewer: Rather than like a fall.

Interviewee: Yeah. Rather than natural like. It's called a non traumatic injury.

Interviewer: Yeah OK um, so I think this is really interesting because it's almost as if the people that you met whether it was through wheelchair basketball or in rehab or the doctors or the nurses influenced you in some way positively whether they became a role model who inspired you or they re-evaluated, they helped you re-evaluate what you could achieve and that then significantly impacted upon you and your health 'cos you forged a life like you are now at university, playing basketball, you know, have a great life.

Interviewee: Yeah

Interviewer: You know, and it's interesting because a number of players have said to me that because rehab has changed that some people are not forced, not forced but not pushed into sport as much as in the past because it's all this political correctness, people can opt out and that it can result in some people becoming sedentary, you know, living off welfare state not necessarily knowing their capabilities, misinformed about what they can do and forging a very different life.

Interviewee: Yes, yeah.

Interviewer: Do you think that kind of, it was significant and it is significant the people who you meet and the kind of um, the influence of rehab in getting you involved if not sport, an activity because otherwise there's a danger that otherwise you can become a bit misinformed?

Interviewee: Yeah I think there definitely is. There's a few organisations that are involved sort of coming into spinal units and getting I think back-up's one of them um, and they did inspire me quite a bit when I was um, in my spinal unit, in the spinal unit I was in but I think um, I think my consultant was really good at sort of trying, sort of saying well "this is what you could do" and I think it doesn't have to be sport

Interviewer: Yes I know

Interviewee: ...like if someone really enjoys something whether it's like, and I think um, maybe there should be equally like more emphasis on like other things like drama and just

Interviewer: Art or whatever, cooking.

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Interviewee: Yeah. I think there definitely needs to be that um, something to sort of inspire someone really and sort of take them, because it's really boring being in hospital and it's really, and you sort of dwell on things when you've got nothing to do and I think, I think people enjoy that having something to be good at

Interviewer: Yeah

Interviewee: If you can find something that you're good at that, that would be brilliant.

Interviewer: For you it was positive having this consultant who gave you the right

Interviewee: Yes

Interviewer:information and showing the basketball

Interviewee: Yes she was really good.

Interviewer:and meeting other people it kind of influenced you to go in a direction that's been very positive.

Interviewee: Yeah

Interviewer: I hear about stories where consultants have said things like "don't get involved in sport 'cos you'll get pressure sores....."

Interviewee: Really?

Interviewer:yeah, or they're misinformed about their capabilities even where spinal units won't allow ex, for example someone like you to come and give a talk. It's all too kind of politically correct. That's not to say that that is the case across the board but I've just heard examples

Interviewee: Yeah

Interviewer:of this now they may be entirely inaccurate I don't know

Interviewee: Yeah

Interviewer:It's just interesting because a lot of people I've spoken to have said they know other disabled people who didn't get given the same messages as them and didn't hear those stories, actually got told different, more negative things and have ended up forging a completely different life where they're not aware of their capabilities.

Interviewee: Yeah I think like I've known people that haven't been sort of opened to these different sports and they haven't like, oh so I've got a friend who she didn't have a spinal injury, she had like a disability all her life and she didn't play basketball so this is like related to basketball but like and she sort of asked me a lot of questions 'cos she doesn't know, she's never been told quite how to get involved with all this stuff so she's never been like exposed to it so I think it must be really hard 'cos if you don't know about it and that's the one thing even if you do have a spinal cord injury sometimes like there's stuff out there but it's quite

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hard to know about it and get involved in it I think. I think there are people along the way that have been helpful but sometimes it can be hard to find out these things.

Interviewer: Yes sometimes it's a bit of a lottery as to whether you happen to meet the right people, have the right doctor.....

Interviewee: Oh yeah definitely.

Interviewer:get access to the right sport, find out about what the opportunities available and forge that life

Interviewee: Yeah

Interviewer:or whether you're not exposed as you say to those stories and then don't necessarily become empowered to realise your capabilities.

Interviewee: Yeah. I think a lot of it is word of mouth in a way like I've found out a lot of things and about clubs and things that are going on just through word of mouth really so....

Interviewer: Yes. Um do you feel that kind of sport in particular is very beneficial for disabled people? I know there are other options, lots of other things they can go on to do as well but do you feel that sport has been a good vehicle for you in terms of for your health in terms of promoting psychologically you know, positive health but also socially you know meeting other people do you think it's been really quite a positive thing for you?

Interviewee: Yeah definitely a positive thing. I think I found it quite hard at first 'cos I was, the only thing I did, have found hard when I first started I was quite young and everyone else was quite a variety of ages. That was one thing I did find quite hard but um, it has definitely been positive and it does, it kind of having to sort of, having to meet different people of different ages I think does open your eyes and it does bring you that confidence as well having to talk to people that are older than you.

Interviewer: So it's not just the sport, it's almost kind of the community in the social network.

Interviewee: Yes it can be quite challenging at times as well. There's quite a lot of social dynamics because there's a lot of people involved in sport and it's a team sport and you go away to like camps and stay overnight like when, when I was younger I think, I think I think, that is really a positive thing. I think it can be challenging at times ...

Interviewer: ...but in the long term

Interviewee:especially when you're young but in the long term there's times when I have found it like hard and to relate to people that are older than me but in the long term it's been positive.

Interviewer: I think like seeing you and seeing some of the guys that I've met you know, the lives you've forged have been so positive as a

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Interviewee: Yes

Interviewer:result of you know, the people you've met or the experiences you've had and I think it's a shame to think there are some people who potentially don't get exposed to those people or to those, that information that aren't aware of it and lead a different life which is not you know, the positive life they could have. I suppose that's the same with able bodied people though you know, the opportunities are different.

Interviewee: Yeah

Interviewer: Now looking at elite level sport you explained that it's very intense to me last time.....

Interviewee: Yeah

Interviewer:the stakes are high, greater than obviously when you were recreationally playing um, and that obviously it means a lot to be selected and that sort of thing, do you feel kind of the pressures, the demands, the expectations change when you go from kind of recreationally playing as a hobby to G.B. playing?

Interviewee: Yes I think you put a lot more pressure on yourself and I think the higher you get almost the harder it gets.

Interviewer: Do you think it can take a toll on your health, the strain, the pressure, the demands when you play at elite level?

Interviewee: Um, I think at times it can be hard but at the same time I think it's more rewarding from it so um, yeah but I think that's because if you love something that much and you're that into something I think like if you don't get selected then it does, it is upsetting um, and something bad happens I think you can kind of grow from that as well, I think it does make, it can make you stronger in the long run I think....

Interviewer: Being kind of an elite performer now what do you think it other things make it positive for your health and what are the things that can put a strain on your health?

Interviewee: I think you put a lot of pressure on yourself which it puts a strain on your health I think. Also it can be hard, like being at Uni and doing elite sport I think it can be stressful like fitting the times in and especially trying to fit a social life in too, I think that's the ones that have sacrificed that I've kind of made in the last year or so and I think if I was going to miss something it would be the social life that I don't have but obviously if you weigh it up

Interviewer: Is it a case of the sacrifices are worth the rewards that you're getting?

Interviewee: Yeah 'cos otherwise you, you wouldn't do it would you. You'd be

Interviewer: So although it does kind of impinge on certain aspects of your health or probably be a bit stressful, a bit of

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Interviewee: Yeah

Interviewer:pressured, impinge of your social life

Interviewee: Yeah

Interviewer:the positives kind of outweigh it?

Interviewee: Yeah

Interviewer: What kind is, are the best things, the positives on your health of being an elite performer then?

Interviewee: Um, I think it's that, um, feeling of sort of achievement when you know you've done something as a team, you've won, even if it's like a game in a tournament and it's that sort of feeling of achievement at the end of it which is so rewarding and knowing that you're growing as a team or growing as a performer and I love knowing that um, even when you get feedback that's positive and you just know you've done something right, it's like "yes". When you're working so hard at something you finally get it even if it's something really small.

Interviewer: But I imagine that you must have quite a crazy schedule of university lectures, travelling to training, camps and especially presumably at the moment that it's perhaps geared up perhaps a little bit more um, do you kind of find because you have to make sacrifices that it's just being an elite performer, wheelchair basketball performer is just, you know, about dedication or does it kind of border on being an obsession where you're like addicted to it and, 'cos I've had players say to me "I can't just not train when I'm given time off, I've got to do this, I've got to do that or I can't give up, I've got to go for selection even if it's the slimmest remote chance." Do you think it can become a bit of an obsession, an addiction?

Interviewee: It does but I think that almost becomes like a way of life rather than it's just you've changed your way of life so much so that that's the way you're used to it so you just sort of keep doing it. If you enjoy it then you keep going. I could call that obsession I guess but.....

Interviewer: Would you say it's healthy to do it? It's not an unhealthy obsession?

Interviewee: No I don't think it's a non-healthy obsession. I think maybe if it was leading to bad things in your life then

Interviewer: Yes

Interviewee:as long as there are positives coming out of it at the end of the day and you're not ruining your life or ruining your like family's life or anything through that I think, I can't see anything bad about that.

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Interviewer: I think it's interesting as well because you are, you've got other things in your life apart from the basketball. You've got a university, you know

Interviewee: Yeah

Interviewer:degree you're pursuing so you haven't got all your eggs in one basket. I mean other players who say for example the men who don't, who are obviously professionals paid so they don't have to work ...

Interviewee: Yesh

Interviewer: Um they have all of their eggs in one wheelchair basketball basket

Interviewee: Yes

Interviewer:so to speak so I sometimes think well I wonder do you think kind of if something else almost gives you that bit of perspective as well so that you're not totally like homed in and obsessed about the basketball but you've got an opportunity to kind of keep things in perspective?

Interviewee: I think it might get too much if I had like everything and you do put and it's not that it doesn't mean as much, you don't put as much

Interviewer: No

Interviewee:but I think yeah you do need something to sort of so maybe now and again when you're resting I don't think like "basketball, basketball, basketball." I think it is good to have

Interviewer: Something to share the load?

Interviewee: Yeah I do think you need a balance somewhere in there and that is important.

Interviewer: I agree 'cos I've met people who don't have jobs or don't have university careers and if it's all, it's almost wheelchair basketball is all or nothing

Interviewee: Yeah

Interviewer:you know, like they're so desperate for selection

Interviewee: Yeah

Interviewer:they're so homed in on the basketball because

Interviewee: Yes

Interviewer:there's nothing else in their lives to share the load if they don't have a family, if they don't have a career or studies or anything else

Interviewee: Yeah

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Interviewer:it can become I think all consuming

Interviewee: Yeah

Interviewer: I wonder whether although obviously you guys, some of the women have said it can be difficult with funding, not getting as much funding as the men, it's afforded you opportunities to do, pursue other parts of your life

Interviewee: Yeah

Interviewer:which possibly give you a better balance than maybe the men.

Interviewee: Yea and I think like, maybe it might have helped because it's, if it's too much pressure it might to have caused us to maybe not play so well. I don't know, it may or may not but I think, I think someone said that if you have, if you're like happy with your family and the rest of your life then it sort of reflects on basketball too.

Interviewer: Yeah now kind of moving up to more present day then last time we kind of discussed the team dynamics a little bit. You explained that players um, kind of new players kind of can support each other, do all the girls all get along, is it a very happy camp, you know, positive, a good team cohesion?

Interviewee: Generally like everyone gets along really well. Obviously there's going to be times when people don't agree on something but I think because we're a young team we're quite good at um, sort of talking to each other in the right way about something I think that's kind of, um, that's something that people have like, even coaches have looked at to make sure we are communicating in the right way and I think it is really important so.

Interviewer: Um, do you ever find there's kind of animosity or friction between players selected or not selected or older players, younger players, players abroad, players here etc?

Interviewee: I think it can be hard like with players abroad and particularly when they come back sort of but that's kind of like the way you play basketball as well and I guess if you're not communicating with someone as much

Interviewer: Yeah

Interviewee: I think it does like reflect at first.

Interviewer: It's almost inevitable that it's going to be more

Interviewee: Yeah

Interviewer:difficult

Interviewee: I do think so yeah um, and what was the ...

Interviewer: Um, you're, obviously it's different for you guys, I think the dynamic is difference to the men. I think that's a gender thing. I know that Gary's said he wants you guys to be more critical of each other, a bit like the men are. I spoke to Laurie about this and

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we had a big chat about you know would that work for women 'cos I play in a hockey team and I think that if I was really critical of some of my team mates they might get really upset with me.

Interviewee: Yeah I think they would to be honest, yeah

Interviewer: That's kind of women for you. Do you, there is like the men can have a bit of an argument and it can be forgotten about. They'd just, never, I think the women will hold on to it more. I think that's just a gender thing. Um, are there times when it can be difficult, where there can be bitchiness or people not getting along or somebody isolated in the team or anything like that? Does that make sense?

Interviewee: Yeah I think, I think there can be to be honest like, there's, there is some, um, I think it's been a lot worse in the past from what I've heard and I think it's a lot better now and I don't think it's, there's not like loads and loads of bitchiness but I think it's inevitable really there's going to be some bits...

Interviewer: A little bit

Interviewee:some bitchiness, yeah. I think that's when you have like when you have competitive sport when people are, like you're fighting for your place against other people and you, you do get along with them but at the same time you are competitors.

Interviewer: A weird situation that

Interviewee: I think sometimes it can be easy to, without realising you're doing it like to try and put, get yourself there, try and, maybe it's to try to like boost people's self confidence. I think by doing that that sometimes it can be quite easy to be critical of other people I think.

Interviewer: Um, now obviously there was the squad selection two weeks ago, something like that.

Interviewee: Yeah

Interviewer: OK so tell me about that and kind of how you found out that you'd been selected and how it made you feel?

Interviewee: I wasn't selected for the Paralympic World Cup, um, but, which was happening....

Interviewer:in May yeah

Interviewee:which has happened and then it was the end of the Paralympic World Cup which was the 2012 selection, so....

Interviewer: So were you thinking I'm not going to get selected?

Interviewee: It really kind of knocked my confidence of being selected. Um, I just, it

Interviewer: Tell me how you felt when you weren't selected then

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Interviewee: Not being selected it was done I kind of knew that because we'd had, we'd had like a meeting, an individual meeting and he'd kind of said "we're probably not going to take you to the Paralympic World Cup and this is why um, and my," it was kind of "maybe, maybe not, I don't know what I'm doing" so I just kind of came out of that meeting, "I don't really know what like is going on, I don't know what," then everyone's like, everyone was asking me, "tell me what you think your chances are for 2012". I'm just like, "I've no idea, like I don't know, it could go either way" and that's what I've always been told like by the coach, by Fred.

Interviewer: So were you kind of disappointed because you thought that may have a reflection on the squad for London?

Interviewee: Yes I think as it was so close for selection at the end of the Paralympic World Cup I think I was really disappointed and I thought in a way like that maybe if I, if I hadn't been selected for a tournament earlier on that had been for the tournaments closer then, then that would be better in a way because and then sort of 'cos I was there watching as well so I had all those things going through my mind so it, it was quite a hard week.

Interviewer: Yeah I was going to say how did it make you feel within yourself, kind of what impact did it have on your health 'cos then I'm going to say

Interviewee: Over the week, that week while I was there, quite sort of, quite sort of insecure 'cos I didn't know what was happening, I don't know what's going to happen over the summer and then I was really nervous and then I had going on my head like how the meeting would go if I wasn't selected so quite a lot of like sort of, like kind of, sort of imagining what the meeting might go like

Interviewer: Like worst case scenario

Interviewee: I was kind of, I was trying to almost prepare myself for the worst case scenario.

Interviewer: Playing it out in your mind.

Interviewee: I'd deal with it if it did happen sort of thing.

Interviewer: And so having had that kind of disappointment and that low

Interviewee: Yeah

Interviewer:then what happened next?

Interviewee: Then well I was like waiting in that 'cos we had to stay overnight, we stayed overnight. It was like a team meal the night before like the last supper, sort of thing.

Interviewer: What was that like? Was it really like tense?

Interviewee: No it was quite nice actually. It was nice to actually just sort of have a meal actually with the team. It was quite nice to be honest. There was some talk on selection.

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Interviewer: I bet.

Interviewee: Everyone talks about selection, everyone was sort of like “ um,” and then like we were like in the selection process we were in a room um, and then one by one went into, into like the meeting room.

Interviewer: And then do you go out another door? You don't know who hasn't been selected?

Interviewee: No. No you don't

Interviewer: Were there people before you?

Interviewee: Yes

Interviewer: So did you know if they'd been selected or not?

Interviewee: Er, no we didn't know that they'd actually been selected like. Um, people do sort of, you do sort of catch glimpses of people but you can't really like talk to them so .

Interviewer: Is that really nerve racking waiting?

Interviewee: Yes. Yes it is really nerve racking waiting and everyone was telling me like “breath, breath, keep breathing, stay calm,” um, ‘cos I get quite nervous um, sort of with stuff like that even like individual meetings just like waiting. There's a lot of kind of waiting around, “oh, so what's he going to say? Is he going to say something bad?”

Interviewer: So then how did you feel just before you went in?

Interviewee: Really, I was sort of really bracing, I was almost like bracing myself for the worst so I wouldn't, so I knew what was happening.

Interviewer: So talk me through what happened then when you went in.

Interviewee: I went in and they were like “how was it watching?” Well it wasn't great, pretty crap. Um, and then it went pretty fast actually. I can't really remember a lot of what they said and then it was quite quick really. “Well congratulations I hear you've been selected.”

Interviewer: What were you like?

Interviewee: I was like “Oh my gosh.” I was a bit

Interviewer: How did you react?

Interviewee: I was like, sort of shaking in a way. I was almost like in tears, they had the tissues, I was like “no ,no I'm OK” and I just didn't, I can't really remember what anyone said after that to be honest. Sort of saying what my role would be in the team and that I'd done well over the sort of few years or so. Um, yeah that was it really. It went, it was kind of over and done with quickly.

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Interviewer: But then you left the room and then did you see the other people, did you get to see the other people and find out if they had or hadn't been selected?

Interviewee: No I went to my car and rang my mum. I was like on the phone to my mum and my mum was like the same as me. I was like "I've got to drive home now."

Interviewer: Oh my God, were you really excited?

Interviewee: Yes it was like a two hour drive home, just going "Yeah" to myself in the car.

Interviewer: Did you get to speak to any of the players who had also been selected before you left to drive home?

Interviewee: No, no, no

Interviewer: So you all went your separate ways not knowing who had been selected?

Interviewee: Yeah

Interviewer: So how did you then find out who had been selected and who hadn't?

Interviewee: Well that's the kind of process that's been done before like with the, that's the process which happened with The Europeans and I think with the selections in the past too. I don't know. I wasn't there for them but I think that's like the standard thing that happens but like a few texts um, like when you get back and everyone's got home, like a few texts go round and then I think it was the next day we got um, an Email with the team list from Gary but once everyone's home you do sort of talk and find out but it's quite hard 'cos you have to try and work out in your head so you don't like upset anyone yeah.

Interviewer: So was the selection as you expected it to be?

Interviewee: Um, well, well I was very um, not sure about myself.

Interviewer: The team as a whole.

Interviewee: But I think it was yeah. I think like it could have been, in a way it could have been anyone's place from the four or five of us that were going for one spot so in that sense I think that spot could have gone any way but the rest of it was pretty much, pretty much all sorted. I think there's a lot of experienced players in, the players that have been around for a long time.

Interviewer: So is it nice to kind of chat to people and celebrate together and then seeing each other for training, to be able to be quite excited?

Interviewee: It was and everyone was really sort of "Oh my God."

Interviewer: And is it more relaxed? Can everyone kind of breathe easier now there isn't that tension?

Interviewee: Well no not really because

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Interviewer: Then go back again

Interviewee: Now you know you've been selected and it's, you sort of, I feel like I've got to live up to that

Interviewer: Yeah

Interviewee:and to sort of prove like, prove your worth, especially as I'm, it's my first Paralympics I sort of have to, can sort of just justify it and know that, and there is that people have been like de-selected in the past in major competitions and they haven't like stepped up and other people have been brought in so, so I think there's still a lot of pressure and a lot of hard work.

Interviewer: What do you think it was like for the people who weren't selected? Did you get to speak to them?

Interviewee: Yes I have. We do, um, it's quite had 'cos we do still train with them like in other sessions and you see them. We've just been at a tournament with juniors and so one of them is a junior so they were there and yeah, I think it's hard, it must be really hard for them and I can imagine how hard it would be. I think in a way they don't kind of want to speak to you so much in a way because it would be hard.

Interviewer: 'Cos they're disappointed?

Interviewee: Yeah and I think you've got to respect that as well and sort of say "speak to us when you want to."

Interviewer: Yeah so is there still like now when you're training is there just those of you who've been selected or is there still like a larger squad?

Interviewee: Um, when we train with the men like in our regional sessions um, it's the larger squad team so there's men that haven't been selected too, so it can be quite sensitive at times. You couldn't just turn up and be like "yeah". Yeah you do say congratulations and even those that haven't been selected will sort of like "oh congratulations"

Interviewer: Yes

Interviewee: Everyone was really good about it but people are I think really upset about it.

Interviewer: Yeah

Interviewee: It was really hard.

Interviewer: I imagine if you get selected then it must be the best thing for your health in some ways and if you don't get selected I guess it must be pretty crushing.

Interviewee: Yes I think it would be yeah

Interviewer: OK so kind of moving on from there obviously like the Paralympics is quite like high profile at the moment. It's very high in society.

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Interviewee: Yeah

Interviewer: Um, do you kind of feel proud now that you're going to be a part of it? Can you get more excited about it than you have been able to in the past?

Interviewee: Yeah I think definitely now that you know and there's that there and you can actually let it sink in because before like I think definitely do it, I protect myself by not properly like letting it sink in until I knew for sure in a way. Now yeah I am really proud. It's good, a really good feeling to have so many people around you that are proud of you too.

Interviewer: Yeah um so kind of what are the highs at the moment and the lows, obviously it's all changed.

Interviewee: The highs are like the support at the moment from everyone around me. I think everyone's really like, and like even people I didn't think would be that like interested, not interested, people that I'm friends with that aren't really close friends and they're really excited

Interviewer: There's a lot of hype around it.

Interviewee: That's a real high and I think training and knowing, I think it gives you confidence in the way you play as well. I think I've noticed in myself the way I play I'd not have that sort of belief in myself. That pride makes you play better I think.

Interviewer: Yeah and what are the kind of the strains then now, the lows on your health?

Interviewee: I think the strains are the pressure of being good enough and going through that pressure of trying to get the team as good as they can get in London. So just that sort of last final push is pressure in itself and I think also just having to get everything right, everything sort of right.

Interviewer: Yes. OK so my final question then. I asked you this last time as well is if you weigh up the positives on your health at this moment in time

Interviewee: Yeah

Interviewer:and having just been selected for London round the corner, having this you know, self-belief and so on with the negatives, you know the pressure that's there, your personal expectations, that sort of thing would you say, what percentage split would you give in terms of the positive impact it's having on your health and the negative?

Interviewee: Um, I'd say at the moment 80% positive, 85 yeah

Interviewer: So 85% positive?

Interviewee: Yeah I think so

Interviewer: 15% negative?

Interviewee: I don't know, that's quite ooh, um, I'm tempted to say higher

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Interviewer: OK

Interviewee: I think the negatives aren't bad, bad negatives. They're like the, it's the pressures.

Interviewer: Natural

Interviewee: It's the natural pressures so they're not

Interviewer: Preparation.

Interviewee: They're not

Interviewer: They wouldn't account for a lot?

Interviewee: Yeah

Interviewer: They're positive negatives?

Interviewee: Yeah

Interviewer: OK so what percentage. If you had to pinpoint a, I'll tell you what you said last time? Well I'll tell you what you said last time and you say what you think.

Interviewee: OK

Interviewer: See if there's a difference. So what are you going to go for now. Are you going to go for 85, 80, 90?

Interviewee: Um, ok right now 90.

Interviewer: 90% positive, 10% negative. Last time you said 80% positive, 20% negative

Interviewee: Did I, oh?

Interviewer: But I think that's interesting because I think if I asked people who haven't been selected it may differ, their answer.

Interviewee: Oh yeah

Interviewer: So if you hadn't been selected do you think it would have been much different.

Interviewee: Yeah. I think yeah.

Interviewer: Whereas because you have it's gone up slightly. It will be interesting to see what you think afterwards. Anyway I'll leave it there.

Appendix 4: Ethics Forms & Approval

a.) Ethics Full Application Form



RESEARCH PROPOSAL FOR HUMAN BIOLOGICAL OR PSYCHOLOGICAL AND SOCIOLOGICAL INVESTIGATIONS

This application should be completed after reading the University Code of Practice on Investigations Involving Human Participants (found at <http://www.lboro.ac.uk/admin/committees/ethical/ind-cophp.htm>).

1. Project Title

Understanding the psychological, social and societal health and well-being of Great Britain's Wheelchair Rugby and Basketball Teams relative to the London 2012 Paralympics: A longitudinal qualitative study.

2. Brief lay summary of the proposal for the benefit of non-expert members of the Committee. *This should include the scientific reasons for the research, the background to it and why the area is important.*

Individuals living with a disability experience many trials and tribulations with regards to their health, impacting not only on their physical well-being but also their psychological, social and societal well-being. Sport has been advocated by many as a vehicle capable of yielding significant health gains for those enduring the rehabilitation process. What's more as the Paralympic Games have evolved to become a global phenomenon, the profile of elite disability sport has been raised. Two sports which unite individuals with a range of disabilities are wheelchair rugby and wheelchair basketball. Whilst players can pursue glory, enjoy a privileged social identity and take up membership of a socially exclusive and exciting world, they must also survive in a hyper-masculine, competitive bubble surrounded by an able-bodied, judgemental world. In addition given the short career-spans of wheelchair performers, they inevitably must endure the transition from elite athlete to retired disabled player, which brings with it its own unique repercussions on their health.

Current social scientific research relative to the Paralympic Games has tended to focus primarily on the main event itself. That is the athlete experience during the Paralympics. Little research has however examined the psychological, social and societal health and well-being of disabled athletes across time relative to the Paralympics. This lack of research includes what the impact is on the psychological, social and societal health and well-being of disabled athletes as they a) prepare for b) participate in and c) retire from the Paralympics. This research seeks to explore these gaps in the literature.

3. Details of responsible investigator (supervisor in case of student projects)

Title: Dr	Forename: Brett	Surname: Smith
Department: Sport, Exercise & Health Sciences	Email Address: b.m.smith@lboro.ac.uk	

Personal experience of proposed procedures and/or methodologies

Brett Smith has considerable experience in qualitative research. This includes designing successful studies, analysing questionnaire data, conducting interviews, analysing qualitative data, and writing 50 plus peer-reviewed papers. He has conducted quantitative and qualitative research with various populations, including disabled people (e.g. spinal cord injury). He has supervised over 30 students (MSc and PhD) undertaking quantitative and qualitative research to successful completion. He has given over 70 invited workshops/talks and numerous keynotes on research methodology and methods. He is an editor of a journal dedicated to Qualitative Research and reviewed for over 30 journals. Brett has also acted as an external reviewer for major national and international grant organisations.

4. Names, experience, department and email addresses of additional investigators

Melanie Preece PhD Student

M.K.Preece@lboro.ac.uk

Melanie Preece has successfully completed a BA (Hons) in Sports Management at Birmingham University. As part of this course, she undertook considerable training in research methods. She also conducted successful research on social health. This involved conducting several interviews and data analysis.

Moreover in her job as a Further Education Lecturer, she teaches Higher Education students about research methods and supports them in undertaking their own research projects.

5. Proposed start and finish date and duration of project

Start date: 01/12/2010

Finish date: 01/12/2013

Duration: 3 years

Start date for data-collection: December 2010

NB. Data collection should not commence before EAC approval is granted.

6. Location(s) of project

Life history interviews with participants (players and support staff) at their chosen location, which based on previous studies, often takes place at their training bases, (Wheelchair Rugby: Stoke Mandeville Stadium, Aylesbury, Wheelchair Basketball: Holme Pierrepont, Nottingham) will take place.

Given the lone nature of collecting data, measures will be put into place to ensure ethical and safe practice. These will include the interviewer (Melanie Preece) notifying the responsible investigator (Brett Smith) to inform of the proposed interviewee and date/time, along with location and contact details. The interviewer will ensure they have a mobile telephone (charged and credited) at all times throughout the interview process, and will outline the expected time of arrival and departure, before telephoning on leaving to inform of their safety. If the responsible investigator is unavailable, contingencies will be in place to report to another designated member of research staff within the School of Sport, Exercise and Health Studies at Loughborough University. The information outlined above will be treated in the strictest confidence and kept confidential at all times, accessible only to the research team, unless exceptional circumstances apply, (for example the researcher does not report back within the agreed time).

Observations will take place at training sessions and during competitions. The observer (Melanie Preece) will again notify the responsible investigator (Brett Smith) of the

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observation, location, date/time and contact details, and follow the procedures outlined above.

7. Reasons for undertaking the study (eg contract, student research)

This research is being conducted by a PhD student (Melanie Preece).

This project sets out to engage with and impact upon wider communities of practise in disability, sport, health and well-being. The research will create the first substantive contribution in its area by examining Paralympic athletes' health and well-being across time. As yet, no qualitative research has examined this topic, and therefore there remain gaps in our knowledge.

In addition, studies with wheelchair athletes have been predominately focused on performance and training, rather than sociology, (Goodwin *et al.*, 2009). It has been suggested that more research needs to be conducted with disabled sports performers to provide them with a voice to explain their needs and experiences in order to help inform those working alongside them, (Semerjian, 2009). Moreover researchers (Martin, 1999; Wheeler *et al.*, 1996) have advocated the need for more research to examine the impact that retirement has on the health of elite disabled performers, as there is a lack of existing or current research into this topic.

Without the above knowledge, effective policy, coaching practices and strategies for promoting lifelong health and well-being in disabled people cannot be implemented. This research is therefore needed to provide this knowledge. In this way it is expected that the research will inform the practices of elite wheelchair athletes, coaches and support staff (e.g. team doctors, physiotherapists), not to mention disabled individuals and health practitioners.

8. Do any of the investigators stand to gain from a particular conclusion of the research project?

No

9a. Is the project being sponsored? Yes No

If Yes, please state source of funds including contact name and address

9b. Is the project covered by the sponsors insurance? Yes No

If No, please confirm details of alternative cover (e.g. University cover).

University cover

10. Aims and objectives of project

Aim: To examine the psychological, social and societal health and well-being of Great Britain's top wheelchair rugby and basketball players, as they make their journey to the London 2012 Paralympics and beyond. The objectives of the research are to:

1. Explore the health and well-being (past and present) amongst disabled athletes (wheelchair rugby and basketball) through in-depth life history and follow-up life story interviews, observations and visual methods (auto-photography).
2. Advance theoretical understanding within the fields of health sciences and disability concerning disability sport, health and well-being.

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3. Advance methodological understandings within the fields of health sciences and disability through the employment of a combination of life history and life story interviews, observations and visual methods (auto-photography).
4. Assist coaches, athletes, health practitioners and policy makers in promoting the health and well-being of disabled people.

The research project intends to answer the following questions:

What impact does living with or recovering from a disability have on the psychological, social and societal health and well-being of the individuals?

How does sport affect the psychological, social and societal health and well-being of individuals with disability, including those undergoing rehabilitation?

What is the impact of being an elite wheelchair rugby or basketball player preparing for a Paralympic Games on their psychological, social and societal health and well-being?

What challenges arise after the Paralympics for elite wheelchair rugby or basketball players relative to their health and well-being?

11a. Brief outline of project design and methodology

(It should be clear what each participant will have to do, how many times and in what order.)

Recruitment stage: First, following ethical approval, it is proposed that initial contact will be made with potential participants (players and support staff) via direct contact with the Great Britain Wheelchair Rugby and Basketball teams, through the Peter Harrison Centre for Disability Sport at Loughborough University. Both teams will be approached via an open letter sent out in the Peter Harrison Centre Newsletter and via Doctor Vicki Tolfrey who is the director of the Peter Harrison Centre for Disability Sport. Dr Tolfrey will give potential participants who attend the centre for training and physiological testing a letter and information sheet requesting voluntary participation. Participants will be asked to e-mail or telephone the chief investigator to indicate if they would agree to being interviewed, observed and engage in auto-photography.

Second, following this, a total sample of 25 participants for interview will be selected, based on those willing to take part in the study. This sample will consist of squad players from the two sports (10 per sport) and support staff (i.e. coaches, doctors – 2/3 per sport). All persons will be selected based on inclusion criteria noted below (please refer to point 13). Based on this inclusion criteria, telephone/email contact will be made with those who indicated that they were willing to take part in the study. Participants will be invited to ask any questions they wish about the project. Importantly all individuals will be given sufficient time (2 weeks) to consider the project and decide whether or not to participate. They may contact the chief investigator during this period to ask any further questions.

Third, following this confidential process, participants who have agreed to be interviewed, observed and engage in auto-photography will be given time to reflect on whether they still want to take part and will be contacted again via telephone and/or e-mail. If they wish to still participate following the time given to reflect on participation in the project, interviews will then be arranged with each participant at a location and time of their choice. This is anticipated to be during downtime between training sessions at their training venues, (Wheelchair Rugby: Stoke Mandeville Stadium, Wheelchair Basketball: Holme Pierrepont). Each participant will be interviewed separately to allow them to express their views freely

and openly. Observations will take place during training sessions and competitions and will be arranged in advance with the players and coaches. The players will be asked to engage in auto-photography, photographing images that they consider to represent their experiences as disabled people and sports performers, which they will be asked to take at their leisure.

Data collection stage:

Once informed consent has been received in writing, participants (just the players) will be contacted to take part in initial life history interviews, lasting approximately 1 hour in length. Such a method of research is used commonly when interviewing disabled individuals such as those with spinal cord injuries, and thus is deemed appropriate. It is proposed that these initial life history interviews will take place with the participants between December 2010 and February 2011 (Stage 1). Follow-up life story interviews will take place periodically with the players, every 5-9 months, at the convenience of the players, and to accommodate training and competition schedules (Stage 2). It is expected that there will be 3 follow-up interviews, (anticipated to be May/June 2011, Jan/Feb 2012 and Nov/Dec 2012), with each interview expected to last 30 minutes. The participants (just the players) will also be invited to engage in auto-photography throughout the process, and observations will also take place periodically upto and during the London 2012 Paralympics (September 2012).

Two interviews with support staff (e.g. coaches, doctors) attached to both sports will take place, the first following the initial interviews with the players and prior to the first follow-up interviews with the players, (anticipated to be March/April 2011) and the second following the last interviews with the players (post- Paralympics- January/February 2013). These interviews are expected to last 30 minutes each.

Stage 1 will provide the necessary primary data to examine the impact of becoming disabled and going on to become a disabled sports performer, on the psychological, social and societal health and well-being of the participants. In stage 1, each participant (just the players) will take part in a life history interview for 1 hour, (anticipated to be between December 2010 and February 2011) and will be interviewed separately from one another.

At these initial interviews, the ethical principles that inform the project will be discussed. The participants will be provided with a copy of the relevant information sheet, reminded of its contents and encouraged to ask any questions. It will be stressed that the participant has the opportunity to withdraw from the study at any time without penalty. Furthermore the participant will be made aware that if a line of questioning develops in such a way that they feel hesitant or uncomfortable they can freely decline to answer any particular question(s) or withdraw from the project at any stage without any disadvantage. The confidential interviews will be conducted at a location and time of the participant's choice. This will usually be their training facility. All the interviews will be digitally recorded and then transcribed word for word on a password protected computer.

It will be made clear to all participants that they will face no disadvantage if they decide to withdraw from the project. It will also be highlighted that the researchers will at no point pass judgement on their responses or behaviour (for example their personal viewpoint). Throughout the data collection phase the chief investigator will be in continued contact with the co-researcher who will monitor the progress of the study, confirm ethical procedures are being followed and address any concerns or complications.

At the end of the initial interviews (Stage 1), the participants (players) will each be provided with a disposable camera to facilitate auto-photography research and invited to take

photographs of any images that they feel represent a) their experiences of becoming disabled, b) undergoing rehabilitation or c) life as an elite disabled sports performer. Such photographs will have the benefit of visually capturing this process and can provide insights into and visual representations of different times in their lives. In this way generating visual data is strongly aligned with the research objectives because visual images can amass complex layered meanings in a format that is both accessible and easily retrievable (Banks, 2007). They are extremely well suited to eliciting meaningful data in 'seeable' ways that extend beyond the 'sayable', and to illustrating research findings to diverse audiences. They can identify 'hidden' aspects of a topic that have not been identified in the empirical literature. Another benefit of using auto-photography is that visual images will be produced by the participant, thereby enabling them to be collaborators in the research. This approach shares agency and assists both parties to feel rewarded by the project (Pink, 2007). Its incorporation into the project purposefully addresses recent critiques that research on disability regularly excludes from its process the very people it aspires to serve (i.e. disabled adults and those close to them).

Additionally it is proposed that observations will take place during training sessions and at competitions between December 2010 and October 2012, and thus will commence during and following Stage 1. These will be organised in collaboration with the players and coaches and will include the Paralympic Games in September 2012, taking place in London. Such observations enable the players and the sports to be witnessed first-hand, allowing an opportunity to see on-court exchanges and off-court camaraderie. This offers a unique chance to capture the players as they truly are, to see, feel and experience the culture of both sports and to vicariously experience the highs and lows of elite-level competition, in a way that cannot be captured by interviews. Thus it offers a different vantage point from which to explore the lives and health of disabled athletes preparing for a Paralympic Games. Used in collaboration with interviews, observations allow a more complete picture of human activity and its processes to be achieved, (Culver *et al.*, 2003) and moreover this allows for triangulation of the data collected, (Fade, 2003).

Finally at the end of Stage 1, the initial interviews with support staff (e.g. coaches, team doctors) will be arranged to take place prior to Stage 2, and thus are anticipated to take place in March/April 2011. These interviews are designed to enable those working alongside the players to provide insights into the sports of wheelchair rugby and basketball, the strain and demands they place on the players and to offer insights into the lives and health of the players over time. It is also hoped that these individuals will be able to reflect upon their previous experiences, for example outlining the impact that being involved in a Paralympic games can have on the health of players, not to mention the impact of retirement on their health.

Stage 2 In Stage 2 it is anticipated that 3 follow-up life story interviews will be conducted with the players. These will take place periodically, every 5-9 months, to fit around training and competition schedules (in particular ensuring no disruption to preparations for the Paralympic Games in September 2012) and are anticipated to take place in May/June 2011, Jan/Feb 2012 and Nov/Dec 2012, with each interview expected to last 30 minutes. At the beginning of each interview, the ethical principles that inform the project will again be discussed. The aim of these interviews is to a) probe further any points raised within the initial life history interviews, b) identify and discuss any additional, relevant life experiences which were overlooked during the initial interviews and c) establish more recent experiences and aspirations for the future in relation to the Paralympic Games. The final interviews (to take place following the Paralympic Games) will additionally seek to explore the next steps for the players, including retirement from and transition out of the sports. In this way, the 3

follow-up interviews will be designed to enable the players and their health to be tracked over time, as they journey towards and beyond the London 2012 Paralympics.

At these interviews the photographs taken by the participants will be discussed to probe for meaning, to generate more richness and depth of understanding. The participants will be invited to continue to take photos in relation to their current experiences and the Paralympic Games to ensure a continuing stream of data and to enable their progress towards London 2012 to be tracked.

Within Stage 2 observations will continue to take place and previous observations may offer up areas to be explored within the aforementioned follow-up interviews, to allow for clarification and meaning to be attached to them. At the Paralympic Games in September 2012 in London, multiple observations will take place to track the progress of the players as they compete in qualifying rounds and/or finals in their respective sports, and these will generate areas to be discussed in the final follow-up interviews with the players.

Finally at the end of Stage 2, the second interviews with the support staff (e.g. coaches, doctors) will take place, anticipated to be January/February 2013. The purpose of these interviews is to a.) reflect on the Paralympic Games and the impact they had on the health of the players, b.) identify the future directions of the players in terms of remaining within the sport or retiring from it, and c.) consider the impact of retirement on the health of the players. These interviews are expected to last 30 minutes.

Data analysis:

The data generated by the interviews will be examined using a thematic analysis. This involves identifying key themes, findings and trends within the interview data and linking them to current theory and research. This method of analysis allows the individuals' experiences to be explored and general knowledge about a specific issue to be identified.

The data generated from the observations will also be analysed to establish key themes, but moreover to provide evidence of the experiences cited by the participants during interviews. This will allow for a greater understanding of this data and indeed for triangulation of this data.

The process of analysing visual data will be informed by Pink's (2007) reflexive approach, whereby the analysis will not only focus upon the content of the visual data, but on the meanings that different individuals give to the images in different contexts. This will be achieved via the follow-up interviews, during which the photographs will be discussed. The approach will provide insight into the experiences of disabled sport performers over time and as they journey towards the Paralympics and how it has/is impacting upon their health. Visual analysis will also occur at the three sites identified by Rose (2007). This involves being attentive to the image making process (how it is produced), the image itself (what is produced) and the responses of those who view the image (why people respond to it in the way that they do), including the stories they may bring to it. Following this established analytical process will ensure that the research findings – and the policy recommendations that ensue – are underpinned by theoretical and methodological rigor.

11b. Measurements to be taken

(Please give details of all of the measurements and samples to be taken from each participant.)

No measurements will be taken

12. Please indicate whether the proposed study:

Involves taking bodily samples Yes No

Involves procedures which are physically invasive (including the collection of body secretions by physically invasive methods) Yes No

Is designed to be challenging (physically or psychologically in any way), or involves procedures which are likely to cause physical, psychological, social or emotional distress to participants Yes No

Involves intake of compounds additional to daily diet, or other dietary manipulation / supplementation Yes No

Involves pharmaceutical drugs (please refer to published guidelines) Yes No

Involves testing new equipment Yes No

Involves procedures which may cause embarrassment to participants Yes No

Involves collection of personal and/or potentially sensitive data Yes No

Involves use of radiation (Please refer to published guidelines. Investigators should contact the University's Radiological Protection Officer before commencing any research which exposes participants to ionising radiation – e.g. x-rays) Yes No

Involves use of hazardous materials (please refer to published guidelines) Yes No

Assists/alters the process of conception in any way Yes No

Involves methods of contraception Yes No

Involves genetic engineering Yes No

If Yes, please give specific details of the procedures to be used and arrangements to deal with adverse effects.

Distress: Should the participant feel uncomfortable about any issues that the interviewer raises, they are free to change the topic without giving any reason. They are told and reminded that at any time they can command the digital tape recording to be stopped or indeed terminate the interview. It will be emphasised that the interviewer would simply like the participant to tell, in their own way and at their own pace, their experiences of life as a disabled person during rehabilitation and as a sportsperson. It will be stressed that there are no 'right' or 'wrong' answers and that they can control what is said and how it is said. If the participant does experience any discomfort during or after the interview, a number of professional support and information networks will be made available. All topics to be covered in the interviews will be discussed at length with the co-researcher prior to any contact with the study participants. The same procedures will firmly be in place for the visual methods (auto-photography) used and observations conducted. For example they can also choose not to photograph any images that cause them distress and they will be made aware that observations can be ceased at the request of any player or coach at any time. Again a number of professional support and information networks will be made available to participants.

Collection of personal data: Recordings, transcripts and any other research data (for example draft reports) will be kept in a locked cabinet within the School of Sport, Exercise and Health Sciences, at Loughborough University. Only the people who have been given consent will have access to the information (chief investigator and co-researcher). Importantly informed consent forms and any identifiable personal information will be stored in a separate locked cabinet (also at Loughborough University) to avoid the possibility of identifying research data. Again only the people who have been given consent will have access to the information. No identifiable personal data will be stored on computers.

All transcribed data will be stored on a pass-worded protected computer. Recordings and hard copy transcripts and visual materials will be kept in a locked cabinet in a locked room within Loughborough University (School of Sport, Exercise & Health Sciences). Only the researchers named on and involved in the project will have access to the information.

At all times personal information and research data (including visual data and digital recordings) will be collected and stored in the strictest confidence. The research team will strictly abide by the security and data protection procedures outlined by the University.

Informed consent forms, together with personal details, will be stored separately from all other research data so to avoid the possibility of revealing a participant's identity. Although a university and personal computer will be used as part of the research to carry out certain tasks (for example research transcription and writing research reports) at no time and under no circumstances will participants' personal information be stored on this computer. All research data entered into this computer as part of the study will be anonymised with potentially identifiable details being replaced with pseudo names. When not in use the computer will always be password protected, restricting unauthorised access. Copies of consent forms and information detailing personal information will be stored only as hardcopies in secure storage.

The confidentiality of information supplied by research participants and the anonymity of the respondents will be respected. To protect their identity all identifying information emerging from the interviews and observations will be anonymised. When collecting visual data, all faces will be covered with a large black stripe. Intentions about the use of the visual material, and the potential for identification will be discussed with participants during the interviews. The statement of ethical practice for the British Sociological Association Visual Sociology study group will be adhered to in relation to the collection and use of visual material in this project: (http://www.visualsociology.org.uk/about/ethical_statement.php)

Eventual disposal:

In line with the data protection act, all transcripts and any other hard copies of research data (for example annotated drafts of publications) will be destroyed by shredder and placed in the School of Sport, Exercise, and Health Sciences' confidential waste disposal unit after 3 years of completion of the project. All digital recordings and visual images will also be deleted in this time frame.

13. Participant Information

Number of participants to be recruited: 25

Details of participants (gender, age, special interests etc):

10 players per sport - 15 Male, 5 Female

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(Less female participants will be included in the study due to wheelchair rugby being a mixed sport, made up of predominately males).

5 support staff (e.g. coaches, team doctors) across both sports.

How will participants be selected? Please outline inclusion/exclusion criteria to be used:

Participants will be selected based on their meeting of the inclusion criteria. Here, the focus is on people who have experienced some form of disability, be it congenital or otherwise, and who have gone on to become elite sports performers within the sports of wheelchair rugby or basketball, as well as members of support staff working alongside either team.

Inclusion criteria

- (a) persons will be 18 years or above
- (b) have a disability, congenital or otherwise, (e.g. Spinal Cord Injury, amputation), (not applicable to support staff).
- (c) are a current player (or member of support staff) in the Great Britain Wheelchair Rugby or Basketball squads and
- (d) are preparing for the London 2012 Paralympics

Exclusion criteria:

- a) be under the age of 18. This decision was primarily based on the nature of the data collection (in-depth interviews and the potential for upset)
- b) are undergoing treatment for other health problems (e.g. depression)

How will participants be recruited and approached?

First, following ethical approval, it is proposed that initial contact will be made with potential participants via direct contact with the Great Britain Wheelchair Rugby and Basketball teams, through the Peter Harrison Centre for Disability Sport at Loughborough University. Both teams will be approached via an open letter sent out in the Peter Harrison Centre Newsletter and via Doctor Vicki Tolfrey who is the director of the Peter Harrison Centre for Disability Sport. Dr Tolfrey will give potential participants who attend the centre for training and physiological testing a letter explaining the purpose of project, exclusion and inclusion criteria, introducing those undertaking the research, and inviting them to take part in the study. To ensure confidentiality and to avoid identifiable data being accessed by the research team before full consent is acquired, potential participants will be asked to e-mail or telephone the chief investigator to indicate if they would agree to being interviewed, observed and engage in auto-photography.

Second, following this, a total sample of 25 participants for interview will be finalised, based on those willing to take part in the study. This sample will consist of squad players from the two sports (10 per sport) and support staff (i.e. coaches, doctors – 2/3 per sport). All persons will be selected based on inclusion criteria noted. Based on this inclusion criteria, telephone/email contact will be made with those who indicated that they were willing to take part in the study. Participants will be invited to ask any questions they wish about the project. Importantly all individuals will be given sufficient time (2 weeks) to consider the project and decide whether or not to participate. They may contact the chief investigator during this period to ask any further questions.

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Third, following this confidential process, participants who have agreed to be interviewed, observed and engage in auto-photography will be given time to reflect on whether they still want to take part and will be contacted again via telephone and/or e-mail. If they wish to still participate following the time given to reflect on participation in the project, interviews will then be arranged with each participant at a location and time of their choice. This is anticipated to be during downtime between training sessions at their training venues, (Wheelchair Rugby: Stoke Mandeville Stadium, Wheelchair Basketball: Holme Pierrepont). Each participant will be interviewed separately to allow them to express their views freely and openly. Observations will take place during training sessions and competitions and will be arranged in advance with the players and coaches. The players will be asked to engage in auto-photography, photographing images that they consider to represent their experiences as disabled people and sports performers, which they will be asked to take at their leisure.

Please state demand on participants' time.

PLAYERS

1 hour (per person) for initial life history interviews.

30 mins (per person) for each follow-up interview, (3 in total).

In total 2 hours 30 minutes per person.

SUPPORT STAFF

30 mins (per person) for each interview (2 in total)

In total 1 hour per person

14. Control Participants

Will control participants be used?

Yes

No x

If Yes, please answer the following:

Number of control participants to be recruited:

How will control participants be selected? Please outline inclusion/exclusion criteria to be used.

How will control participants be recruited and approached?

Please state demand on control participants' time.

15. Procedures for chaperoning and supervision of participants during the investigation

N/A

16. Possible risks, discomforts and/or distress to participants

Should the participant feel uncomfortable about any issues that the interviewer raises, they are free to change the topic without giving any reason. They are told and reminded that at any time they can command the digital tape recording to be stopped or indeed terminate the interview. It will be emphasised that the interviewer would simply like the participant to tell, in their own way and at their own pace, their experiences of life as a disabled person during rehabilitation and as a sportsperson. If the participant does experience any discomfort during or after the interview, a number of professional support and information networks will be

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made available. All topics to be covered in the interviews will be discussed at length with the co-researcher prior to any contact with the study participants. These procedures will also be applied relative to the observations and visual data collected. All this has been successfully done in previous research with disabled people.

When collecting visual data, strategies will be used to keep the visual data anonymous, including changing the camera angle to hide their face. Any faces will be covered with a large black stripe. Intentions about the use of the visual material, and the potential for identification will be discussed with participants during the interviews. The statement of ethical practice for the British Sociological Association Visual Sociology study group will be adhered to in relation to the collection and use of visual material in this project:
http://www.visualsociology.org.uk/about/ethical_statement.php)

Experiences of funded research (Canadian Institute of Health Research (CIHR)) on testing new methods with disabled people showed they welcome the opportunity for visual images depicting their lives to be shared with others via varied outlets. This method was not seen as time consuming or pressuring. Instead it was enjoyable. Participants also felt truly part of research when using it. However, diligence will be displayed regarding this, and consent for the use of data will continue throughout and beyond the duration of the project.

17. Details of any payments to be made to the participants

None

18. Is written consent to be obtained from participants? Yes No

If yes, please attach a copy of the consent form to be used. ATTACHED

If no, please justify.

19. Will any of the participants be from one of the following vulnerable groups?

Children under 18 years of age Yes No

People over 65 years of age Yes No

People with mental illness Yes No

Prisoners/other detained persons Yes No

Other vulnerable groups (please specify) Yes No

If Yes, to any of the above, please answer the following questions:

What special arrangements have been made to deal with the issues of consent?

Have investigators obtained necessary police registration/clearance? (please provide details or indicate the reasons why this is not applicable to your study)

Not applicable as the participants are not children, the topic in question is not related to prisoners', and the focus is not on activities considered potentially dangerous, illegal, or unethical.

20. How will participants be informed of their right to withdraw from the study?

Through a) verbal discussions b) consent forms and c) information sheet

21. Will the investigation include the use of any of the following?

Observation of participants Yes No

Audio recording Yes No

Video recording Yes No

If Yes, to any, please provide detail of how the recording will be stored, when the recordings will be destroyed and how confidentiality of data will be ensured?

Recordings and other confidential material (e.g. transcripts, visual images) will be kept in a locked cabinet within the School of Sport, Exercise and Health Sciences at Loughborough University. Only the people who have been given consent will have access to the information (chief investigator and co-researcher). Importantly informed consent forms and any identifiable personal information will be stored in a separate locked cabinet (also at Loughborough University) to avoid the possibility of identifying research data. Again only the people who have been given consent will have access to the information. No identifiable personal data will be stored on computers.

All transcribed data and visual images will be stored on a pass-worded protected computer. Recordings and hard copy transcripts will be kept in a locked cabinet in a locked room within Loughborough University (School of Sport, Exercise & Health Sciences). Only the researchers named on and involved in the project will have access to the information.

At all times personal information and research data (including digital recordings and visual images) will be collected and stored in the strictest confidence. The research team will strictly abide by the security and data protection procedures outlined by the University.

Informed consent forms, together with personal details, will be stored separately from all other research data so as to avoid the possibility of revealing a participant's identity. Although a university and personal computer will be used as part of the research to carry out certain tasks (for example research transcription and writing research reports) at no time and under no circumstances will participants' personal information be stored on this computer. All research data entered into this computer as part of the study will be anonymised with potentially identifiable details being replaced with pseudo names. When not in use the computer will always be password protected, restricting unauthorised access. Copies of consent forms and information detailing personal information will be stored only as hardcopies in secure storage.

Eventual disposal:

In line with the data protection act, all transcripts and any other hard copies of research data (for example annotated drafts of publications) will be destroyed by shredder and placed in the School of Sport, Exercise, and Health Sciences' confidential waste disposal unit after 3 years of completion of the project. All digital recordings and visual materials will also be deleted in this time frame.

22. What steps will be taken to safeguard anonymity of participants/confidentiality of personal data?

Recordings, transcripts and any other research data (for example draft reports) will be kept in a locked cabinet within the School of Sport, Exercise and Health Sciences at Loughborough University. Only the people who have been given consent will have access to the information (chief investigator and co-researcher). Importantly informed consent forms and any

identifiable personal information will be stored in a separate locked cabinet (also at Loughborough University) to avoid the possibility of identifying research data. Again only the people who have been given consent will have access to the information. No identifiable personal data will be stored on computers.

All transcribed data will be stored on a pass-worded protected computer. Recordings and hard copy transcripts will be kept in a locked cabinet in a locked room within Loughborough University (School of Sport, Exercise & Health Sciences). Only the researchers named on and involved in the project will have access to the information. At all times personal information and research data (including digital recordings and visual materials) will be collected and stored in the strictest confidence. The research team will strictly abide by the security and data protection procedures outlined by the University.

Data included in any publications or presentations will be anonymised with potentially identifiable details being replaced with pseudo names (for example: locations, names of friends or family). Informed consent forms, together with personal details, will be stored separately from all other research data so to avoid the possibility of revealing a participant's identity. Although a university and personal computer will be used as part of the research to carry out certain tasks (for example research transcription and writing research reports) at no time and under no circumstances will participants' personal information be stored on this computer. All research data entered into this computer as part of the study will be anonymised with potentially identifiable details being replaced with pseudo names. When not in use the computer will always be password protected, restricting unauthorised access. Copies of consent forms and information detailing personal information will be stored only as hardcopies in secure storage.

When collecting visual data, strategies will be used to keep the visual data anonymous, including changing the camera angle to hide their face. Any faces will be covered with a large black stripe. Intentions about the use of the visual material, and the potential for identification will be discussed with participants during the interviews. The statement of ethical practice for the British Sociological Association Visual Sociology study group will be adhered to in relation to the collection and use of visual material in this project:
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Experiences of funded research (Canadian Institute of Health Research (CIHR)) on testing new methods with disabled people showed they welcome the opportunity for visual images depicting their lives to be shared with others via varied outlets. This method was not seen as time consuming or pressuring. Instead it was enjoyable. Participants also felt truly part of research when using it. However, diligence will be displayed regarding this, and consent for the use of data will continue throughout and beyond the duration of the project.

Eventual disposal:

In line with the data protection act, all transcripts and any other hard copies of research data (for example annotated drafts of publications) will be destroyed by shredder and placed in the School of Sport, Exercise, and Health Sciences' confidential waste disposal unit after 3 years of completion of the project. All digital recordings will also be deleted.

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23. Please give details of what steps have been taken to ensure that the collection and storage of data complies with the Data Protection Act 1998?

Please see University guidance on [Data Collection and Storage](#) and [Compliance with the Data Protection Act](#).

See above (21 & 22)

24. If human tissue samples are to be taken, please give details of and timeframe for the disposal of the tissue.

Please note that this information should also be outlined on the Participant Information Sheet N/A

25. Insurance Cover

It is the responsibility of investigators to ensure that there is appropriate insurance cover for the procedure/technique.

The University maintains in force a Public Liability Policy, which indemnifies it against its legal liability for **accidental** injury to persons (other than its employees) and for accidental damage to the property of others. Any **unavoidable** injury or damage therefore falls outside the scope of the policy.

Will any part of the investigation result in **unavoidable** injury or damage to participants or property? Yes No

If Yes, please detail the alternative insurance cover arrangements and attach supporting documentation to this form.

The University Insurance relates to claims arising out of all **normal** activities of the University, but Insurers require to be notified of anything of an unusual nature

Is the investigation classed as **normal** activity? Yes No

If No, please check with the University Insurers that the policy will cover the activity. If the activity falls outside the scope of the policy, please detail alternative insurance cover arrangements and attach supporting documentation to this form.

26. Declaration

I have read the University's Code of Practice on Investigations on Human Participants and have completed this application. I confirm that the above named investigation complies with published codes of conduct, ethical principles and guidelines of professional bodies associated with my research discipline.

I agree to provide the Ethical Advisory Committee with appropriate [feedback](#) upon completion of my investigation.

Signature of applicant:



Signature of Head of Department:

.....

Date

15 November 2010

b.) Ethical Clearance Checklist*ETHICAL ADVISORY COMMITTEE*

(TO BE COMPLETED FOR *ALL* INVESTIGATIONS INVOLVING HUMAN PARTICIPANTS)

If your research is being conducted off-campus and ethical approval has been granted by an external ethics committee, you may not need to seek full approval from the University Ethical Advisory Committee. However you will be expected to provide evidence of approval and the terms on which this approval has been granted.

If you believe this statement applies to your research, please contact the Secretary of the Ethical Advisory Committee for confirmation.

If your research is transferring into Loughborough University and approval was obtained from your originating institution, there is a requirement on the University to ensure that appropriate approvals are in place.

If you believe this statement applies to your research, please contact the Secretary of the Ethical Advisory Committee with evidence of former approval and the terms on which this approval has been granted.

It is the responsibility of the individual investigators to ensure that there is appropriate insurance cover for their investigation.

If you are at all unsure about whether or not your study is covered, please contact the Finance Office to check.

Section A: Investigators

Title of Investigation

Understanding the psychological, social and societal health and well-being of Great Britain's Wheelchair Rugby and Basketball Teams relative to the London 2012 Paralympics: A longitudinal qualitative study.

Name, Status and Email Address of Senior Investigators (University Staff Research Grade II and above): *(Please underline responsible investigator where appropriate)*

Brett Smith

Senior Lecturer in Research Methods.

B.M.Smith@lboro.ac.uk

Department: Sport, Exercise & Health Sciences

Name, Status and Email Address of Other Investigators (other University Staff and Students):

Melanie Preece

PhD Student

M.K.Preece@lboro.ac.uk

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A1. Do investigators have previous experience of, and/or adequate training in, the methods employed?

Yes No[†] [†]If **No**, Please provide details below

A2. Will junior researchers/students be under the direct supervision of an experienced member of staff?

Yes No[†] [†]If **No**, Please provide details below

A3. Will junior researchers/students be expected to undertake physically invasive procedures (not covered by a generic protocol) during the course of the research?

Yes[†] No [†]If **Yes**, Please provide details below

A4. Are researchers in a position of direct authority with regard to participants (eg academic staff using student participants, sports coaches using his/her athletes in training)?

Yes[†] No [†]If **Yes**, Please provide details below

If you have selected one of the answers above marked with an † please provide additional information on how you intend to manage the issues (please continue onto a separate sheet if required), then submit this checklist to the Secretary to the EAC:

Section B: Participants

Vulnerable Groups

Will participants be knowingly recruited from one or more of the following vulnerable groups?

- B1. Children under 18 years of age Yes[#] No
 (please refer to published guidelines)
- B2. People over 65 years of age Yes[#] No
- B3. Pregnant women Yes[#] No
- B4. People with mental illness Yes[#] No
- B5. Prisoners/Detained persons Yes[#] No
- B6. Other vulnerable group (please specify _____) Yes[#] No

If the procedure is covered by an existing generic protocol which refers specifically to the vulnerable group(s), please insert reference number here

If the procedure is not covered by an existing generic protocol, please submit a full application to the Ethical Advisory Committee

Chaperoning Participants

If appropriate, e.g. studies which involve vulnerable participants, taking physical measures or intrusion of participants' privacy:

B7. Will participants be chaperoned by more than one investigator at all times?
 Yes No* N/A[†] [†]If N/A, please provide details below

B8. Will at least one investigator of the same sex as the participant(s) be present throughout the investigation?

Yes No* N/A[†] [†]If N/A, please provide details below

B9. Will participants be visited at home?

Yes* No N/A[†] [†]If N/A, please provide details below

*** Please submit a full application to the Ethical Advisory Committee.**

If you have selected one of the answers above marked with an † please provide additional information on how you intend to manage the issues (please continue onto a separate sheet if required), then submit this checklist to the Secretary to the EAC:

Section C: Methodology/Procedures

To the best of your knowledge, please indicate whether the proposed study:

- C1. Involves taking bodily samples Yes[#] No x
 (please refer to [published guidelines](#))
- C2. Involves procedures which are likely to cause physical, psychological, social or emotional distress to participants Yes[#] x No
- C3. Is designed to be challenging physically or psychologically in any way (includes any study involving physical exercise) Yes[#] No x

If the procedure is covered by an existing generic protocol, please insert reference number here

If the procedure is not covered by an existing generic protocol, please submit a full application to the Ethical Advisory Committee

- C4. Exposes participants to risks or distress greater than those encountered in their normal lifestyle Yes*x No
- C5. Involves collection of body secretions by invasive methods Yes* No x
- C6. Prescribes intake of compounds additional to daily diet or other dietary manipulation/supplementation Yes* No x
- C7. Involves testing new equipment Yes* No x
- C8. Involves pharmaceutical drugs Yes* No x
 (please refer to [published guidelines](#))
- C9. Involves use of radiation Yes* No x
 (please refer to [published guidelines](#)). Investigators should contact the University's Radiological Protection Officer before commencing any research which exposes participants to ionising radiation – e.g. x-rays).
- C10. Involves use of hazardous materials Yes* No x
 (please refer to [published guidelines](#))
- C11. Assists/alters the process of conception in any way Yes* No x
- C12. Involves methods of contraception Yes* No x
- C13. Involves genetic engineering Yes* No x

*** If you have answered 'Yes' to any of the above please submit a full application to the Ethical Advisory Committee**

Section D: Observation/Recording

Running head: WHEELING TO LONDON 2012

D1. Does the study involve observation and/or recording of participants?

Yes x No

If No, please go to Section E. **If Yes**,

D2. Will those being observed and/or recorded be informed that the observation and/or recording will take place?

Yes x No*

*** Please submit a full application to the Ethical Advisory Committee**

Section E: Consent and Deception

E1. Will participants give informed consent freely?

Yes x If **yes** please complete the **Informed Consent** section below.

No* *If **no**, please submit a full application to the Ethical Advisory Committee.

Note: where it is impractical to gain individual consent from every participant, it is acceptable to allow individual participants to "opt out" rather than "opt in".

Informed Consent

E2. Will participants be fully informed of the objectives of the investigation and all details disclosed (preferably at the start of the study but where this would interfere with the study, at the end)?

Yes x No*

E3. Will participants be fully informed of the use of the data collected (including, where applicable, any intellectual property arising from the research)?

Yes x No*

E4. For children under the age of 18 or participants who have impairment of understanding or communication:

- will consent be obtained (either in writing or by some other means)?

Yes No* N/A x

- will consent be obtained from parents or other suitable person?

Yes No* N/A x

- will they be informed that they have the right to withdraw regardless of parental/ guardian consent?

Yes No* N/A x

E5. For investigations conducted in schools, will approval be gained in advance from the Head-teacher and/or the Director of Education of the appropriate Local Education Authority

Yes No* N/A x

E6. For detained persons, members of the armed forces, employees, students and other persons judged to be under duress, will care be taken over gaining freely informed consent?

Yes No* N/A x

*** Please submit a full application to the Ethical Advisory Committee**

Deception

E7. Does the study involve deception of participants (ie withholding of information or the misleading of participants) which could potentially harm or exploit participants?

Yes No x If No, please go to Section F

If yes,

Running head: WHEELING TO LONDON 2012

E8. Is deception an unavoidable part of the study? Yes No*

E9. Will participants be de-briefed and the true object of the research revealed at the earliest stage upon completion of the study? Yes No*

E10. Has consideration been given on the way that participants will react to the withholding of information or deliberate deception? Yes No*

*** Please submit a full application to the Ethical Advisory Committee**

Section F: Withdrawal

F1. Will participants be informed of their right to withdraw from the investigation at any time and to require their own data to be destroyed? Yes x No*

*** Please submit a full application to the Ethical Advisory Committee**

Section G: Storage of Data and Confidentiality

Please see University guidance on [Data Collection and Storage](#)

G1. Will all information on participants be treated as confidential and not identifiable unless agreed otherwise in advance, and subject to the requirements of law?

Yes x No*

G2. Will storage of data comply with the Data Protection Act 1998?

(Please refer to [published guidelines](#))

Yes x No*

G3. Will any video/audio recording of participants be kept in a secure place and not released for use by third parties?

Yes x No*

G4. Will video/audio recordings be destroyed within six years of the completion of the investigation?

Yes x No*

G5. Will full details regarding the storage and disposal of any human tissue samples be communicated to the participants?

Yes x No*

*** Please submit a full application to the Ethical Advisory Committee**

Section H: Incentives

H1. Have incentives (other than those contractually agreed, salaries or basic expenses) been offered to the investigator to conduct the investigation?

Yes[†] No x [†]If Yes, Please provide details below

H2. Will incentives (other than basic expenses) be offered to potential participants as an inducement to participate in the investigation?

Yes[†] No x [†]If Yes, Please provide details below

If you have selected one of the answers above marked with an † please provide additional information on how you intend to manage the issues (please continue onto a separate sheet if required), then submit this checklist to the Secretary to the EAC:

Section I: Work Outside of the United Kingdom

G1. Is your research being conducted outside of the United Kingdom?

Yes No

If **Yes**, you may need additional insurance cover/clearance for your research.

If, having completed this checklist, you will be making a full application to the EAC this issue will be checked for you as a part of the process. If however you do not need to complete a full application please contact Hiten Patel (H.Patel@lboro.ac.uk).

Section I: Declarations

Checklist Application only:

If you have completed the checklist to the best of your knowledge without selecting an answer marked with an * or †, your investigation is deemed to conform with the ethical checkpoints and you do not need to seek formal approval from the University's Ethical Advisory Committee. Please sign the declaration below, and lodge the completed checklist with your Head of Department or his/her nominee.

Declaration

I have read the University's Code of Practice on Investigations on Human Participants. I confirm that the above named investigation complies with published codes of conduct, ethical principles and guidelines of professional bodies associated with my research discipline.

Please sign below

Checklist with additional information to the Committee:

If, upon completion of the checklist you have **ONLY** selected answers which require additional information to be submitted with this checklist (indicated by a †), please ensure that all the information is provided in detail and send this checklist to the Secretary to the EAC.

Full Application Needed:

If on completion of the checklist you have selected one or more answers which require the submission of a full proposal please download the relevant form from the Committee's [web page](#).

A copy of this checklist, signed by your Head of Department should accompany the full submission to the Ethical Advisory Committee.

Signature of Responsible Investigator



Signature of Student (if appropriate)



Signature of Head of Department or his/her nominee

.....

Date

15 November 2010

c.) Participant Information Sheet (attachment to Ethics Application)**Slave or Saviour? Dedication or Obsession? Examining the margins between health and illness encountered by Britain's 2012 Wheelchair Basketball hopefuls over time.****Chief investigator**

Name: Brett Smith

Address: School of Sport, Exercise & Health Sciences, Loughborough University, Loughborough, LE11 3TU.

Email address: B.M.Smith@lboro.ac.uk

Contact number: 01509 226367

What is the purpose of the study?

The broad purpose of this study is to examine the psychological, social and societal health and well-being of Great Britain's top wheelchair basketball players, as they make their journey to the London 2012 Paralympics and beyond. It aims to find out what the impact of a) preparing for b) participating in and c) after effects of being in the Paralympics has on the psychological, social and societal health and well-being of athletes with a disability.

Who is doing this research?

This research is led by Dr Brett Smith (Loughborough University) and conducted by Melanie Preece (PhD student), who will be undertaking the interviews, conducting the observations and overseeing the participants engaging in auto-photography.

Once I take part, can I change my mind?

Yes! After you have read this information and asked any questions you may have, we will ask you to complete an Informed Consent Form. However if at any time, before, during or after the sessions you wish to withdraw from the study please just contact the main investigator. You can withdraw at any time, for any reason and you will not be asked to explain your reasons for withdrawing.

How long will it take?

For players, the initial interviews are expected to last up to 1 hour, and are anticipated to take place between April 2011 and September 2011. Subsequent interviews are expected to last 30 minutes, and will take place periodically (every 5-9 months). It is expected that there will be 3 follow-up interviews, (anticipated to be Oct/Nov 2011, Feb/March 2012 and Nov/Dec 2012). All interviews will take place at the convenience of players and coaches and to fit in with existing schedules and research demands. For example interviews may take place during training breaks, breaks during research (e.g. physiological testing) or in free time. This will be agreed with players and coaches. Following the interviews you (the players) will be

provided with a disposable camera and invited to engage in auto-photography, which will involve you taking photographs of images that you feel represent your experiences as a disabled person and/or elite sports performer. It is expected that this will take place throughout the study, at your convenience. Observations will take place during training and competitions (to be agreed with players and coaches) and will not require you to give up any additional time.

For support staff (e.g. coaches, team doctors), the initial interviews are expected to last 30 minutes and will take place following the first set of interviews conducted with the players, anticipated to be March-July 2011. The second interviews (also expected to last 30 minutes) will take place following the London 2012 Paralympics Games, and following the last set of interviews with the players, anticipated to be January/February 2013. All interviews will take place at the convenience of the support staff and to fit around existing schedules.

What personal information will be required from me?

During the interviews, players will be asked a series of questions that focus on:

- (a) your experiences of being/becoming disabled
- (b) the impact of sport (recreational) on your health (psychological, social, societal)
- (c) the impact that being an elite wheelchair basketball player (in the run-up to and during the London 2012 Paralympics) has on your health, and
- (d) how you think your health and well-being will be affected after the Paralympics.

The auto-photography task will require you (the players) to photograph images that you feel represent your experiences as a disabled person and/or an elite sports performer, and thus you will control what you choose to photograph.

During the interviews, support staff will be asked a series of questions that focus on:

- (a) the demands of wheelchair basketball on the players and how this impacts on their health (psychological, social, societal)
- (b) the impact of being involved in a Paralympic Games on the health of the players
- (c) the transition out of the sports for the players and how this impacts on their health

Are there any risks in participating?

Due to the nature of interviewing and the purpose of the study, there is the possibility that you may experience some mild distress, (for example in recalling unpleasant experiences). If you do please note that at any time you do not have to answer any question and you can command the tape recording to be stopped. You may also terminate the interviews when you wish. If you do experience distress, a number of professional support networks that, if you so wish, and without any questioning from the researcher, are available. Our previous experience of interviewing has found that it is pleasurable experience however. We have also found that disabled participants found it useful because they were providing knowledge that would help other disabled people.

If you (the players) feel distress relative to the auto-photography task, you do not have to take photographs if you so wish and can stop at any time without any questioning from the

researcher. Likewise if you are uncomfortable with the researcher conducting any observations, you can request for that observation to be stopped immediately.

Will my taking part in this study be kept confidential?

The use of personal data in Loughborough University conforms to data protection guidelines and all efforts will be taken to maintain your confidentiality throughout the research. For example, the interviews will be tape-recorded and transcribed. Your real name will not though be used in these transcripts or thereafter in any public document or talk. Places (e.g. where you live), names of family members, other doctors, coaches, support staff, etc you may talk about will also be changed. All data will be transcribed into a pass-worded protected computer. Recordings and transcripts will be kept in a locked cabinet in Loughborough University. Only the people involved in the project will have access to the information. The photographs you produce will be returned to you on every occasion that we use them. We will never use them if you do not want us to. All faces will be covered with a large black stripe so other people cannot identify faces. All information, including tapes, photographs and transcripts, will be destroyed within three years of the completion of the investigation.

What will happen to the results of the study?

With the aim to improve the health and well-being of disabled people relative to sport, the results of the study will be published in public documents. The results will also be used in presentations. It is hoped the results will increase awareness of the role sport can play in improving disabled people's health and wellbeing. It is also hoped that results will provide coaches and players with information on how to optimise health and in turn sporting performance of elite wheelchair basketball players.

I have some more questions who should I contact?

Dr Brett Smith

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

The University has a policy relating to Research Misconduct and Whistle Blowing which is available online at [http://www.lboro.ac.uk/admin/committees/ethical/Whistleblowing\(2\).htm](http://www.lboro.ac.uk/admin/committees/ethical/Whistleblowing(2).htm).

d.) Confirmation of Ethical Approval

Ref No: R10-P173

**LOUGHBOROUGH UNIVERSITY
ETHICAL ADVISORY COMMITTEE****RESEARCH PROPOSAL
INVOLVING HUMAN PARTICIPANTS**

Title: Understanding the psychological, social and societal health and well-being of Great Britain's Wheelchair Rugby and Basketball Teams relative to the London 2012 Paralympics: A longitudinal qualitative study

Applicant: Dr B Smith, M Preece*

Department: SSEHS

Date of clearance: 09 December 2010

Comments of the Committee:

The Committee agreed to issue clearance to proceed.

The Committee also wished to inform the Investigators that they were extremely impressed with the depth of, and considerations taken with, this proposal and felt that the Investigators should be commended for their efforts.

* Please note Preece was Melanie's maiden name. She married in December 2012 to become Melanie Best.

Appendix 5: Informed Consent

**Understanding the psycho-social health and well-being of Great Britain's
Wheelchair Basketball Teams relative to the London 2012 Paralympics:**

**INFORMED CONSENT FORM
(to be completed after Participant Information Sheet has been read)**

The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Loughborough University Ethical Advisory Committee.

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about my participation. I understand that I am under no obligation to take part in the study. I understand that I have the right to withdraw from this study at any stage for any reason, and that I will not be required to explain my reasons for withdrawing.

I understand that all the information I provide will be treated in strict confidence and will be kept anonymous and confidential to the researchers unless (under the statutory obligations of the agencies which the researchers are working with), it is judged that confidentiality will have to be breached for the safety of the participant or others.

I agree to participate in this study.

Your name






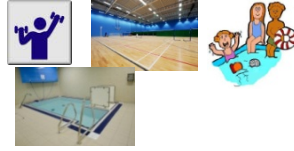




Your signature

Signature of investigator










Handwritten signatures of B. Smith and M. Preece.

Date 15 November 2010


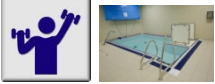

Running head: WHEELING TO LONDON 2012

Unit & no/gender of players from there	Facilities for sport	Sport Opportunity	Compulsory nature of sport?	On-site clubs	Links to sports	Spinal Unit Games	Guest Speakers?
<p>Stoke Mandeville Hospital (National Spinal Injuries Centre)</p> 	<ul style="list-style-type: none"> ✓ Next to Stoke Mandeville Stadium - Birthplace of the Paralympic Games. 	<ul style="list-style-type: none"> ✓ Patients access stadium facilities 3 times weekly ✓ At least 15-20 hours of sport per week on offer ✓ Several wheelchair sports offered ✓ Also fitness & weights sessions with a technical instructor ✓ Unusual/ inclusive sports offered – e.g. blowdarts. 	<p>X “It is as compulsory as it is possible to make. I.e. it is on the timetable for each patient each week as part of their ongoing rehab programme and where it is part of the goals they are working towards. It is seen as part of their physiotherapy rehabilitation programme, however, not all patients see it this way. So if they do not want to do it, they may choose not to. Some are not interested and do not attend.” (Physiotherapist)</p>	 <p>MK Aces</p>  <p>Stoke Mandeville Storm</p>	<ul style="list-style-type: none"> ✓ WheelPower is based at stadium 	<ul style="list-style-type: none"> ✓ - Host it & attend every year ✓ Also run amputee games each year 	<ul style="list-style-type: none"> ✓ Have ex-athletes come in to give talks. ✓ Always & very interested in more of this
<p>Stanmore- Royal National Orthopaedic Hospital (The London Spinal Injuries Unit)</p> 	 <ul style="list-style-type: none"> ✓ Sporting facilities on-site ✓ Via the Aspire National Training Centre 	<ul style="list-style-type: none"> ✓ Sport sessions twice weekly ✓ Include bowls, tennis, archery, table tennis ✓ Swimming weekly ✓ Patients can use Aspire Gym & Pool for free ✓ Specialist equipment - FES cycle ergometers, versatrainer, uppertone multigym systems 	<p>X “We expect patients to attend if it has been deemed appropriate for them to participate, but it is not compulsory and some patients never attend.” (Physiotherapist)</p> <p>“No aspect of a patient’s rehab can be made compulsory. Sport is available for all patients and sessions are written on the timetables but they choose whether to attend.” (Physiotherapist)</p>	 <p>Aspire Force (based at Aspire National Training Centre)</p>	<ul style="list-style-type: none"> ✓ British Rowing & British Wheelchair Tennis Foundation – offer monthly coaching ✓ Links with table tennis coach & Wheelchair Rugby coach 	<ul style="list-style-type: none"> ✓ (every year) 	<ul style="list-style-type: none"> ✓ Very occasional – e.g. Paralympic rower “I think that would be a really useful thing to add to our service and might be a great way to motivate our patients to become more involved in sport.” (Physio).
<p>Sheffield – Northern General Hospital (Princess Royal Spinal & Neuro rehabilitation Centre)</p> 		<ul style="list-style-type: none"> ✓ Sport is important part of rehab. Patients have weekly sessions ✓ Sports include WB 	<ul style="list-style-type: none"> ✓ Weekly sports session are compulsory 	 <p>Sheffield Steelers - get the patients involved in playing</p>		<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓ Do have (ex) wheelchair athletes come in to give talks to patients.

Running head: WHEELING TO LONDON 2012

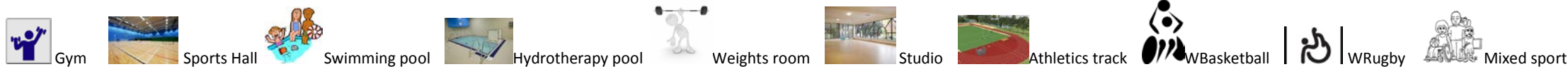
<p>Southport District General Hospital (North West Regional Spinal Injuries Centre)</p> 		<ul style="list-style-type: none"> ✓ Wed afternoons are sport & recreation time ✓ Range of sports offered as part of the club – e.g. evening sessions ✓ Specialist equipment. E.g. Weight supported treadmill 	<p>X Sport as part of rehab is voluntary</p>	 <p>Southport Paraplegic Sport & Social Club – (Wheel Rugby, Basketball) - encourage patients</p>		<p>✓</p>	<p>✓</p> <p>Do have ex-wheelchair athletes come in to give talk</p> <p>Keen to have more</p>
<p>Wakefield - Pinderfields General Hospital (Yorkshire Regional Spinal Unit)</p> 	 <p>There have been talks about closing down this spinal unit.</p>	<ul style="list-style-type: none"> ✓ Sports such as WB are offered ✓ Specialist equipment like treadmills on offer ✓ An hour hydrotherapy slot weekly 	<p>(Manager of SPINE) – there’s been a “decline in Sport being used as a key rehabilitation element for spinal cord injured people.”</p> <p>X “It is optional, due to the patients charter we cannot enforce compulsory sport on patients,” (physio).</p>			<p>2011- only outpatients -no trained nurses allowed to go. 2012- didn't go due to lack of support from Trust.</p>	<p>✓ Rarely.</p> <p>“I think it would be beneficial... If we included outpatients we could target those who we thought might be interested, (Physio).</p>
<p>Headley Court (Defence Medical Rehabilitation Unit)</p> 	<p>Military Rehab Centre – for Armed Services</p> 	<ul style="list-style-type: none"> ✓ Sport an important part of patient rehab - many offered as weekly eve sessions (e.g. Basketball) ✓ Swimming offered daily ✓ Range of activities on offer - archery, kayaking, ice sledge hockey, etc. ✓ Specialist equipment - Alter G treadmill, bikes & off-road chairs for patients to use & trial 	<p>X “It is optional but the patients are encouraged to try as many different forms of exercise as possible to know where their abilities/ preferences now lie i.e. different sports, gym equipment and adventurous activities. This encouragement will be provided through several different elements of their rehab; Exercise rehab instructor sessions, Physio sessions and Battle Back taster sessions/ evening sessions and courses.” (Physio).</p>		<p>✓</p> <p>Battle Back based here (offer courses e.g. snowboarding, shooting, golf, etc.) Visiting teams do demos-e.g.W Rugby If a patient likes a sport but they don't have kit they invite in reps from sports.</p>	<p>✓</p> <p>(urge patients to try all sports & to take contact details of reps from sports they like)</p>	<p>✓</p> <p>Every so often athletes come in & give talks (e.g. when doing tasters) Interested in having athletes give talks although would have to sort logistics to ensure audience.</p>
<p>Salisbury - Salisbury District Hospital (The Duke of Cornwall Spinal Treatment Centre)</p> 	 <p>Hospital has own leisure centre</p>	<ul style="list-style-type: none"> ✓ Sport strongly promoted ✓ 1-1 hydrotherapy ✓ Weekly swim group ✓ Weekly archery & fortnightly table tennis ✓ Patients use hospital leisure centre ✓ Weekend–bike, standing frame in dining rm 	<p>X “It is optional but strongly recommended as part of their holistic rehabilitation program. The difficulty is patient compliance with the swimming group, table tennis and archery,” (physio).</p>		<p>✓</p> <p>Occasionally sports run demos- e.g adaptive rowing.</p> <p>X - “With budget cuts it has become harder to facilitate.” Hoping post London 2012 to forge relations with clubs/have demos</p>	<p>✓</p> <p>(take it very seriously – winner & runner-up 2009-2012)</p>	<p>✓</p> <p>Rarely- keen for it . “When ex-patients or wheelchair users give talks, they take a huge amount from it. It is often difficult to envisage their life in a wheelchair so any advice or encouragement is huge,” (physio).</p>

Running head: WHEELING TO LONDON 2012

<p>Middlesborough – James Cook University Hospital (The Golden Jubilee Spinal Injuries Centre)</p>		<ul style="list-style-type: none"> ✓ Hydrotherapy 3 or 4 times weekly ✓ Some but limited sports offered 	<p>X “It is not compulsory to do sports-we do offer some sports but due to smaller numbers of patients and sometimes the age group of patients we have [it is challenging],” (Physio)</p>		<ul style="list-style-type: none"> ✓ “We have links with local wheelchair rugby teams & some with local rowing clubs, basketball, fencing, tennis & table tennis groups-also a sports group in the Cumbria area-also links with Tanni Grey Thompson if someone is really interested in wheelchair racing,” (Physio). 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓ Rarely have people come in to give talks ✓ Keen to have more
<p>Oswestry- The Robert Jones and Agnes Hunt Orthopaedic & District Hospital NHS Trust (The Midlands Centre for Spinal Injuries)</p>	  <p>- only 1/3 of full-size sports hall!</p> <p>- An outside sports field</p> <p>- “We have been told that the next fundraising appeal will be for a Sports Hall/therapy treatment area, so hopefully our facilities will be improving in the not too distant future,” (Physio).</p>	<ul style="list-style-type: none"> ✓ Hydrotherapy treatment weekly (staff permitting) ✓ Wheelchair accessible weights machines & adapted gym equipment ✓ Sports hall = only available once monthly -alternate betw wheel skills (BackUp) & sports run by staff ✓ Wii – rarely used ✓ Occasional archery (with outside club) <p>“We try and offer a variety of sports/activities to try but we are limited by staffing, spacing and equipment.” (physio)</p>	<p>X - “All patients have to give consent for any treatment, so we can’t make them do anything. We usually try and persuade them by educating them on the benefits of sport in rehab, but sometimes they do not attend, even when we say there will be no other therapy available that day,” (Physiotherapist).</p> <p>X – “We have issues with funding equipment and staffing, as it is hard to quantify the benefits of sport in spinal injuries rehab, when commissioners are more interested in increasing the throughput of patients, and reducing length of stay.” (physio)</p>	<p>X</p>	<ul style="list-style-type: none"> ✓ Former patients play for wheel basketball (e.g. Wolv Rhinos, Shrop Warriors) & rugby clubs - try to organise trips to watch/join in training if patients are keen – but can be logistically hard as 2 staff have to go to take patient(s) in minibus. Done trips to local tennis centres 	<ul style="list-style-type: none"> ✓ Always go but never more than 4th due to lack of exposure to sports/ practice compared to other units. X – 2013- Staffing likely to be a problem. 	<ul style="list-style-type: none"> ✓ Local WR/WhB/WT players visit the unit to talk to patients & try and get them interested. X -don’t arrange formal talks as can struggle to get patients to attend. ✓ In theory interested in having more players come in to give talks (but may struggle to get patients to attend).

Data was collected via personal communication with physiotherapists and doctors at spinal units between August 2012 and April 2013.

Please note: the names of physiotherapists have not been provided to ensure their anonymity.



Appendix 7: Presentation delivered to GB WhB – April 2013



Mel Best
in conjunction with



Lessons from London Planning for Rio




MEN'S PROGRAMME REVIEW



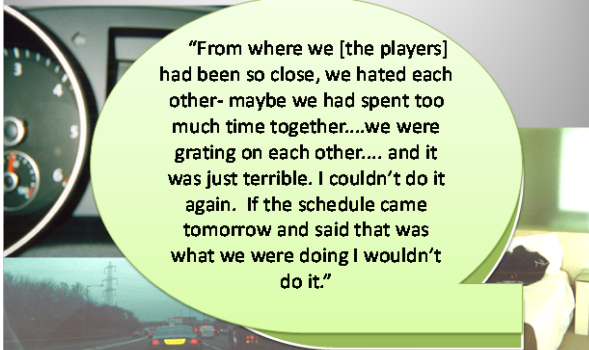
From London to Rio...



- The Research – key message
- Men: findings & recommendations
- Women: findings & recommendations
- Final recommendations



Finding 1: Schedule Overload



“From where we [the players] had been so close, we hated each other- maybe we had spent too much time together....we were grating on each other.... and it was just terrible. I couldn't do it again. If the schedule came tomorrow and said that was what we were doing I wouldn't do it.”

The research

- Dec 2010-present
- Interviews
- Observations
- Photographs



- ❖ Waving goodbye to London
- ❖ Looking to Rio

Finding 2: Performance over fun

[2 YEARS PRE LONDON]
“It's just I think it's just getting to a point where it's not, it's making me miserable.....I sent an email to the coach, said listen “I, I'm done” ...like it was sucking the life out of me, I wasn't enjoying anything.”

[THE RUN-IN TO LONDON]
“You just didn't look forward to stuff. You knew what atmosphere was gonna be like...wasn't

Well-being matters



Better well-being = better performance
Poor well-being = poor performance

Findings

How is well-being being affected?
Why is this?
What can be done to improve well-being?

“If we're happy, if we're enjoying it, we're going to play so much better”

Finding 3: Coach-athlete relations

[TEAM TOP DOGS?] “Some people get away with more and do less than other players do and that does breed a resentment within the squad I think. All I can do is play basketball whereas there are

in a club environment to a GB environment.”

Finding 4: Players ruling the roost

[PRE- LONDON]

"Everyone thought they were a coach.....There was too much debate and everyone thought they knew best....I remember the first training session. It was like a fight....there were the 5 that were gonna start and they were just bitching....I was like 'Jesus Christ we've got a couple of days left here.' Just people wiping each other out. Just horrible"

[CHAOS IN LONDON]

"We weren't just fighting the other team we were fighting ourselves because"

Finding 8: Money over pride

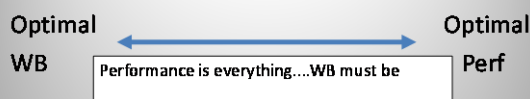


Finding 5: Programme unstable & unprofessional

"The professionalism of the sport does not exist....a professional sport has training venues that are always set in stone....we sometimes get a text saying 'oh boys, we can't get it today. Don't come'the kit's awful...so it starts from your appearance."

"I drove all the way to training, was literally coming off the junction to be phoned by the physio and told 'you know there's no training tonight.' I literally got back on the motorway and drove home again... players understand there will need to be times when things are cancelled but it is when.. the frequency becomes an issue."

Well-being v Performance



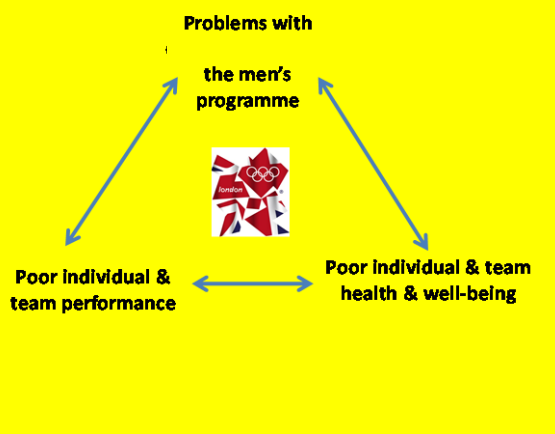
This approach:

- has a negative culture. Praise in small measure.
- players justify this approach on the basis that this is what elite sport takes & the end goal will be worth the suffering.
- poor results can lead to a questioning of this approach and an unwillingness or inability to continue without its vindication.

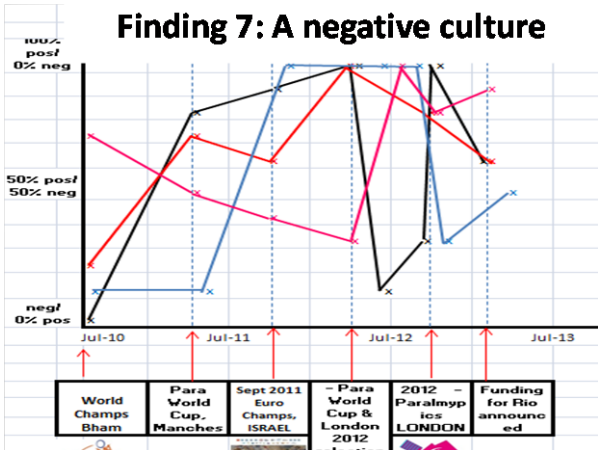
Finding 6: The draws of abroad leaving a domestic vacuum

[PLAYING ABROAD]

"Every training session is fun, it's enjoyable, you have a laugh. I train harder out there than I've ever done here. It's not that the training's easy, it's harder...you're not travelling up and down the motorway for 3 hours to do a 2 hour session."



Finding 7: A negative culture



Recommendations to realise potential

"It could have been so different. It could have been so much better."

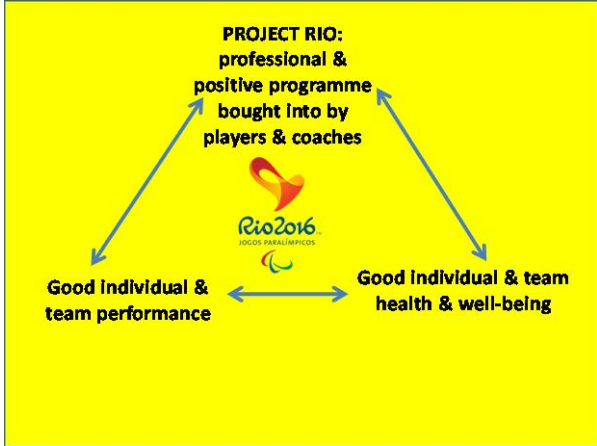
"I cried. Just shell-shocked, just awful. I wanted the world to swallow me up. I still"

Recommendation 1: A new coaching philosophy

“Pro... min... mak... it...f... new... new... a 'ye... come... diff... so... ”

“We needs to see what He does...it's a case of seeing what style he adopts, whether he is open to being that more supportive, nurturing coach. I think he needs to be able to understand each individual player and work with them in a way that's gonna get the most out of that individual. I think that's the sign of a good coach- who can adapt their style to get the most from each player.”

body who wheelchair... t a bloody someone... e who just ave to go where just just a step



Recommendation 2: A new positive culture & PROJECT RIO

PROJECT RIO:

- Official launch
- New systems & new start
- ✓ New branded kit
- ✓ Cap system
- ✓ Schedule & quality
- ✓ New contracts
- ✓ Ambassador Duties
- ✓ Mean business!

A new culture, a new mentality – based on pride and professionalism

British Wheelchair Basketball

WOMEN'S PROGRAMME REVIEW

Recommendation 3: Incentivising domestic WB

University of Worcester

“We had our first trip away last week and it... ”

Finding 1: Fear of failure & lack of trust

□ 35% field goal success rate
□ 34/90 free throws converted
□ 1 player in top 10 scorers (9th position)

“He didn't think I was like good enough, and if I played it was only going to be for a minute here or there.”

Rank	Team	GP	Pts	PPG	Field G	3Pts	3Pts		
					MA	%	MA	%	
1	UK	7	447	63.9	220/442	45	159/424	47	110
3	GER	7	415	59.4	185/304	48	180/370	49	81/4
4	MED	7	412	58.9	177/441	40	174/438	40	2/6
5	USA	7	388	55.0	171/400	43	155/365	45	6/55
6	AUS	7	397	56.0	170/418	41	168/408	41	2/10
8	GBR	7	309	44.1	136/311	35	133/375	35	3/15

More shots attempts than Gold medal team but lowest % in total field goals. Points per Game must be over 55 to be competitive with

Well-being v Performance

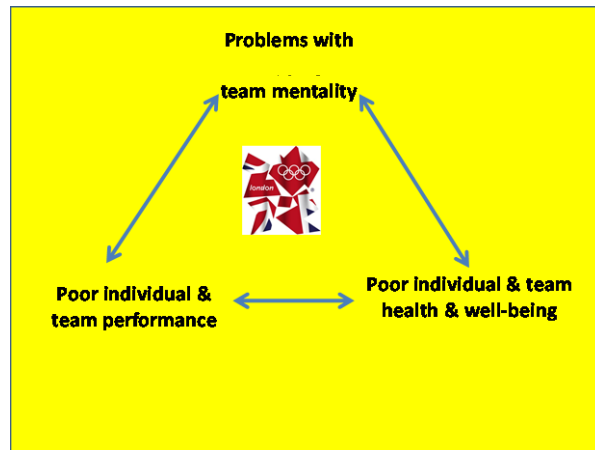
This approach:

- uses positive reinforcement (praise, recognition)
- players feel valued - it is more of a collaboration
- WB can still be challenged as performance gains are sought, but it is never destroyed.
- players are healthier/happier & put in better performances.
- It remains a job but players feel satisfied & enjoy it.
- Poor performance leads to disappointment but players are resilient

Finding 2: No Plan B- Risk Averse

“I think because that game was so bad they were just like ‘we’re not going to make you watch it.’ I think it would have helped if we had watched it, ‘look how ‘bad you were’ and make everyone think ‘God’ and whilst it would have been painful I think it was imperative to us.”

Finding 3: Toxic Team Atmosphere



Finding 4: Breeding Mediocrity instead of Excellence

“The American coach said in the past four Paralympics the USA team always went for gold. Then the 1st time they came about 5th but they still went for gold next time. Then they got about 3rd. They never change but I think with us it’ll be like ‘we didn’t get it, maybe we should lower our expectations a bit.’ I think that’s where the mentality’s wrong.”

1st

LONDON 2012

HOME | PARALYMPICS | SCHEDULE | MEDALS | SPORT GUIDES | PICTURE GALLERIES

HOT TOPICS: Paralympic magic moments | Paralympic medal rise | Classifications explained | 50 top

Paralympics 2012: GB women's wheelchair basketball team finish with a win to end disappointing Games

Recommendation 1: Justice, equality & courage

“We just need someone to come in and say ‘this is how I do things, this is how I’ll always do things, this is how it’s gonna be and you know, there’s no compromise and if you don’t like it, know, leave’.”

“There are two people in the women’s team that need to get out or it won’t change....they need to be brave enough to do it. [The coach] beforehand said to me ‘I’ve warned them, if they don’t [tow the line] they’re out.’ They’re never gonna be out. He was never gonna get rid of them!”



Finding 5: No fun



Recommendation 2: A cultural shift & PROJECT RIO

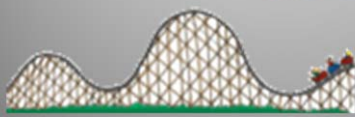
PROJECT RIO:

- Official launch
- New systems & new start
- ✓ New message – excellence over mediocrity
- ✓ New branded kit
- ✓ Cap system
- ✓ Schedule & quality
- ✓ Contracts
- ✓ Mean business!



A new culture, a new message– based on empowerment and excellence

Finding 6: Training quantity & quality



Recommendation 3: A team rising from the ashes – femininity & relationships

“We put that to them years ago. Like an army camp or something.....Yeah. We always requested that. There was one thing we did once and that was pretty fun and we had to get ourselves from one end of the room to the other without using our chairs, but we only did that once.”



EMPLY OF THE HLETICS ILITIES AILABLE.





Summary & comparison

Finding	Both programmes	Men's programme	Women's programme
Issue: training schedule &/or quality	✓		
Stopped being fun	✓		
Issues: coaching favourites	✓		
Player power: coach not addressing	✓		
Motivated by money		✓	
Unprofessional set-up		✓	
Draws of abroad	✓		
Negative culture	✓		
Fear of failure			✓
Poor team cohesion			✓
Wrong message= mediocrity			✓

•Helps with: confidence, when 'stuck in a rut', match prep
•Reassuring to have an outlet
•Recognise own personality types- e.g. Worriers, anger issues but struggle to manage this.
•Like detachment of a SP

"We did work with the sports psych and she helped us alot.....it was great. Like, at some of the camps Liz wasn't there, but she said 'you can ring me' and I know a few of the girls did. I rang her once.....and it was really useful to have that....I think it's really important."

Recommendation	Both programmes	Men's programme	Women's programme
LAUNCH PROJECT RIO:			
Branded, new kit	✓		
Cap system	✓		
New contracts - professionalism	✓		
Ambassador Duties		✓	
	✓		
	✓		
Squad filtration	✓		
OTHER			
Fun	✓		
Incentivising domestic WB		✓	
Player empowerment			✓
Building team cohesion			✓

And even the men!!!

"It was nice, not for me to go home and rant about something to my girlfriend but to be asked questions and for me to give the answer. Not for me to just say it, but to be asked a question...yeah it's nice to get it out of your system."

"We had a sport psych before the coach came in and the first thing he did was fire them. He thought it was 'just for pussies, just for girls. Just man up and get on with it.' [Doing the interviews] has been cathartic. Nobody's worried about saying anything and it coming back."

PSYCHOLOGY

COACH CONCERNS

- Players hide behind the distanced from coaches
- "Nutcase shrinks" - not credible
- Cannot help players' strength - there is no

S&C sessions/gym workouts

Physiotherapist/doctor

Nutrition

Physiological lab testing

Use of HR monitors

Please note: some text has been blocked out/covered up to protect the identity of some players/coaches.

MEN'S PROGRAMME REVIEW SUMMARY

British Wheelchair Basketball

PROFESSIONAL & POSITIVE

London's problems

1. Schedule overload

- counter-productive – too much travelling pre –London
- too much time together = conflict

2. Performance over fun

- performance at all costs = fun lost from programme
- players considering futures.

3. Coach-athlete relations

- break-down in relations -

4. Players ruling the roost

- player power struggles – everyone trying to lead = chaos
- player infighting/conflict – losing control

5. Programme unstable and unprofessional

- No clear boundaries or monitoring of player commitment
- training sessions cancelled last minute = frustration
- schedules unstable and ever-changing = anxiety
- players lost faith in system – don't feel valued

6. The Draws of abroad & leaving a domestic vacuum:

- very stable, fun & organised abroad v not at home
- domestic players questioning training quality.

7. A negative culture:

- Little praise or recognition – a health rollercoaster

8. Money over pride:

- players become extrinsically motivated - money
- intrinsic motivation lacking – pride in jersey lost

Rio's recommendations

1. A new coaching philosophy:

- redress the balance – clear parameters – coach leads, players follow.
- player power reduced - no special treatment, no favourites.

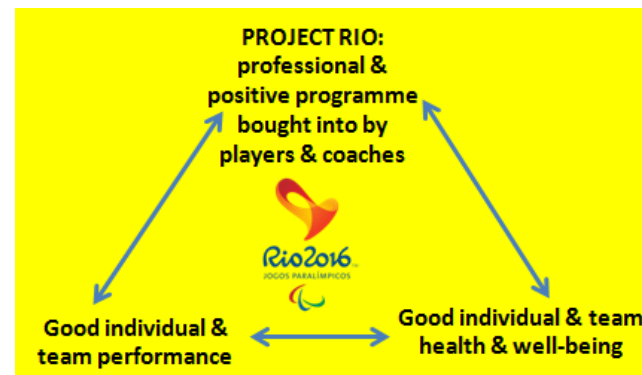
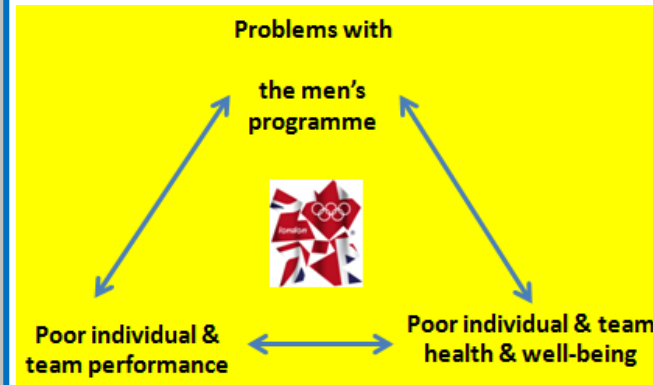
- coach brave- prepared to try new things, take risks, mix it up.

2. A new positive culture & PROJECT RIO:

- Team filtration? - infiltration of youth? – enable a new culture.
- OFFICIAL LAUNCH/UNVEILING OF PROJECT RIO- new intent!

- ❖ New, branded kit – look & feel the part
- ❖ Cap system – reignite passion & ensure recognition
- ❖ Schedule – set in stone, quality venues – organised
- ❖ New contracts & player expectations stipulated
- ❖ Ambassador Duties – being a guardian of the game
- ❖ Courage of convictions – non-compliance not tolerated

- = a clear framework -professional, structured, organised, stable
- = player confidence & respect - joint responsibility



3. Incentivising domestic WB:

- links to education or industry opportunities?
- centralised training/quality venues/more professional & organised
- lighter, new injection of fun - variety, spicing things up

WOMEN'S PROGRAMME REVIEW SUMMARY



EXCELLENCE OVER MEDIOCRITY

London's problems

Project Rio

1. Fear of failure & lack of trust

- no freedom to play = playing scared
- player anger, frustration, disillusionment = no confidence

2. No Plan B – Risk Averse

- women not athletes – mollycoddled
- inconsistencies brushed under carpet, not addressed = fear

3. Toxic team atmosphere

- not cohesive camp – divisions, cliques, unresolved issues
- power struggles – conflict over roles in team
- destructive team members - causing disharmony & not addressed = lost faith in coach
- efforts to force harmony = destructive, counter-productive & under gaze of coaches = contrived, unnatural, exhausting

4. Breeding Mediocrity instead of Excellence

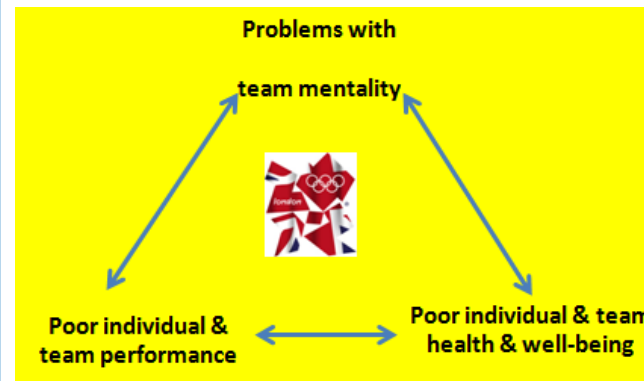
- wrong messages breeding perpetual mediocrity – sapping confidence & creating a negative mindset
- negative comparisons between GB programme & rivals' programmes.

5. No Fun

- Unstable & uncertain.
- Opportunities abroad – America?

6. Training Quantity & Quality

- camps diluted by unnecessary non-training sessions
- travel v camp time - disproportionate



1. Justice, equality & courage-

- player empowerment – all free to play = confident
- no hierarchy or special treatment – equality & same rules for all
- clear parameters between players & coach
- player filtration– can the same 16 remain?

2. A new positive culture & PROJECT RIO:

- OFFICIAL LAUNCH/UNVEILING OF PROJECT RIO- new intent!
- Women championed as something never been before
- ❖ New messages – positive & empowering – no room for mediocrity
- ❖ New, branded kit – look & feel the part
- ❖ Cap system – ensure recognition & promote well-being
- ❖ Schedule – streamlined training
- ❖ New contracts & player expectations stipulated – players buy in – tougher approach, no tears or tantrums
- ❖ Courage of convictions – non-compliance not tolerated

= a clear framework -professional, structured, stable
 = a fresh, new approach which treats women as professional athletes.



3. A team rising from the ashes: Femininity & Relationships:

- less forcing of issue – a practical teambuilding day? - fresh start, no agendas, not under gaze of coaches – natural relationship building
- fun fines/ dick of the day – sense of belonging & camaraderie
- friendships created v cliques & resentment/bitterness broken down

Appendix 9: Example of Feedback gained during 'Year-On' Review with GB WhB Men – May 2014

MAY 2014: LONDON 2012 v RIO 2016 Programme and player PSH & WB

PLAYER: 7 - Part of London programme - selected/not selected OR New to programme since London

Area of interest	London programme (2010-2012)	Rio programme (2013 - present day)
Coaching > Coaching Style > Coach-player relations & respect > Coach-player boundaries & bias	Dictated.	More open - polar opposite - wants people's views.
Impact on PSH & WB	like seeing others getting shit. Didn't	Better - happier culture.
Players > Power/ influence > Relations in team > Expectations of > Commitment > Leader/captain	Team did well to stick together - pulled together Good relations - outstanding - managing + supporting each other	Stick together - same - good relations - mistakes are accepted.
Impact on PSH & WB	knew players had each other's back	
Schedules > Training > Amount of travel	Australia pre-London - didn't want to be there. Lot of travelling - living off sofas to do training/ compete/be with boys.	ABROAD - limited travel
Impact on PSH & WB		
Programme professionalism > Forward planning/notice > Organisation/Structure > View of GBWBA > Open dialogue	Helped/gave support to help overcome injury. Expenses covered - found a way - great. Really helped + felt supported.	- Lack of financial support - not sure all has been done to get support. - Have to pay for accom + pushed to book hotel - not always ending up with cheapest/easiest option - need to recover/get out chair - Logistically people all over place - doesn't feel like a preparation = feels really disjuncted. Need to prepare for competition conditions - being together loads.
Impact on PSH & WB		

<p>Motivation</p> <ul style="list-style-type: none"> ➤ Enjoyment – chore or fun? ➤ How motivated? ➤ Motivated by? ➤ Role of money! 	<ul style="list-style-type: none"> • 1st Paralympics if picked - motivated. • Not a chore - enjoyed being round boys 	<ul style="list-style-type: none"> • Wants to get on GB team. • Enjoyment - being round guys - doesn't like that guys are not all together now.
Impact on PSH & WB		
<p>Personal treatment</p> <ul style="list-style-type: none"> ➤ Opportunities/ challenges ➤ Treated fairly? ➤ How valued/ recognized 	<p>Treated fairly / had opps - felt had every chance of success / selection</p> <p>Off-court - was nice guy + interested in pers. circ + helping with issues = felt valued.</p>	<p>Treated fairly - have opps skill.</p> <p>Open with players about expectations - likes this, no bullshit / negativity - players know what have to do to get selected.</p>
Impact on PSH & WB		
<p>Culture of programme</p> <ul style="list-style-type: none"> ➤ Pos/ neg ➤ Democracy or dictatorship ➤ Two-way comms? ➤ Focus on perf & health 	<p>Negative</p> <p>Positive Spiralled - questioned</p>	<p>Positive - can have view - not embarrassed in front of others.</p> <p>Democracy - happy to take on opinions.</p>
Impact on PSH & WB		
<p>Home or Abroad?</p> <ul style="list-style-type: none"> ➤ Draw of abroad ➤ Domestic oports ➤ Commitment to GB v club 	<p>ABROAD: hard adjusting back to England.</p> <p>Poor league at home</p> <p>GB internal league got stale / didn't help</p>	<p>ABROAD: 1 - top league - not a good standard here.</p>
OVERALL:		
<p>2 words to describe programme as a programme</p>	<p>Supportive, dictatorship</p>	<p>Lack of support, opportunistic</p> <p>financially lots of opps</p>
<p>2 words to describe personal PSH & WB</p>	<p>Up + Down</p> <p>times loved it - times thought "what doing?"</p>	<p>More content</p>
<p>PSH & WB- mark out of 10 (10= exc, 1 = terrible)</p>	<p>5</p>	<p>8</p>

Anything that could be done to improve the current Rio programme for the team or you?

• Lilleshall = inclusive - food, accom = all together - easier / preferable.
 in replace

Anything that could be done to improve your PSH & WB?

• Push boundaries - in terms of financial support for him - feels if he was a higher calibre player they may have been more inclined.

Appendix 10: Overview of Feedback from ‘Year-On’ Review with GB WhB Men – May 2014

11 PLAYERS: All part of London programme- 4 selected, 7 not selected & 1 Coach

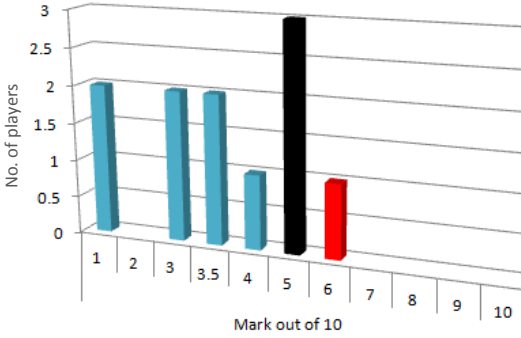
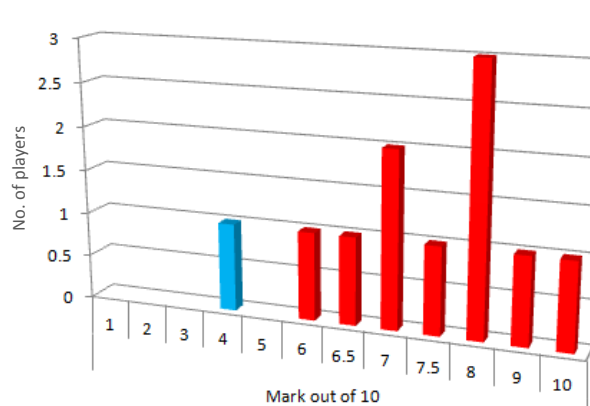
RAW THEMES: Positives/negative/neutral & quotes

Area of interest	London programme (2010-2012)	Rio programme (2013-present day)
Coaching ➤ Coaching Style ➤ Coach-player relations & respect ➤ Coach-player boundaries & bias	6: Authorative/Dictator /Drill Sergeant 4: Was good at first- became stale/lost his way 2: Personally had a good relationship 2: Little communication 2: Removed/Players v Coach 2: Negative/ players could do nothing right 1: Made programme much better when started 1: Very supportive (e.g. financial)	3: Relaxed/chilled out 3: Freedom to play/try things/no restrictions 3: Thorough/structured 3: Is teaching/preparing us/progressive 3: Open 3: Taught us responsibility/ownership 3: Tries to be ‘angry’/use ex-Coach’s style at times – it is not him- doesn’t work/is confusing 3: He does too much - no downtime/tired/overworked 3: He is doing other’s work - shouldn’t be sorting out accom/money, etc.- too nice 2: Hard-working 2: Positive 2: Wants people’s views/player-influenced 2: Brilliant/fantastic 2: Approachable 2: Better relations/inclusive 1: Technically best coach in UK 1: Realistic 1: Demanding 1: Wanted external coach – feel pigeon-holed 1: Coach doesn’t know how to connect with me
Impact on PSH & WB	3: Stressed out/on edge/under pressure 3: Low confidence/self esteem 2: Not hugely negative 1: Too strong-minded to bring me down 1: Didn’t play to potential 1: Afraid of mistakes	5: Better /nicer atmosphere 5: Happy/happier 3: Enjoyable/fun 4: More relaxed/comfortable/less pressure 2: Confident 2: Believe in self 1: Believe in him 1: Positive 1: Supported 1: All involved 1: Neutral 1: Struggling – depression 1: Lack support/support not forthcoming
Players ➤ Power/ influence ➤ Relations in team ➤ Expectations of ➤ Commitment ➤ Leader/captain	6: Good relations 6: Players stuck together 4: Hierarchy/divisions – some looked down on 3: Some didn’t want to be associated with unfavoured player 2: Cliquey – some players more ‘in’/influence 1: Strong bonds 1: Supported/managed each other 1: Playing badly = negativity 1: Some characters – detrimental to team 1: Together too long= stale 1: Didn’t get on with rest of team	10: Good/better relations/morale 4: Different ethos- more supportive/mistakes accepted 3: Less hierarchy/senior-junior players/more equality 3: Bit of favoritism – absent player at camp will still be selected/ special treatment 2: Senior players still have influence/treated different 1: Great chemistry/banter 1: More relaxed 1: Those who had detrimental effect no longer in team 1: Still competitors battling for spots 1: Could still be better- more supportive of each other

Impact on PSH & WB	3: Players had your back/would stick together 1: Just got on with it 1: On edge = could flair up 1: Hierarchy 1: Difficult 1: Some bitchiness	4: Enjoying/loving it 2: Good/positive 1: Believe in team 1: Happier team 1: Privilege 1: Valued 1: Feel make a contribution now 1: Bit of bitterness that absent player will make team
Domestic Playing v Abroad ➤ Schedules ➤ Training/Camps ➤ Amount of travel ➤ Abroad or home?	6: Lots of travel 3: Poor leagues/club standard low 2: Travel to HPCs – fine 2: Travel – Australia 2: Long prep/players recalled too soon 2: Too much time together 1: Enough time to rest 1: Demanding 1: Camps – no escape from WhB – always thinking about basketball 1: Took time to adjust after being recalled home Note: Pre-London less than 50% abroad	<u>Players based abroad</u> 5: League much better abroad (poor in England) 3: Limited travel/ better lifestyle/leagues 1: Professional <u>Domestic players/camps</u> 5: Worcester hard to get to/long travel time 4: Early sessions & big gaps/court availability – lacking downtime/sleep 2: Having blocks prior to tournaments - better not to see each other so much 2: League/programme good when those abroad are home/better quality 1: Live nr Worc- better balance/fresher at camps 1: Crammed in –3 x training a day 1: League poor when players are abroad Note: Now 75% of players abroad
Impact on PSH & WB	2: Tired/exhausted 1: Fine 1: 2.5 hrs travel for session 1: Soul-destroying (club standard so poor & not in favour for London – nothing to play for)	<u>Abroad- living</u> 4: Perfect/brilliant/love it/enjoy it 2: Easy/get downtime 1: Feel part of a family 1: More balance – club as well as GB goals 1: Can be myself & confident <u>Domestic Players/Camps</u> 2: Tired/Fatigued 1: Fresher (due to living near Worc) 1: Healthier (to see less of one another) 1: Can't be himself
Programme professionalism ➤ Forward planning/notice ➤ Organisation/ Structure ➤ View of GBWBA ➤ Open dialogue	6: Lack of emphasis/purpose/plan /structure 3: Structured/camps organized/ all in one place 3: Lack of schedules/forward-planning 2: Last minute changes 2: Had schedules 1: Support offered (financially, during injury) 1: Knew where stood 1: Meals together 1: Few players unfit/overweight but selected anyway- unprofessional	<u>Coach</u> 7: Very prepared/organized/planned 1: Has planned to see coach before session, then coach not attended/preoccupied with someone else <u>Scheduling</u> 5: Still issues with schedules – e.g. changes 3: Enough/more notice given <u>Worcester problems!</u> 6: Sorting own accom, food = not easy/no help 6: Lilleshall/elsewhere better/more suitable 5: Don't eat/live together = too segregated/not a team 4: 'Centralised' programme not working 4: Programme appalling/shit/a mess 3: Lack downtime/rest-no communal rm/on-site hotel 3: Worst/poor prep for a tournament/not elite level <u>Other</u> 3: Performance Director needs to delegate/get things done 2: Issues with physio access/change-over 2: Office staff need to take load off Coach 1: No new kit despite promises 1: Lack of financial support 1: Comms with Assoc = awful

Impact on PSH & WB	<p>1: Support was appreciated – felt supported 1: Couldn't plan ahead= frustrating</p>	<p>3: Distracting - can't concentrate on playing 1: Can plan a bit ahead= good 1: Bad for health 1: Fatigued/brain-dead 1: Very demanding</p>
<p>Motivation</p> <ul style="list-style-type: none"> ➤ Enjoyment – chore or fun? ➤ How motivated ➤ Motivated by? ➤ Role of money! 	<p>10: Not enjoyable at times 5: Desire to represent GB/go to London/medal 4: The love of WhB/sport 3: To do it for family/ sense of obligation 2: Not about money 2: Money 1: Enjoyed being around boys 1: Enjoyed London experience</p>	<p>9: Enjoyment/fun 7: Opp/Ambition to play top level/for GB/medal 5: The love of WhB/sport 3: Playing well/going in right direction/have a chance 2: Enjoy being around boys 1: Educational 1: Money is only a bonus 1: Demanding but empowering 1: Do it for family 1: Bit repetitive 1: Zero enjoyment currently</p>
Impact on PSH & WB	<p>2: Felt had to be there/forced 1: Bad atmosphere 1: Not great</p>	<p>2: Atmosphere relaxed/stress-free 1: Feel really good 1: Feel I have best opportunity now (to play for GB) 1: Nearly quit a no. of times</p>
<p>Personal treatment</p> <ul style="list-style-type: none"> ➤ Opportunities/ challenges ➤ Treated fairly? ➤ How valued/ recognized 	<p>8: Player favouritism – not all had opps/chance 5: Felt supported with issues 4: Not valued 3: Treated well/fairly 3: Not good enough/irrelevant 2: Had opportunities/every chance of selection 1: Helped by an external 'private' coach 1: Played poorly 1: No freedom/forced to play a set way</p>	<p>8: Players have a fair/better shot at selection & criteria transparent/open 7: Valued/supported 4: More opportunity to play/more minutes 3: Some favouritism/ a hierarchy/selection inequality 2: Learning from coach/being developed 2: Playing better 2: Dropped senior players/made big decisions – good 1: See the reason for doing things 1: More flexibility 1: Not given a fair chance/pigeon holed</p>
Impact on PSH & WB	<p>2: Not used to best of my ability/under-used 1: Felt second best 1: Frustrating 1: Difficult with others – e.g. moody</p>	<p>2: Coach has shown faith in me – good 1: Great to have a chance to prove myself 1: Better but not perfect 1: Feel worth is under-estimated 1: Lacking confidence (as coach doesn't have confidence in me)</p>
<p>Culture of programme</p> <ul style="list-style-type: none"> ➤ Pos/ neg ➤ Democracy or dictatorship ➤ Two-way comms? ➤ Focus on perf & health 	<p>11: Negative 10: Dictatorship 7: Focus on perf- health not/less a factor 3: Looked after health at times/as well as perf – support offered 2: Not listened to/no point giving opinion 1: Both pos & neg/dictatorial & democracy 1: Blame culture</p>	<p>10: Positive (on-court) 9: Democracy/inclusive–players have say/coach listens 5: Positive feedback/atmosphere/treated better 4: Health looked after/considered more 4: More about perf than health – lack of physio /recovery- health should be considered more 3: Negative (programme) – amateurish 1: About solutions not problems 1: Democracy only among select few 1: Don't get as much support as I need</p>
Impact on PSH & WB	<p>1: Upset seeing teammates down</p>	<p>4: More preferable/better /good 1: Happier/more confident 1: Pleasurable 1: More a family now 1: Not getting best out of players</p>

Running head: WHEELING TO LONDON 2012

OVERALL:		
2 words to describe programme	5: Dictatorship 2: Stressful/pressured - 1: Supportive (programme) 1: Demanding 1: Ashamed (of how played) 1: Confused 1: Fear 1: Waste of time 1: Missed opportunity 1: Uncomfortable 1: Regressive	2: Enjoyment/fun 2: Supportive/constructive 2: Potential/successful 2: Organised/structured 2: Clear/honest 2: Challenging 2: Chaotic/Disorganised (Programme) 1: Peaceful 1: Educational 1: Opportunities 1: Family 1: Reflective 1: Analytical 1: Progressive 1: Innovative 1: Refreshing 1: Overconfident (programme) 1: Lack of support (financially) 1: Overload
2 words to describe personal PSH & WB	2: Tired/overused 2: Stressed/pressured 2: Worried/anxious 3: Not good/unhappy 1: Motivated 1: Determined 1: Up & Down 1: Withdrawn 1: Stale 1: Demoralised 1: Under-achieved 1: Unmotivated	5: Happy/happier/more content 2: Will to succeed/motivated 2: Cheerful/positive 2: Knackered/tired 1: Confident 1: Relaxed 1: Happier pressure 1: Very good 1: Sense of purpose 1: Rewarding 1: Mentally tougher/stronger (down to him, not programme) 1: Cautious (from bad prev exp) 1: Disillusioned (with set-up/programme)
PSH & WB- mark out of 10 (10= exc, 1 = terrible)	 <p>(Please note – coach’s score not included = estimated 6/10)</p>	 <p>(Please note – coach’s score not included – estimated 8/10)</p>

Please note – a few sections have been covered due to the scope for comments to reveal the identity of some players/coaches

Recommendations from players regarding what could be done to improve Rio programme:

1. Alternative 'Centralised' Venue

- (6) Stop using Worcester & return to Lilleshall for camps – easier, everything in one place
- (1) Stop using Worcester as 'centralised' base for domestic players when most are based up North/Midlands – instead use Lilleshall/Sheffield – would attract greater numbers.

2. If stay with Worcester:

- (6) Players need to be together – for mealtimes/accommodation – not segregated/separate
- (4) Downtime needs to be sorted/more rest is needed – e.g. on site – communal area or at nearby hotel
- (3) Better organisation of logistics/support for booking hotel, food – not left to players to sort out
- (2) Court availability/big gaps – try to resolve

3. More support services

- (2) Physio & access to soft tissue massage
- (1) EIS – strength & conditioning support
- (1) Explore avenues for more financial support for players
- (1) Sports Psychology – need support with issues

4. Coaching

- (6) More support for Coach to reduce workload – has too much to do, is picking up other people's jobs, office staff need to provide more support/Performance Director delegate – Coach left to just coach.
- (3) Coach stay true to self – not shouting/getting on people's backs – not natural & can lose respect of players – have Assistant Coach to play 'Bad Cop'
- (3) Avoid preferential treatment for some/senior players – e.g. allowing a player to be 'absent' from camp & still selected – opposes selection criteria
- (2) Don't move the goalposts – e.g. selection dates moved back

5. Organisation

- (5) Less last minute changes/ schedule further in advance

Recommendations for what could be done to improve player PSH & WB:

The above...

1. If they eat/live together, team will be able to bond/be a family again. Issues can be ironed out at camps rather than coming to a head during tournament when far from ideal.
2. If better organisation of/support with logistics would be less of a headache – can concentrate on just being players – less distractions & more able to maximise potential/really be elite athletes
3. If more rest/recovery, will have better work-life balance/reduce risk of pressure sores
4. If selection is when it has been scheduled players will not be on tenterhooks/can relax
5. Less last minute changes & a schedule further in advance would mean less messing around of family/clubs abroad and more security
6. If physical/mental support (e.g. sports psychology) was in place it could help players overcome personal issues.
7. If Coach can be allowed to concentrate on coaching he will be less tired/distant.
8. If selection criteria is adhered to/no special treatment is given, players will feel equal and not be bitter.

Final recommendations:

1. Referral of any player 'in need' to women's 'Sports Psychologist'
2. If remain at Worcester forge links with their Sports Therapy department.
3. Add in teambuilding sessions for variety and to enable players to be a team/bond.

Appendix 11: Feedback from GB Men's Coach outlining how PhD recommendations have had a practical impact on Rio 2016 programme: December 2014 *

Feedback Form: GB Wheelchair Basketball Men's Coach

This form asks you to comment on the impact that recommendations made in April 2013 have had on the Men's Wheelchair Basketball programme. The feedback arose from research pertaining to the London 2012 cycle and athlete psycho-social health, well-being and performance. Please answer the questions as honestly and candidly as possible.

Question 1: Did you feel that the recommendations made in April 2013 were fair, accurate and reflected the opinions of the players?

Yes - reflected opinions of players
 - what expected (following player reviews) after London

Question 2: Was it useful to receive the feedback and if so why/why not?

Yes - came from different angle - health + well-being.

Question 3: Have you returned to the presentation/feedback since? Why/why not?

- For a short time - discussed it at time - certain aspects to refer to - with player reviews too, felt that needed to bear health and well-being of players in mind more going forwards. - one key

Question 4: Were the recommendations taken up? Please complete the attached table to provide details.

was need for a yearly calendar for example.

Players said he needed to stay true to himself - no try to shout he took this on board.

Recommendation Made	Has this been heeded? (please circle)	Evidence/examples of how this has been heeded (if applicable). If not heeded, why not?	How has this impacted on the player psycho-social health, well-being and/or performance?	Anything in the pipeline for the future?
<p>A new coaching philosophy:</p> <ul style="list-style-type: none"> - Firm, but fair. Praise & support. - Clear parameters, no special treatment, less 'player power' - Mix things up/take risks (e.g. new players) 	<p>Yes/No/Partly</p>	<p>Yes - changed philosophy - determinants + our principles to give players ownership + help identify roles.</p> <p>Partly - financially level playing field. Rules sent out specifying had to commit or wouldn't be selected</p> <p>Partly - selecting new players, + leaving out some big players - no favouritism, all on performance</p>	<p>Collaboration (Plus following Review May 2014 - changed again) Firmness, but no shouting.</p> <p>No punishment/fines - training env. v. good - good relationships</p> <p>Squad like parameters but don't want big squads - want it cut.</p>	<p>Regrets not going through at start what philosophy would be, with the players.</p>
<p>A new positive culture - 'Project Rio':</p> <ul style="list-style-type: none"> - Filtration of players - NO - More player valuing/ recognition (e.g. caps) - NO - New era/intent = new kit (& pride in jersey) - Yes - Player accountability - clear expectations of them, mutual respect, 'buying into' culture - Schedule - in advance, organised/professional - Yes <p>A KEY RECOMMENDATION THAT WAS TAKEN FORWARD!</p>	<p>Yes/No/Partly</p> <p>NO</p> <p>NO</p> <p>Yes</p> <p>Yes</p>	<p>Not done it - talked about it - discussed it, but not got round to it.</p> <p>Asks for weekly reports from players + they get feedback</p> <p>Gone to visit players abroad</p> <p>New - Samurai kit - players like it</p> <p>Calendar in advance - ^{in advance} Lyrin</p> <p>Detailed planning - session plans e.g. 10 pages (now Dec 2014)</p> <p>SIGNIFICANT planning now</p>	<p>Feel creates relationship (good) - feel valued because their feedback is listened to</p> <p>Player strengths recognised - represents them + shows investment in them / pride</p> <p>Players see it + appreciate this</p> <p>Having info in advance v. beneficial.</p>	<p>will be filtering players soon</p> <p>Think they need to recognise player success (e.g. badge system)</p> <p>↓</p> <p>other sports do this - GB who need to follow suit - something for future.</p>

<p>Incentivising domestic WhB:</p> <ul style="list-style-type: none"> - Links to education/ industry - Centralised training & quality venues - Camps abroad? - More fun, less of a chore - injecting some spice into camps! 	<p>Yes/No/Partly</p> <p>Yes</p> <p>Yes</p>	<p>playing domestically</p> <p>For men - not based at Worcester Rilly. Most men abroad so not here - advans abroad outweigh what is here - hard to compete</p> <p>Italy (milan), Spain - camps</p> <p>Coach gone to see players twice to do sessions in Italy/ Spain, + see them play.</p> <p>Annual cricket match (abroad too) + went to shooting range - BBQ, etc.</p>	<p>Went to Rio + then plst downtime in Kopa Kabana - time to relax + have fun together - really enjoyed.</p> <p>- well received. (milan)</p> <p>- Spain - not so much - logistically not as good</p> <p>- players + their clubs feel valued. Very well hosted - great. (domestic players more reluctant)</p> <p>Great fun, players enjoyed it.</p>	<p>will plan to ensure good logistics - e.g. airport close by, etc.</p> <p>- Further team building events planned</p>
<p>Psychology:</p> <ul style="list-style-type: none"> - Player psychological health & well-being made more of a priority - Investment in a sports psychologist 	<p>Yes/No/Partly</p>	<p>Player sessions cut to 1.5hrs, breaks scheduled. Responding to player feedback.</p> <p>Feel culture has changed - more positive.</p> <p>Coach personally doesn't buy into it. However due to difficulties in programme betw. players + coaches</p>	<p>Discussion, time to talk - players listened to, etc.</p> <p>had best past exp. - know feel it is needed.</p>	<p>Some issues remain - e.g. social media, etc. Issues with PD, etc.</p> <p>In next few weeks SP will come in.</p>
<p>The final recommendation relates to forging links with patients/players and recruitment strategies. find out issues + then discuss how they could help + then SP will be rolled out to players.</p>				
<p>Supporting patients & recruiting players:</p> <ul style="list-style-type: none"> - Links with spinal units - e.g. players doing talk/taster day - Links to military rehab charities/centres - Recruiting from other home nations 	<p>Yes/No/Partly</p> <p>Yes</p>	<p>Contact being made with schools, units + units, rather than spinal units.</p> <p>After Invictus Games - more people involved.</p> <p>Links - not good enough + need to develop it.</p> <p>Now 1 man from Wales in squad, more links now to N. Ireland - another woman from Scotland -</p>	<p>25-250% more people in WhB since London - organisation tried to build on this.</p> <p>Feels ex-servicemen are being funnelled into ind. sports, not team sports.</p> <p>Players happy to have quality boosted.</p>	

better links - more people being invited to camps, ~~forums~~

Better structured programme - more coaches involved, good quality - more people wanting to be involved.

Question 5: Overall did the research and its findings prove beneficial to a.) you and b.) the men's programme? Has it made you more aware of athlete health and well-being going forwards? ^{c.)}

a.) steered coaching + treatment of players - more collaboration

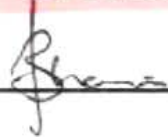
b.) Programme - how the players are looked after - players are treated - they are greatest asset

e.g. forward planning, fairer + more open selection process ~~etc~~ etc.

c.) - realise just how impt health + WB is to squad. how looking after H + WB of players over long period helps them buy in? certainly did help to inform practice.

- 'changed what we do and how we do things' - a lot of my recommendations ~~etc~~ mirrored those of review players did - once you hear same things, you have to follow them!

Signature: _____



Date: _____

15.12.14

- 'this research was different' - can't think of any other research we've taken this far and learnt so many lessons from. (often researchers come, do thing + leave!)

- those continued discussions been really impt, you feedback is really valued - offered a different perspective / aspect - holistic approach! - P.T. 6

Appendix 12: Evidence of Coach's attempt to organise men's programme

a.) Camp Schedule (for May-August 2014)



GB Men's
Worcester & Tournament Programme
May – August 2014

Week	Day	Date	Time		Activity	Venue	Comment
	May						
Week 1	Mon	5 th		Bank Holiday	No Training		
	Tues	6 th			Own Breakfast		
			9.30am – 11.00am	Session 1	Training	SCJ	
			11.45am		Lunch	Pavilion or own	
			2.30pm – 4.00pm	Session 2	Training	Arena	
					Own evening meal		
			8.00pm – 9.30pm	Session 3	Training	Arena	
	Wed	7 th			Own Breakfast		
			9.30am – 11.00am	Session 4	Training	SCJ	
			11.45am		Lunch	Pavilion or own	
			2.00pm – 3.30pm	Session 5	Training	SJC	
					Own evening meal		
			6.00pm – 7.30pm	Session 6	Training	Arena	
	Thurs	8 th			Own Breakfast		
			10.00am – 11.30am	Session 7	Training	Arena	
			12.00pm		Lunch	Pavilion or own	
			2.30pm – 4.00pm	Session 8	Training	Arena	
					Own evening meal		
	Fri	9 th			Own Breakfast		
			8.30am – 10.00am	Session 9	Training	Arena	
			11.45am		Lunch	Pavilion or own	
			2.30pm – 4.00pm	Session 10	Training	Arena	
					Own evening meal		

c.) Email Information for players (April 2014)

<p>Accommodation</p>	<p>Foresters</p> <ul style="list-style-type: none"> • 1 accessible room, 5 adapted rooms in the outhouse (not fully accessible); 3 ground floor rooms in the main house (adapted but not fully accessible); 4 rooms upstairs in the main house (access by stairs, adapted rooms but not fully accessible). 1 room on each floor considered unsuitable for prosthetic users; • This property has a common lounge & kitchen. Laundry facilities are planned but not available at present & suggest you plan to use the local laundrette – think there is one 5mins push away on the main road; • The property is vacant & we will be the first & only ones there. It has been refurbished & furniture being moved in this week & will then be habitable; • Tea/Coffee making facilities in all rooms & Wifi available; • Parking for a few cars in the driveway & on the street subject to restrictions but should be free for badge holders; • Emily has arranged that dogs are welcome in select rooms designated by the landlord on the proviso that you get the carpet professionally cleaned after your stay. You will need to show receipted proof of this to the Director Steve – you will need to advise that you have a dog when you book; • Emily has also negotiated a reduced rent of £90pw, per room, self-catering. Each room is en suite, has a double bed & you can share with a partner, at this cost; • Rooms are available from Thursday 1st May until 15th August; • You will need to arrange the rental agreement direct with the landlord’s Manager – Helen Blizard – 01905 740580 Contact her on/by 1.00pm on Wednesday 9th April to reserve the room & arrange the paperwork. They will then be able to plan & prepare the rooms in advance of your arrival – first come first served <p>I hope this option will suit the majority, in particular those not requiring accessible rooms. If you have already booked hotels & wish to change, you should be able to cancel the hotel without fee. Even if you are not there full time, it is a cost effective option compared to hotels, you have access to facilities, you can leave items there & it is 5mins drive to the Arena.</p> <p>Farefield Estates Ltd properties There are the additional rooms at the properties detailed in the attachment e-mail 26th March – further copy attached.</p> <p>Hotels Fownes / Travelodge / Premier Inn / Holiday Inn Details of these are also in the attached from Emily (which include discounts at both the Fownes and the Premier Inn) or you may have made your own alternative arrangements.</p>
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	<p>If you are at Worcester full time & in rented accommodation, the programme will assist you with costs so that you pay no more than £100pw for rent. Those who need to stay in hotels full time for adapted/accessible rooms will be offered some support on a shared room basis but this is to be discussed individually.</p> <p>APA players staying the minimum required period (3 days) will need to cover their own costs.</p> <p>All of the above is subject to the notes below in the 'Selection' section</p>
Catering	<p>Paul has negotiated a deal with The Pavilion in the Park restaurant, 5min push from the Arena. We will have lunch there each day as a team. Again the programme will help out by subsidising some of the costs for this, meaning that you will only pay £2.50 for a buffet lunch option - the programme will cover the rest of the cost.</p> <p>You are free to arrange your own lunch catering at your own cost if you do not wish to take this option.</p> <p>Breakfast & evening meals will be your own arrangement (self-catering possible at Foresters)</p>
Training Programme	<p>Minimum requirement is attendance at all sessions Mon to Wed afternoon/evening each week.</p> <p>We will commence –</p> <ul style="list-style-type: none"> • 5th May except those involved in Champions Cup & the Italian League play-offs • 12th May for everyone & those joining after Champions Cup • Conclusion of Italian League play-offs for players involved there <p>We have booked 3 sessions each day Mon-Wed & waiting for Worcester to change some of the session times so that we have a varied schedule. I should be able to send a full schedule later this week for the period from 5th May – 20th June.</p> <p>We have asked for the Schelde baskets for all or most sessions.</p> <p>There will be access to the on-site gym (a new gym opposite the reception desk in the Arena & fitted to EIS level). We have to book times to use this & use will be when we are not team training & Thurs/Fri</p> <p>Thurs/Fri sessions will be coached, likely to be shooting & individual specific skills sessions & S&C. There will be additional coaching for non-selected & invited potential or junior players – see Selection section below.</p> <p>Following the 3 week R&R period after the Worlds we will resume the training programme at Worcester in preparation for the RIO/Sao Paulo simulation and the National Paralympic Day. This period is the start of our preparations for the 2015 European Championships.</p>
Worcester Tournament	<p>2nd – 5th June</p> <ul style="list-style-type: none"> • Confirmed teams – Japan & USA; • We are waiting for other invitees to respond – Canada are available; • The schedule for this is being prepared – training Mon 2nd, competition Tues 3rd – Thurs 5th (2 games each team, each day) depart Fri 6th; • Costs for accommodation & catering will be covered by the programme from 2nd – 5th June for those based in Worcester & up to breakfast on 6th for those in hotels – 6th is departure day;

Running head: WHEELING TO LONDON 2012

	<ul style="list-style-type: none"> • Players based at Worcester should use their rented accommodation (costs will be reimbursed) & those travelling in will be in a hotel; • We will have all meals together (paid for by the programme) & players have their own time during breaks <p>If enough players are at Foresters or close by, we can use the kitchen/lounge there as our breakfast base each morning & make up small teams to take turns in cooking - we will do the shopping to order. This will need to be agreed between the selected team.</p>
<p>Team Selection Please read carefully</p>	<p>The programme will start as stated above. This & the process will be as follows –</p> <ul style="list-style-type: none"> • Week 1 (w/c 5th May) – whole squad training, minimum period, Mon – Wed (excluding 6 players involved in Champions Cup & 2/3 in Italian League play-offs); • Week 2 (w/c 12th May) – whole squad training, minimum period, Mon – Wed (excluding 2/3 players involved in Italian League play-offs); Will need the Italian League players to attend one of these as part of the selection process • End of week 2 the squad will be reduced to 18 players; • Week 3 (w/c 19th May) – focused team sessions with this squad (18) until selection of the team & reserves prior to the Worcester Tournament (except players in Italian League play-offs, if selected); If Italian League players are selected & not available, 2-3 players from squad may be retained; Note Training for non-selected players will change to Thursday/Friday only & the programme will assist with expenses. Other, select, future potential & junior GB players may be invited to these sessions; We are waiting on a response about a possible invite to a tournament in Turkey, 21st – 25th May; • Week 4 (w/c 26th May) – full programme if no Turkey tournament; Selection of team for World Championships & reserves. This will be either 21st May or 28th May depending on latest date of team submission required by IWBF (we are checking); • Week 5 (w/c 2nd June) – Worcester Tournament involving the selected team & reserves. All players must be available as likely the 16 will travel to Japan for the warm up tournament (tournament schedule will be provided nearer the date); • Week 6 (w/c 9th June) – reduced programme this week. Review of Worcester Tournament • Week 7 (w/c 16th June) – full programme & final training preparation • Week 8 (w/c 23rd June) – no training. Team of 16 travels to Japan for warm up tournament 25th June
<p>Action Required</p>	<p>Please deal with & reply to the following asap. Send the information to us to collate (book your accommodation with the landlord/hotel direct)</p> <ul style="list-style-type: none"> • Your accommodation plans from May – August • Name & address of your accommodation • Whether you will share with a partner • When you will expect to arrive (subject to above – Eurocup/League play-offs) • Whether you will be based in Worcester & therefore be at all sessions (Mon-Fri) or do the minimum requirement (Mon-Wed) • Will you take the lunch option at the Pavilion (likely to be hot & cold buffet). It is easier for us to plan if we have approx. numbers in advance

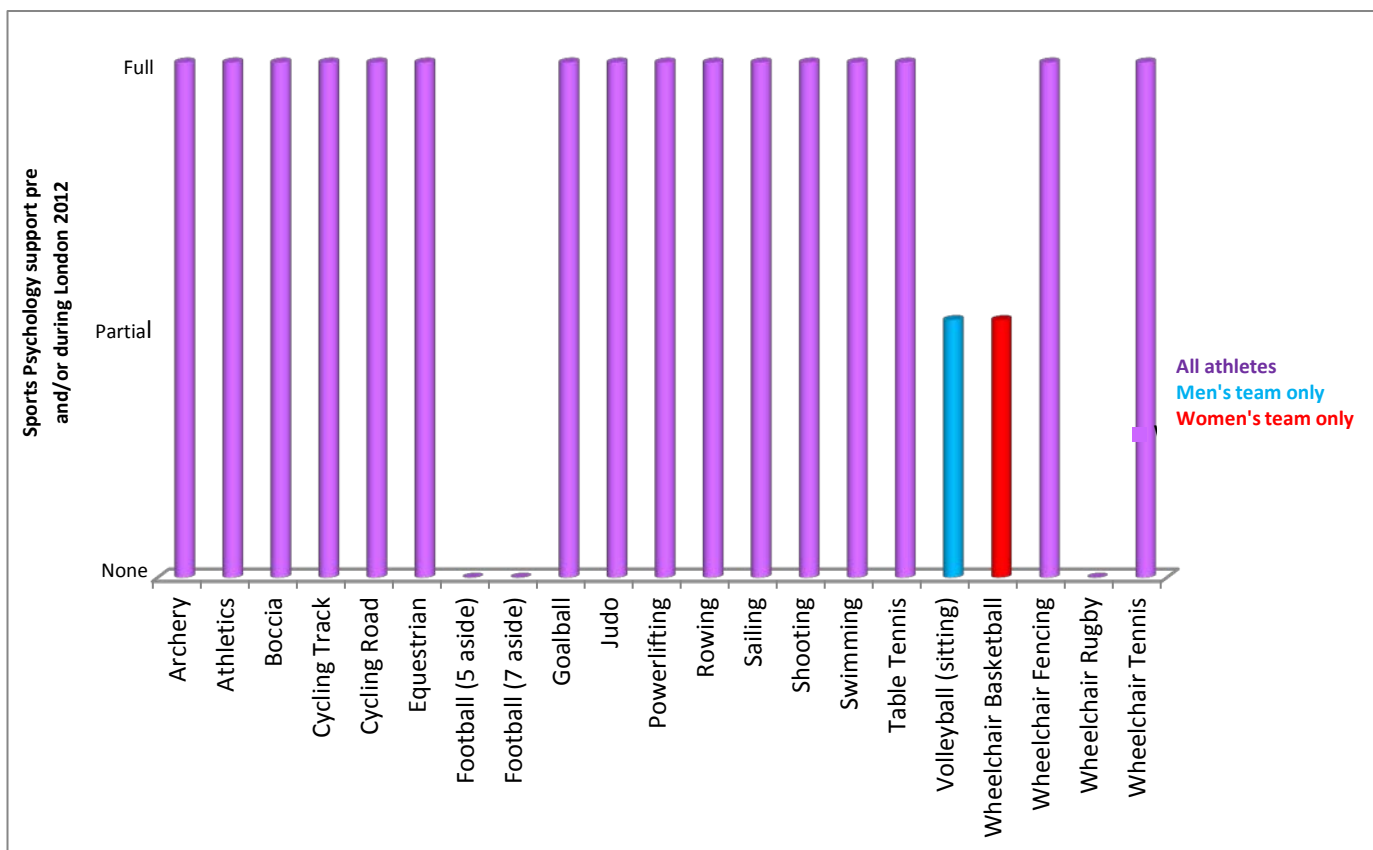
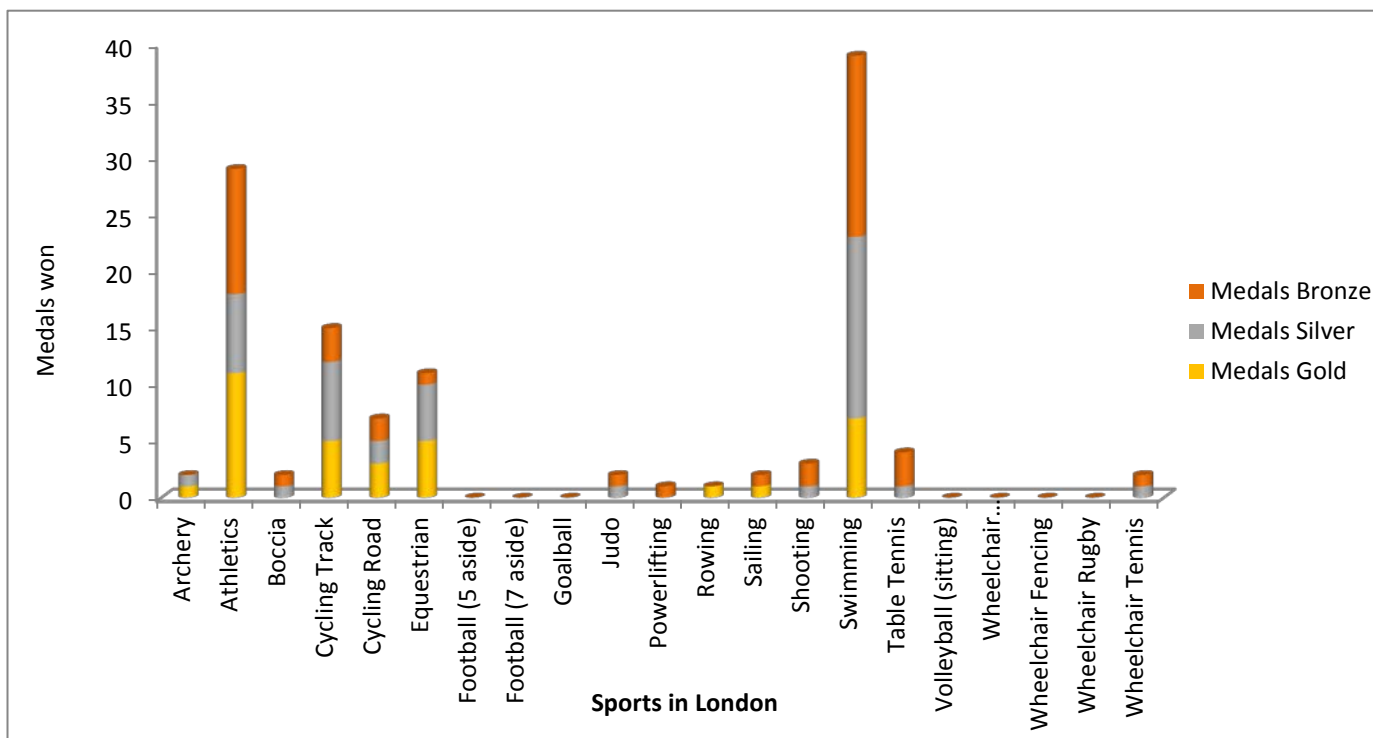


Appendix 14: Talk drawing on PhD's findings, delivered by Dr Brett Smith**The UK High Performance Conference for Paralympic Sport Science & Sport Medicine***"The Road to Rio: Learning from London"***DAY 2: Wednesday 22nd May**

Keynote 3 9.00 - 10.00	Technology in Paralympic Sport: Lessons learned and future directions <i>Scott Drawer (UK Sport)</i>			
10.00 - 10.30	Networking Opportunity			
Free comms 10.30 - 11.30	Psychology	Medicine/Nursing	Physiotherapy	Physiology/Nutrition
Parallel Workshops 3 11.45 - 13.00	A	Robust classification files: the role of sports science <i>Richard Weiler (Football)</i> <i>Penny Atkinson (Wheelchair Rugby)</i> <i>Dawn Ibrahim (Boccia)</i>		
	B	Eksoskelton System: The role of robotics in supporting the Paralympic athlete <i>Jo Hipkiss (EIS/Disability Shooting)</i> <i>Matt Skelhon (Disability Shooting)</i> <i>Manuel Landeira (Eksobionics)</i> <i>Jonathan Katz (Disability Shooting)</i>		
13.00 - 13.45	Lunch			
Parallel Workshops 4 13.45 - 15.00	A	The psycho-social health and wellbeing of the Paralympic athlete <i>Dr Brett Smith (PHC/Loughborough University)</i> <i>Dr Anthony Papathomas (PHC/ Loughborough University)</i>		
	B	Personal care aspects for the Paralympic athlete: Considerations for support staff <i>Ellen McDougall</i> <i>Austin Thomas</i> <i>Penny Broomhead</i>		
15.00 – 15.30	Networking Opportunity			
Keynote 4 15.30 – 16.30	Russia: The emergence of a new world leader in Paralympic sport (TBC) <i>Dr Vladimir Lukin (President of the Russian Paralympic Committee)</i>			
16.30 – 16.45	Closing remarks			

Appendix 15: Analysis conducted revealing a relationship between Sports Psychology support and success of GB's Paralympic Sports at London 2012. (Information shared with Sport Wales)

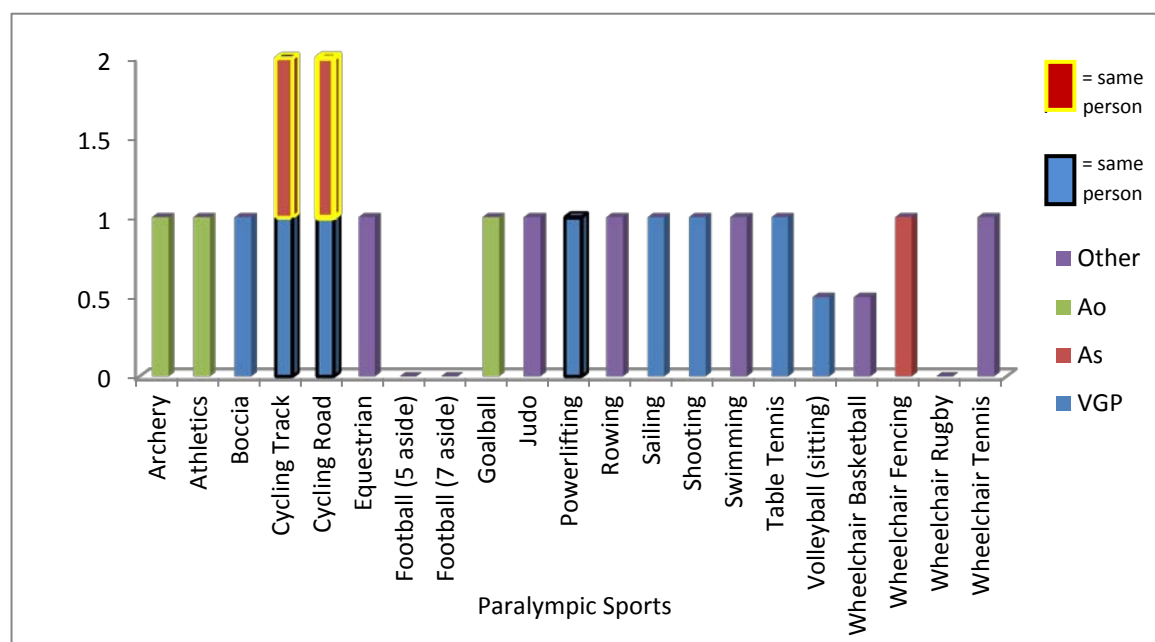
The first graph illustrates the medal success of Paralympic sports in London. The second illustrates the level of psychological support attached to the sports pre and/or during London.



The vast majority of sports (85.7%) had psychological support. Whilst these varied in scope, with some sports investing heavily and others using a volunteer, it nonetheless is an indicator of the importance placed on psychology.

Only 5 sports (including WhB) offered no or only partial support. All 5 were team sports and won no medals, giving a success rate of 0%. In contrast of the 16 sports offering full support, only 2 achieved no medals, giving a success rate of 87.5%. This makes a strong case for the implementation of sports psychology support into these (team) sports, including WhB. It also implies that player mental health plays a vital role in successful performance, and reinforces the need for sports to prioritise psychology more.

In examining the type of psychological support provided in London, as the graph below illustrates, 44.4% employed individuals with games passes (VGPs) and thus who were easily accessible during the competition. 16.7% had their psychology support wrapped up in another role, for example the individual being a coach or part of their administrative/technical support team (Ao). 16.7% were made up of additional officials (As) whilst 33.3% (including WhB) employed an individual who was either a volunteer, not accredited or with limited access (e.g. to venue but not athlete village). Only cycling (track and road) employed 2 individuals, and alongside powerlifting were the only sports to share personnel.



Therefore perhaps sports, including WhB could consider employing individuals who double up in other roles, or negotiate an arrangement with a volunteer (preferably qualified). The latter suggestion was adopted by WhB, but the arrangement was relatively informal. Finally, sports could consider sharing personnel, as this could have cost-saving implications and may enable good practice to be shared.

Appendix 16: Contact Information given to GB WhB regarding spinal units

Spinal Unit & Contact	Contact emails	Gym, sports hall, pool	Access to lots of sport as part of rehab	On-site wheelchair club	Attend spinal unit games	Keen to have players come in & give talks to patients?
STANMORE: [REDACTED] Lead Physiotherapist & [REDACTED] senior physiotherapist	[REDACTED] [REDACTED]	✓	✓	✓ (Aspire Force WB)	✓	[REDACTED] "Yes, I think that would be a really useful thing to add to our service and might be a great way to motivate our patients to become more involved in sport." [REDACTED] "due to the relatively small number of patients on the ward it might be more suitable to talk to individuals or small groups. "
SHEFFIELD: [REDACTED]	[REDACTED]	✓	✓	✓ (Steelers WB)	✓	They do already have (ex) wheelchair athletes come in to give talks (and therefore would be receptive to this.)
STOKE MANDEVILLE: [REDACTED] [REDACTED] Superint. Physiotherapist	[REDACTED]	✓	✓	✓ (Aces WB)	✓ (Host it)	They already have ex-athletes come in to give talks, but on answering if they would be interested in more or this, she replied "always!"
SALISBURY: [REDACTED] Physio	[REDACTED]	✓	✓ (access to some sports)	✗ (want links with sports & demo sessions)	✓	"Very much so. Feedback from patients is that, when ex-patients or wheelchair users come and give talks, they take a huge amount from it. It helps them see a future and work out what life may/ can look like for themselves."
HEADLEY COURT: [REDACTED] [REDACTED] Lead Physio. [REDACTED] (Head of Physical Development: Help for Heroes)	[REDACTED] [REDACTED]	✓	✓	✗ (No WB club on-site) ✓ (Battle back based here)	✓	"In theory, yes definitely. It's just the logistics and drumming up enough interested patients on that one evening – it can be quite disheartening when someone has made the effort to come all the way in and only a handful of patients turn up (usually due to the fact that we never have all our patients in at the same time rather than due to lack of interest). It can be that patients are just too tired by the end of a full day of rehab, to then attend a talk."
WAKEFIELD: [REDACTED] (Physio)	[REDACTED]	✓	✓	✗	✗ (2012 – due	"Yes I think it would be beneficial but due to an ageing population we don't always have appropriate people for sports. If we included outpatients we

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					to insurance politics)	could target those who we thought might be interested.”
MIDDLESBOROUGH: [redacted] (physio)	[redacted]	✓ (limited)	✓ (limited)	✓ (WR teams & local rowing clubs)	✓	The centre rarely offer talks and are keen to have ex-athletes come and give talks.
SOUTHPORT: [redacted] Clinical Director & Consultant Clinical Psychologist	[redacted]	✓	✓	✓ (Southport Paraplegic Social & sports club, WB club uses facils)	✓	He confirms that they do have ex-wheelchair athletes come in to give talks, but would also be keen to have more come in.
Oswestry	NO REPLY TO DATE				✓	
Royal Bucks Hospital	NO REPLY TO DATE					

[redacted] = names/emails blocked out to protect identities

[yellow] = information considered particularly relevant to GB WhB

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**Appendix 17: An extract from The British Paralympic Association's Draft Strategic Plan concerning Sports Psychology 2013-2016
(shared at UK High Performance Conference for Paralympic Sport Science & Sport Medicine)**

Proposed BPA Strategic Plan – Sport Psychology 2013 to 2016

Presented 31 Jan 2013

Purpose:

1. Proactively plan for 2016
2. Make recommendations for how service could be improved

Outcome: To develop athletes and staff who can excel under pressure and progress throughout the 4 year cycle to support athletes in achieving PB's in and beyond the projected medal zone at Paralympic Games

- Developing NGB provision of sport psych
- Facilitating a multidisciplinary approach
- Developing Athletes
- Developing NGB coaches and support staff (and Nearest & Dearest)
- Developing BPA staff
- Developing Sport Psychs

TIMELINE AND PROJECT PRIORITY (DRAFT)

Elite Level Support:	2012 cycle	Essential Sochi	Possible Delivery Levels for Rio 2016			Timescale & Agreed Action
			Maintain 2012 Standard (Bronze)	Improve on 2012 (Silver)	Gold Standard	
Support to NGB's to identify psych needs, support with interviewing for psych etc.	Some		Produce fact sheet on quality assurance of finding a psych	Proactively checking in with sports to see if they have someone in place, recruitment needs?	Proactive service, where lead psych is available to sit on interview panel	

**Appendix 18: Researcher's contribution to the QRSE 2014 conference at
Loughborough University – September 2014**

8.30-8.55 Day delegate registration and refreshments James France exhibition area		
9.00-10.20 room CC00.12 Digital methods <i>Chaired by Dr Andrea Bundon</i>	9.00-10.20 room CC00.21 School sport <i>Chaired by Dr Camilla Knight</i>	9.00-10.20 room CC00.29A Coaching <i>Chaired by Erica Bennett</i>
10.20-10.40 Break and refreshments James France exhibition area		
10.40-12.00 room CC00.12 Thinking through methods <i>Chaired by Prof Kerry McGannon</i>	10.40-12.00 room CC00.21 Disability sport <i>Chaired by Dr Andrea Bundon</i>	10.40-12.00 room CC00.29A Youth sport and talent ID <i>Chaired by Dr Camilla Knight</i>
12.30-13.20 room CC00.12 Lecture – getting published Dr Brett Smith	12.00-13.30 Lunch James France exhibition area	
13.30-14.30 room CC00.12 Transitions <i>Chaired by Dr Melissa Day</i>	13.30-14.30 room CC00.21 Illness and activity <i>Chaired by Dr Anthony Papatomas</i>	13.30-14.30 room CC00.29A Health and (in)active bodies <i>Chaired by Dr Cassandra Phoenix</i>
14.30-15.30 room CC00.12 Keynote Presentation – Prof Mark Andersen Conference Close		

11am: Health versus performance: Strapping in to the ultimate rollercoaster - The London 2012 Paralympics for the GB Wheelchair Basketball teams

Melanie Best, Brett Smith & Vicky Tolfrey (Loughborough University)

Study aim: The aim of this PhD study was to examine the experiences

Appendix 19: Interview Guide revealing key themes addressed in first life history interviews – players



‘Grand tour questions’

1.0 Tell me about your lifestyle now as an elite sports performer

1.1 Tell me about what your lifestyle was like before you became disabled (if applicable) and before you became an elite sports performer

1.2 Tell me about what your perception was of ‘disability’ prior to you becoming disabled yourself (if applicable)

Acquisition of disability

2.0 Can you tell me about how you acquired your disability? (I.e. Congenital, trauma, etc.)

2.1 Can you tell me the exact nature of your disability? (E.g. Amputation, degree of paralysis)

2.2 At what point in your life did you become disabled? (I.e. From birth, as a child, as an adult)

Rehabilitation from a disability (if applicable)

3.0 Describe the moment that you found out you had a disability and how it made you feel.

3.1 Tell me about your rehabilitation (I.e. What it involved, where, for how long?)

3.2 What was your experience of rehabilitation and adapting to life as a disabled person? How did it impact (positively and/or negatively) on your health and well-being?

a.) Psychological health/well-being

(Probe - quality of life, hope for the future, happiness, self-confidence, etc.)

b.) Sociological health/well-being

(Probe - relationships with others, social life, coping in social settings, etc.)

c.) Identity & Society. I.e. How do you feel it affected your own and others’ perceptions of you as a member of society?

(Probe – medical labelling, acceptance & worth to society, stereotypes, stigmas, etc.)

3.3 During rehabilitation how did you feel about your future?

Growing up with a disability (if applicable)

4.0 Tell me about growing up with a disability. What was life like?

4.1 How do you feel growing up as a disabled person impacted (positively and/or negatively) on your health and well-being?

a.) Psychological health/well-being

(Probe - quality of life, happiness, self-confidence, etc.)

b.) Sociological health/well-being?

(Probe - relationships with others, social life, social skills, bullying, etc.)

c.) Identity & Society? I.e. How do you feel it affected your own and others' perceptions of you as a member of society?

(Probe - acceptance & worth to society, stereotypes, stigmas, etc.)

4.2 What aspirations and plans did you have for the future?

Living with disability & getting involved in sport

5.0 (If applicable) What was your experience of returning home following rehabilitation/living independently with a disability like? How did it (positively and/or negatively) affect your health and well-being?

a.) Psychological health/well-being

(Probe - self-worth, quality of life, happiness, hope, independence, etc.)

b.) Sociological health/well-being

(Probe - social life, forming & sustaining relationships with others, being a 'burden,' coping in social situations, etc.)

c.) Identity/society

(Probe- acceptance & ranking in society- getting a job, etc.)

5.1 How did you come to be involved in sport as a disabled person? (I.e. Rehab, family, etc.)

(Probe – were you involved in sport prior to becoming disabled?)

5.2 How did playing sport make you feel as a (newly) disabled person? How do you feel it impacted (positively and/or negatively) on your health and well-being?

a.) Psychological health/well-being

(Probe - confidence, enjoyment, independence, freedom, etc.)

b.) Sociological health/well-being

(Probe- making friends, part of a team, sharing stories, support network, etc.)

c.) Identity/society

(Probe- changed identity in society, view of capabilities, perceptions of others, etc.)

5.3 Did becoming involved in sport as a disabled person change you in any way? Did it change your plans for the future?

Becoming a Paralympian

6.0 What was your motivation to compete within your sport to the highest level?

6.1 How has becoming an elite sports performer affected your lifestyle? (I.e. Job, travel, etc.)

6.2 What is it like being an elite sports performer?

(Probe – Ups & Downs- Status & credibility of Paralympic sports v Olympic sports, media attention, training, injury, selection, classification issues, etc.)

6.3 What impact do you feel playing at such a high level has on your health (Positive & Negative)?

a.) Psychological health/well-being

(Probe – confidence, self-worth, quality of life, satisfaction with life, etc.)

b.) Sociological health/well-being

(Probe – friendships, forming relationships with others, team camaraderie, squad selection, etc.)

c.) Identity/society

(Probe – status/identity as elite performer, fame/recognition/credibility within society, etc.)

6.4 Do you feel becoming an elite sports performer has changed you in any way or how you view your future?

6.5 Tell me how you feel about the London 2012 Paralympics.

(Probes – excitement, anxieties)

Overview

7.0 What impact do you feel acquiring a disability had on your psycho-social health and well-being?

7.1 What impact do you feel getting involved in sport had on your psycho-social health and well-being?

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7.2 How do you feel being an elite sports performer preparing for a Paralympics has/will have on your psycho-social health and well-being?

7.3 How do you feel retiring from the sport will impact on your psycho-social health and well-being?

The future

8.0 Do you feel more could/should be done to support individuals who have acquired a disability to get involved in sport (e.g. during rehabilitation)? (Probe- What? Why?)

8.1 Do you feel more can be done to optimise your psycho-social health and well-being as an elite athlete, which could in turn enhance your sporting performance? (Probe- What? Why?)

8.2 Do you feel enough support is in place to help players to make the transition out of the sport on their retirement? (Probe- What? Why?)

Closing

9.0 Is there anything else you want to tell me about in relation to being a disabled sports performer and the impact your disability or sport has had on your health?

9.1 If you were to rate your psycho-social health and well-being right now, what rating would you give (i.e. percentage split)?

