Narratives of trauma, recovery, and growth: The complex role of sport following permanent acquired disability

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**Abstract**

*Objectives:* The purpose of this study was to explore how participation in sport may assist an individual in working through experiences of physical trauma.

*Method:* An instrumental, collectivecase study was used to illustrate the experiences of two men with acquired disabilities. Both men participated in sport at a high level and suggested that participation was a central feature of their recovery from trauma. Interviews invited participants to describe their lives pre-trauma, the trauma experience, and the recovery process. A narrative analysis was used to focus on the progression of the plot outlined in each participant’s story.

*Results:* Our results exemplify two narrative types: assimilation and positive accommodation. The narrative of positive accommodation demonstrates how sport provided mastery experiences, enhanced relationships, corporeal understanding and enhanced life philosophies. The alternative narrative of assimilation was associated with resilience to trauma. Our case illustrates that such a narrative may be focused on re-capturing previous life meanings and creating an athletic identity using past definitions of sport.

*Conclusion:* While the narrative of positive accommodation is most frequently associated with posttraumatic growth, our case outlines the occurrence of synchronous positive and negative experiences, even within the same dimensions of growth. The narrative of assimilation demonstrates the challenges presented by the rehabilitation and sporting environments for an individual who aimed to restore their pre-trauma self and pre-trauma beliefs.

The immediate impacts of trauma have been shown to be widespread and devastating, often causing physical, psychological and emotional distress. For the trauma victim the most pressing need is that of survival, followed by the need to cope with the aftermath (Joseph, 2011) and the widespread repercussions beyond the trauma event itself (Sutton, 2002). Consequently, our understanding of trauma is often grounded in an illness ideology, focusing on the negative associated consequences, emphasising poor adjustment and barriers to recovery. Yet the past decade of research has prompted an alternative perspective. This perspective does not negate the devastating impacts of trauma, but proposes that positive psychological changes can result from an individual’s struggle (Joseph & Linley, 2008). Thus, not only does this literature suggest that psychological recovery from trauma is possible, it extends such propositions, suggesting that an individual experiencing growth can develop beyond their pre-trauma levels of adaptation, awareness, and psychological functioning.

Recent developments in posttraumatic growth research have sought to explain both *how* and *why* positive outcomes may be reported after traumatic experiences (Park & Ai, 2006). Yet in providing such explanations, it is important to first consider *what* is meant by the term ‘posttraumatic growth’. This is an important initial step, particularly given that the recent wealth of literature using a positive psychological approach not only extends to trauma research but also encompasses stress and adversity. Thus it is emphasised that trauma is defined by the DSM-V as exposure (as a direct victim, witness, or indirect victim) to actual or threatened death, serious injury, or sexual violation. Following a traumatic event, postttraumatic growth involves the experience of significant beneficial cognitive and emotional changes, which may also lead to behavioural implications (Tedeschi, Park, & Calhoun, 2009). As Joseph (2011) emphasised, while recovery from trauma can be defined as a return to pre-trauma levels of functioning, posttraumatic growth encompasses changes that go beyond these previous levels of functioning.

The recent expanded research interest in posttraumatic growth has drawn upon a number of theoretical frameworks in order to explain the process of growth. One central theory is the organismic valuing theory (Joseph & Linley, 2005). This theory suggests that prior to trauma, in most situations, individuals will hold the assumption that the world is safe and relatively free from harm (Baird & Kracen, 2006). As Janoff-Bulman (1999) proposed, everyday experiences that support this assumptive world serve to reinforce and strengthen these beliefs. Yet the occurrence of trauma is most often discrepant with these existing assumptions, forcing an individual to question their beliefs and causing a ‘shattering effect’ (Joseph, 2011). In order to cope with the new information presented by trauma experiences, individuals will work through and search for new meanings in life (Joseph & Linley, 2011). As these new meanings are found, views of the self may change and new assumptions may emerge.

Joseph (2011) distinguished between three possible processes that may be used to work through tensions between pre-existing assumptions and new trauma related information. First, an individual may attempt to assimilate the trauma information into their existing models of the world. Thus rather than changing their assumptions, the individual who assimilates may often use strategies such as avoidance or self-blame to cope with the trauma information (Joseph & Linley, 2008). Alternatively, an individual may attempt to accommodate the trauma information, making changes in order to confront this new information either in a positive or negative direction (Payne, Joseph, & Tudway, 2007). Positive accommodation occurs when an individual is able to acknowledge the challenges they have experienced, revising their assumptive world in a positive way to account for new information presented by the trauma (Joseph, 2011). Negative accommodation, on the other hand, occurs when assumptions are modified to lead to negative changes in worldview.

It is positive accommodation that is proposed to lead to posttraumatic growth and beneficial changes. These beneficial changes have been suggested to occur across five broad dimensions (Tedeschi & Calhoun, 2004): perceived changes in self (e.g., becoming stronger, more confident, more empathetic, more special), improved relationships (e.g., feeling closer to others, recognising value in relationships), changes in life philosophy/existential awareness (e.g., finding meaning and purpose, reflecting on mortality), changed priorities (e.g., appearance, health, money, skills), and enhanced spiritual beliefs (e.g., return to faith, prayer). These five dimensions indicate that posttraumatic growth is associated with fundamental changes in both personality schema and in the assumptive world of the individual.

Over the last decade there has been an increased interest in how sport and physical activity may assist individuals in achieving psychological growth following trauma. This research has focused on a variety of populations including breast cancer survivors (Burke & Sabiston, 2010), combat veterans (Caddick, Smith, & Phoenix, 2014), injured military personnel (Carless, Sparkes, Douglas, & Cooke, 2014), and individuals with an acquired disability (Day, 2013). Commonly, this emerging body of research has used a narrative methodology to explore the role played by sport and physical activity in the stories told by trauma survivors. As a result we have gained an understanding that sport and physical activity may shape survival stories in many ways, including enhancing personal control, providing respite from symptoms, fostering relationships and camaraderie, allowing a sense of closure, and providing a physical challenge. This collection of recent work has underscored the need to further develop our understanding of how the sport or physical activity environment may prompt such positive changes. In particular, while our understanding of the potential positive outcomes of sport/physical activity participation in trauma survivors has recently flourished, the process by which these positive outcomes are gained is less well understood. Consequently, our focus in the current study was to understand how participation in sport may assist an individual in working through their trauma experiences. Here, we look to further the existing literature in two ways. First, we have used an instrumental case study to illuminate the process of working through trauma, thereby affording an in-depth exploration. Second, we acknowledge that while previous research has focused on positive accommodation, alternative narrative types exist.

**Method**

This paper presents the stories of two athletes with acquired disabilities, using a narrative case study to focus on recovery and growth after trauma. The use of a narrative case study has been well advocated in sport, exercise, and health research (Sparkes & Smith, 2014). Consequently we highlight two particular strengths that demonstrate the applicability of this approach for trauma research and the present study. First, as suggested by McLeod (2010) case studies are well placed in their ability to attain, describe and analyse evidence of complexity. Thus this methodology provides a useful way of representing the multitude of life changes that may occur in individuals who have experienced traumatic disability. Second, the use of a case study is advocated when the boundaries between the phenomenon and context are not clearly evident (Yin, 2003). In particular, this statement suggests that the use of a case study can allow the researcher to investigate phenomenon in a real-life context. For this study, the interaction between recovery experiences and the context in which they occur provides a central foci of the research question. In this study we use an instrumental case study (Stake (2005), which has been extended to explore two cases and thus may also be defined as a collective case.

**Participants**

As Sparkes and Smith (2014) have highlighted, given the nature of case study research the selection of cases for study is of crucial importance. Our participants both responded to a research advertisement that sought to recruit individuals with an acquired disability, participating in high level competitive sport. Participants were not pre-selected based on narrative type; instead it was during interview that the researcher recognized that one participant storied their experiences of sport using an assimilated narrative. Consequently, this participant provided an unusual (or deviant) case and as Stake suggests, was a “case from which we feel we can learn the most” (p.451). In order to demonstrate how this case diverged from more traditionally presented growth narratives of positive accommodation we selected a second exemplar case from a number of potential participants whose narratives represented positive accommodation. In particular, this case stood out because it included numerous parallel experiences within disability sport (e.g., similar level of participation, use of same training venues, attendance at squad). The narrative of negative accommodation is not presented as no participant storied their experiences using this narrative.

To ensure confidentiality, the participants in this case study have been given pseudonyms. In order to protect their identities, a number of other identifiable details have also been omitted. In particular the sports which they play are not included.

Chris, now in his late 30’s, had begun taking part in sport at a recreational level at school. While his initial sporting experiences were positive, he had always had difficulties “keeping up with the others”. On leaving school Chris became a gardener, valuing the satisfaction that this gave him and the sense of accomplishment that he felt. Over the years he had built up a successful business and got married. As Chris remembers “my wife and I had everything we wanted” yet he was unaware of the impending events that would change his life.

Four years prior to interview Chris left the house for a routine day at work. As he worked at the top of a tree he remembers “feeling really hot, and dizzy, even though I knew it was freezing cold”. Chris suffered a silent heart attack and lost consciousness, falling 24 feet from the top of the tree suspended by his safety rope. He was rescued by the emergency services, put on a spinal board, and rushed to hospital. Incredibly, Chris only sustained minor injuries from the fall, but his heart had become significantly weakened. For the following few months he remained in a cardiac care unit and was fitted with a pacemaker. When he left the unit he was unable to walk more than a few steps without the use of a wheelchair and portable oxygen unit. Chris was initially reluctant to participate in sport, but was persuaded by family to attend an introductory event that allowed him to sample a range of sports. His enjoyment for one particular sport became evident to him from the beginning.

David, was in his mid 40’s at the time of interview. He had a number of early positive experiences of taking part in sport, both at school and later through sports clubs. He was a keen runner and took part in regular gym and fitness sessions. David had a steady job as a tradesman, which he enjoyed and valued. He was married with two children, who were both teenagers at the time of his accident.

Eight years ago David decided to go out for a ride on his motorbike. As he rode along a familiar stretch of road a car pulled out of a junction in front of his bike. David was unable to stop and his bike was hit side on by the car. As the car impacted, his leg became crushed and his bike spun uncontrollably across the road. David was rushed straight to hospital where his leg was amputated and he remained in a coma for five weeks. David was initially wheelchair bound and was later fitted with a prosthesis. He remembers “enduring months of rehabilitation” and on leaving hospital he was still in considerable pain. David viewed sport as an extension of his rehabilitation. His participation began by joining a gym and as he became stronger he sought out competitive situations.

**Data Collection and Analysis**

Following institutional ethical approval, both participants were asked to take part in narrative interviews that would discuss their post-trauma experiences. These interviews lasted between 3.5 and 4.5 hours (excluding breaks). Each interview followed a similar format, inviting participants to tell their stories in their own words and focusing on the process of recovery. The aim of these interviews was to provide a flexible structure that would allow participants to narrate their own stories. This flexibility has been proposed to provide both depth and breadth of insight (Papathomas & Lavallee, 2006), avoiding the use of imposed a priori categorization.

While no set structure was enforced, both men were asked to discuss their lives pre-trauma, the trauma event, and the process of recovery. In particular, the interviewer (first author) asked questions which focused on the role of sport participation. Where links were made between sport and life stories, participants were encouraged to engage in narrative reflection (Freeman, 2010), by looking back on how these experiences may have shaped their present standpoint.

In seeking to understand the personal stories of these two individuals, the potentially difficult, emotive, and unpleasant memories that may be provoked by the discussion of trauma must be recognised. As Joseph (2011) suggested, in order to experience growth the individual must also have experienced trauma severe enough to shatter core beliefs and assumptions. Consequently, this study aimed to safeguard participants throughout their narration. First, the interviewer had previously conducted other qualitative work on trauma and had received additional training in working with trauma. Second, the interview aimed to enhance control for the participant through the use of a flexible interview structure and participant-led discussion, in a location selected by the participant. Participants were invited to return to particular experiences as they wished and as the interview progressed, recognising that relationships and rapport may develop during the course of an interview, thereby influencing the level of disclosure.

As Etherington (2007) reflected, engaging in trauma interviews may also prove problematic for the researcher. Consequently the researcher used a reflective diary to write initial reflections, key moments, and poignant observations immediately after the interview. Alongside this, the researcher also discussed informal recollections of the interview and initial thoughts with a colleague. The reflective diary was used later to inform and provide insight during data analysis, while the debrief discussions were used for the benefit and development of the researcher.

In line with the aims of the research, the focus of the analysis was on the structure and form of the two narratives. A structural analysis was used to focus on the progression of plot in each narrative. It is pertinent to highlight that the strength of this method of analysis lies in its ability to depict evolving life experiences (Lieblich, Tuval-Mashiach, & Zilber, 1998). In this case, our interest was on how each narrative changed and evolved following the experience of trauma. The first author began by identifying the thematic focus for the development of the plot across each story. Notes from the reflective diaries from both interviews indicated an emergence of two narrative types. From these preliminary observations, the first author immersed herself in the interview data, re-reading the interview transcripts and considering possible alternatives. This process confirmed the first author’s initial impressions and suggested the development of two narrative types, positive accommodation (Chris) and assimilation (David). For each narrative type, the axis of how the plot developed was constructed, considering how the story impacted on the participant’s past, present, and future (Smith & Sparkes, 2012). At this point, both authors questioned what had shaped the story being told. Guided by previous literature on growth dimensions (e.g., Tedeschi & Calhoun, 2004) each narrative was examined to identify themes within the story, paying particular attention to the role of sport and physical activity. For each emerging theme both authors engaged in discussion, with the second author acting as a critical friend. The aim here was to question interpretations of each theme. As used by Day (2013) key questions during this process included “what was the meaning of this theme?”, “what are the life experiences and core beliefs that have led to this theme?” and “what are the implications and changes following this theme?”. Throughout this process notes on the development of each theme were taken. Further as each theme emerged it was compared across both participants and considered in accordance with the narrative type.

**Judgement Criteria and Generalisability**

This study adopted a relativist approach to judging and enhancing quality. In doing so, we aimed to ensure that our interpretations were plausible and that each case provided a reflection of the participants’ experiences. Consequently, we did not seek to apply a universal set of criteria, rather we were guided by Lieblich et al.’s (1998) suggestions that we can not quantify the “truth-value” (p173) of a narrative study. Instead, as Lieblich and colleagues suggested, quality may be judged by our ability to offer width (through quality interviews and rich quotations), coherence (through creating a complete and meaningful picture) insightfulness (through innovation and greater comprehension) and parsimony (through literary merits of the story and its analysis).

Finally, it is also essential to consider the generalizability of qualitative case study research. As previous authors have suggested (e.g., Day, Bond, & Smith, 2013) case studies may be commonly misunderstood as not generalizable. Yet Stake’s very definition of the instrumental case study is based on the suggestion that this may be seen as a typical case and thereby used to exemplify and advance our understanding. Accordingly, numerous qualitative researchers have suggested that our understanding of generalizability can be expanded beyond traditional quantitative definitions. As Wolcott (1995) suggested, researchers and consumers of research may share joint responsibility for assessing the value of research findings beyond the context of the case in question. Thus by providing rich description we have aimed to facilitate the reader’s ability to consider the transferability of our collective case.

Second, we suggest that our collective case allows for analytical theorising. As Chenail (2010) described, in doing this the researcher aims to generalize results to a broader theory. Here, we examine the relationship between our findings from each case and previous literature on posttraumatic growth, noting how each narrative fits the pathways to positive accommodation and assimilation.

We now proceed to explore those moments of Chris and David’s post trauma lives that describe how they gave meaning to their experiences and how they coped with becoming disabled.

**Results and Discussion**

**Mastery and Perceived Changes in Self**

The physical impact of trauma forced both Chris and David to make life changes that neither had ever envisaged. For Chris, early memories of disability focused on his inability to achieve what he considered to be basic tasks. He remembers “I was living my life in a world that was impossible. Surrounded by what I couldn’t do.” These tasks provided a daily reminder of his disability, leaving him feeling vulnerable and incompetent. Yet from his first sporting session, Chris displayed a natural flair. This sporting ability contradicted his early beliefs after the trauma and made him consider what might be possible. Thus his story of positive accommodation focuses on an emerging belief in his potential as a disabled athlete. He described:

I had my first competition at the county championships. I won and it was unbelievable. I actually beat one of the GB [Great Britain] squad members and at first I was just thinking how on earth did that happen. But I beat him quite considerably and I started thinking, you know, it’s going alright, I started getting more and more into it and I realised I can actually do this.

In direct contrast to his earlier feelings of incompetence, Chris’ sporting participation provides him with a sense of accomplishment. Yet in addition to recognizing his abilities, Chris was also able to identify that his earlier trauma experiences may have been beneficial in allowing him to experience these gains:

I was being put under pressure [during competition] but it didn’t faze me. It’s because of what I’ve been through, you know, I’ve been through a lot worse than when I get up there to compete.

As Tamminen, Holt, and Neely (2013) proposed, often physical and psychological strength are only realised through the process of dealing with adversity. Hefferon, Grealy and Mutrie (2009) refer to this as the development of a ‘stronger self’ or ‘fighter’ (p.371), suggesting that the sense of achievement in overcoming physical suffering may assist in the development of a stronger identity. Indeed, Chris’ story of positive accommodation demonstrates how adversity has helped him achieve mastery.

David’s story also began with similar descriptions of his difficulties adapting to life with a disability. Yet his recovery focuses on how mastery was used to assimilate, aiming to recapture his past sporting achievements and past sense of self, rejecting any experiences of mastery incongruent with his pre-trauma beliefs. David valued his success in rehabilitation but only because this made him unlike others with disabilities. Discussing his initial rehabilitation he described:

The nurses in the hospital gym, the physios, they were really impressed, and they liked what I did because it was motivational. Other guys were just sitting around in wheelchairs, half asleep on painkillers and morphine.

Unlike Chris, who made upward comparisons aiming to learn from established disabled athletes, David continually made downward comparisons between himself and those with similar disabilities. As suggested by Sparkes, Perez-Samaniego and Smith (2011) the outcome of downward comparisons can be positive, but may also prompt a sense of distance from the comparison target. Indeed, as David left hospital and began taking part in disability sport he described no feelings of mastery despite achieving national titles. Instead, he rejected this environment and sought mastery experiences by competing in able-bodied sport. He described his entry into able-bodied competition recalling:

David: One of the officials said, how can you do it, I can’t wait to see this. They all wondered how I was going to be able to do it.

Interviewer: How did that feel?

David: Amazing. I didn’t mind where I came, my victory was that I could compete in able-bodied competitions. I started doing more and more. I felt great.

As both Chris and David’s stories suggest, the experience of mastery may be closely entangled with identity as an athlete. In line with previous research (e.g., Sabiston, McDonough, & Crocker, 2007) the stories of both men demonstrate the positive impact of participation in sport. But unlike the breast cancer survivors in Sabiston et al.’s study, for Chris and David gaining identity as an athlete was coupled with an additional caveat of accepting being a disabled athlete. Perrier, Smith, Strachan, and Latimer-Cheung (2014) suggested that the potential to (re)develop an identity as an athlete may be assisted by a focus on traits such as commitment, as opposed to lost bodily functions. Chris, who positively accommodates and makes upward comparisons, focuses on his abilities and achievements as a disabled athlete, allowing him to develop an athletic identity. Yet David, who assimilates and makes downward comparisons, rejects an identity as a disabled athlete, perceiving this as meaningless. Perrier et al. (2014) proposed that a strong attachment to past definitions of sport can lead to a plot that limits the (re)development of the future self as an athlete. In contrast, while David remained heavily influenced by his past definitions of sport, he aimed to re-capture this identity rather than re-develop it. Thus he seeks mastery experiences elsewhere, with a comparison target representative of his pre-trauma self.

**Relationships with others**

Social support has consistently been suggested as a crucial resource for effectively coping with trauma and adversity (e.g., Galli & Vealey, 2008). Sport and exercise interventions with trauma survivors have often reported the positive impacts of developing of new relationships with others, sharing experiences, and gaining understanding and acceptance (e.g., Caddick et al., 2014). In particular, Chris’ story of positive accommodation reflects the gains associated with developing new relationships as part of a disability sport squad:

I found it [training camp] almost like home, it was really weird but I think it’s because I was with other people with a disability. You all feel like you’re in the same boat. The only time I’ve felt normal was when I was up at [training camp]. These people are fabulous and you just feel like you belong.

Here Chris highlights the benefits associated with being around other athletes with a disability, affording him a sense of belonging which he had not found since becoming disabled. As Perrier et al. (2014) suggested, such welcoming athletic environments can assist disabled athletes in building an athletic identity, sharing goals and experiences, and enhancing commitment to sport. Yet while Chris’ experiences echo these findings, his newfound sense of belonging also served to illuminate the contrasting experiences in his existing relationships.

I came home from [training camp] and I was buzzing. I just wouldn’t shut up because there was so much to talk about. You know, I’ve got to work on this and do that. But she [wife] doesn’t understand what I’ve got to work on and what I’ve got to do. I was buzzing and I wanted to tell her but she was so transfixed in her little bubble of understanding, its very, very hard. It’s so very strange, but it takes an immense toll on your personal life. You just wish that in your own personal life you had someone who understands.

While research frequently celebrates the beneficial impacts of new relationships based on shared experiences, the consequences on existing relationships are not often considered. Where existing relationships are considered, participation in sport has often been proposed to develop or enhance these relationships. For example Sabiston et al. (2007) found that conversations about dragon boat racing helped to shape and strengthen existing relationships with friends and family of cancer survivors. Yet as Carless and Sparkes (2008) have importantly highlighted, it is the receipt of understanding from others that provides a crucial component to recovery. For Chris, the new sense of understanding provided by other disabled athletes highlighted what had been absent in his existing relationships. Consequently, while participation in sport allowed Chris to positively accommodate and experience growth through his new relationships, this was at the detriment of his existing relationships.

David’s efforts, on the other hand, were most frequently focused on maintaining his existing relationships by assisting his family to cope with his amputation. He described:

My son didn’t like people looking at it [prosthesis]. I said to him ‘you have got to stop that, this is forever and you can’t be thinking like that’. He’s not like me you know, I said to him ‘you’ll need longer than me to come to terms with this’… My mum was the same, I had to teach her, sort of coach her on what my life would be like because she just couldn’t grasp it.

In the sports environment, David described feeling isolated and “pushed out” of the squad.

Interviewer: Can you tell me more about your feelings of isolation?

David: I got the impression it was because they [squad members] were really disabled and I was not. I feel, I felt that they didn’t class me as an amputee as disabled, because obviously I walk in. If I had long trousers on you wouldn’t know, right? Well I’ve got quite a severe amputation and have lost my ankle joint, my knee joint, but these people were all in wheelchairs and so there was a real clique and I wasn’t part of it… they don’t want to be beaten, they don’t want to be knocked into second place by someone like me.

Previous literature has often highlighted the sense of camaraderie experienced by survivors of trauma or illness through their participation in sport and physical activity. Yet most often, this camaraderie is established through shared experiences. For example, Sabiston et al. (2007) described the shared experience of being with others with a similar cancer diagnosis, suggesting that this often resulted in a sense of comfort for those within the group. Yet Sabiston and colleagues also illuminated the difficulties that a group environment may present for survivors of illness, noting that being part of such a group may provide a constant and visible reminder of illness, disease, and even death. Similar difficulties were reported in Perrier, Smith, and Latimer-Cheung’s (2013) study on disability narratives in individuals with spinal cord injury. Their study suggested that while opportunities to connect with others were important in some narrative types (e.g., quest narrative), for others (chaos narrative) repeated exposure to other wheelchair users served as a reminder of the life that had been lost. Thus these authors illustrate not only the positive, growth related benefits of being part of a group, but also the challenges that may be faced by some individuals. David’s story adds to our understanding of why these challenges may prove difficult for an assimilator. First, David’s story focuses on the differences between himself and other group members, describing that “they were really disabled and I was not”. Consequently, he struggles to identify with them, distances himself from the group, and does not benefit from being part of the squad. Second, David highlights the competitive nature of being part of an elite sporting squad. Although it is important to acknowledge that competitive rivalries may limit the desire to share experiences among the group, both David and Chris participated in sports with similar rivalries and faced competition for squad places. While Chris embraced this competitive environment and aimed to learn from more experienced members of the squad, David uses competition to justify his independence from the group.

**Reclaiming Control of the Physical Body**

As Frank (1995) wrote about illness “the body sets in motion the need for new stories when its disease disrupts the old stories” (p.2). This disruption was evident in both Chris and David’s stories, each recognizing that their traumatic experiences enforced sudden and dramatic changes upon their physical bodies. While this disruption created difficulties, both men sought resolution by reclaiming control of their physical selves. Yet for David, reclaiming control meant rejecting support and advice from health professionals. David’s sense of control was re-established through rule breaking, rebelling against guidance that informed what he should and should not physically be able to do. This approach was evident from his early days of rehabilitation as he described:

I went up to the gym in the hospital, while I was still in the gym I started doing pull ups, curls, press ups in the multigym area in the hospital. It wasn’t that they let me, oh no, that was what I was going to do. I stole a wheelchair and wheeled myself up there and did it. So that was that, the start of recovery.

Previous research has suggested that risk taking behaviors can allow individuals to feel proactive and become aware of their own choices (Burke & Sabiston, 2010), as well as encouraging re-storying through the acknowledgement and justification of risk (Day, 2013). For David, this example of risk-taking presents a turning point in his narrative, demonstrating defiance, yet proving his physical capabilities and thereby justifying his actions. His story suggests that benefits may be found when risk-taking results in a successful outcome. Chris, on the other hand, seeks to enhance control through conformity with medical practitioners. He described:

When I started being more active I knew I had to lose some weight, the doctors had told me that as I’d spent so much time just lying there. I said to the doctor ‘look, I’m doing what I can do, I’m getting myself fit, now it’s down to you to do what you need to do’. I think that taking part in [sport] makes you sit up and think, you know actually, I’ve got this medical condition but what can I do. It’s my body. Whatever they tell me I’m going to do it.

As both men illustrate, being in a rehabilitation environment has immersed them in stories from health care professionals about how physical rehabilitation *should* be completed. Chris is able to embrace these stories, becoming hopeful about the future and seeing himself and his doctor as jointly responsible for his ongoing physical recovery. He has become interpellated into a new story of health (Smith, 2013), demonstrating his commitment to this story through his physical weight loss. David, on the other hand, rejects the stories of health professionals, perceiving himself as ‘different’ to other individuals with disabilities, thus their stories are suitable for others but not for him. He described:

I won’t have any NHS prosthesis on it because it looks like an old ladies stocking. I just said ‘take that off and throw it in the bin, a metal leg, that’s it for me’. Then if I want to adjust it I can do all that myself, I’ve learnt how to do all that. That’s something you have just got to get on with. A lot of people they have got this and they don’t know how to adjust it, they don’t know how to maintain it. They have never been mechanically minded. Now you see I have had issues with it [leg], I fall over but I’ve got my spanners and I wind it back up again. They [doctors] say to me ‘I don’t really like what you’re doing here’. I just say to them that I’m fixing my leg, I’m not going to come all the way back to you, I will do it myself.

Frank (1995, p88) described that “to be fixable, the body has to be a kind of machine”. Yet in order to restore the body to a former, more predictable and healthier self, the individual will most often depend on an agency outside of the body (Frank, 1995; Mattingly, 2010). Thus, as Mattingly suggests, while individuals may often speak in a language of “mechanical repair” (p68) they may also long for medical practitioners who can ‘fix’ the broken body. Chris demonstrates this hope to be ‘fixed’ through a collaborative partnership with medical practitioners. Consequently he characterizes himself in the role of an ‘ideal patient’, willing to listen to advice, respond to instructions, and in return he expects their assistance. On the other hand David, perceives himself as the mechanic, adopting an expert role over his own body. While this affords him an enhanced sense of control over his body, he illustrates that this has cast him as the hero within his own story. While such a role is not unusual, Frank (1995) has suggested that “this heroism of the ill person is invariably tied to the more active heroism of the healer” (p93). Yet David’s story leaves no opening for an alternative hero, or even a collaborative sidekick, as these appear to threaten his own active heroism. His rigid narrative proves incongruent with the narratives of medical practitioners. Consequently, he remains resistant to medical assistance, refusing to accept a passive role in his own rehabilitation. While such a role may serve David well when medical assistance is not vital, his limited consideration of alternative roles may leave him vulnerable when he is not able to heal himself.

**Philosophical Changes**

Helped by their physical progress and reduced pain, the narratives of both Chris and David illustrate their evolving life philosophies. As authors such as Joseph (2011) have suggested, many trauma survivors experience a philosophical shift in values, being “unexpectedly gifted with a new-found sense of what is important in life” (p75). Accordingly, previous research exploring adversity in athletes has suggested that negative life events such as injuries may be used as inspiration to re-evaluate what is important in life (Galli & Vealey, 2008), gain a more positive attitude (Wadey, Clark, Podlog, & McCullough, 2013) and allow a renewed perspective on problems (Tamminen et al., 2013). In agreement with these findings, Chris and David both described their changing life philosophies. For example, Chris described his new attitude to life:

It was so easy to sit there and say ‘I can’t do it’. When I was starting my rehab they’d say to me ‘where are you at this week?’ and I’d just put up more barriers and hurdles, I’d put them in the way without even trying to get over them. But the way it’s [sport] lifted me and now I’ve actually realized that there is something worth living for here. You can actually do something positive. Even if it’s only for a few years then they will be years well lived. I had no ambitions or goals but now I’ve got a purpose. Now I can believe my life is important. There’s so many obstacles but you can get over them one at a time. You know it makes you wake up and realise that life is actually too precious and too short. All those worries and stresses that you used to have, you know, credit card bill due next week, it’s insignificant. It really does prioritise your life.

While such descriptions illuminate that trauma may stimulate positive philosophical changes, it is important to also consider that individuals suffering lasting physical injuries after trauma may never be entirely posttraumatic. As Heffron et al (2010) have suggested, physical injuries can act as a permanent and inescapable reminder of trauma. Thus changes in life philosophies will be both inseparable from and evolved in accordance with the lasting effects on the damaged body. David illustrates this, describing that becoming an amputee highlighted important aspects of life that had previously been taken for granted. As a result, David aimed to re-capture and fully appreciate those aspects of his life pre-trauma. Yet his physical injuries and the rehabilitation environment often proved incongruent with his emerging desires.

I’d had enough. I just needed some normality. I just decided one day that I just wanted to go to the pub. I’d had enough of being treated differently, of all the adaptations, I just wanted to be a normal guy again. I’d never really appreciated how much I valued just spending time with my mates in the pub. Some of these people [in hospital ward], they’ve never had that. They don’t understand what it’s like to live an able-bodied life. There was one guy, a young lad and he’d never been out to the pub. So one night I managed to escape and take him with me.

While David’s assimilated narrative focuses on re-capturing and appreciating aspects of his life pre-trauma, Chris describes that his emerging philosophies evolved gradually from the recognition and acceptance of his changed physical capabilities.

Everything started to change [on leaving hospital]. We were given the keys to this new house and it was a case of, well it felt like they threw us a lifeline. It was giving us a fresh start, a fresh opportunity to try something different. I’d gone from sitting indoors, staring at the four walls to getting out. I mean, you try and remain positive when you’re in there [hospital] but all of a sudden you’ll find yourself crying before you go to sleep. Sometimes you cried because your eyes were just so tired. You know that things can’t be the same ever again, my body will never be the same, but getting out, [sport] has lifted me out of that hole. It’s given me something new.

Both men demonstrate that their new life philosophies were inseparable to their physical recovery. Consequently, upholding these philosophies was also dependent on their levels of pain, mobility, and medication. In line with this, while both men highlighted the importance of living a full life, each also became increasingly accepting of their limitations. As David described:

I have my moments, everyone does, you’re allowed to. I used to get so frustrated with myself for that, force myself to do things. I can remember feeling so physically annihilated that I couldn’t get out of bed and I felt so guilty for it. It didn’t fit with who I wanted to be, it didn’t fit with being motivated, with coping. My mate rung me up and asked what I was doing. I said ‘I’m in bed, I can’t get up, I’m on all sorts of medication and drugs, I can’t get out of bed’ and he just said to me ‘what are you worrying about, stay in bed, watch telly all day’. Now I just think yeah, he was right. You can’t keep beating yourself up. You can’t overdo it. Yes you’ve got to try and stay in front of it but sometimes you’ve just got to listen to your body.

Chris and David demonstrate the corporeal nature of storytelling, constructing stories either in collaboration with, or resistance against, their physical selves. While the accommodated narrative is more conducive to this collaborative relationship with the physical self, David’s narration of assimilation also shows moments of acceptance. The centrality of the body in the construction of stories has been emphasised by Sparkes and Smith (2008) who suggested that “the body is simultaneously cause, topic, and instrument of whatever story is told” (p302). Where both men are accepting of the profound influence of the body then they are able to prioritise self care, incorporating this into their emerging life philosophies. Yet this acceptance is not always possible, particularly in the immediate aftermath of trauma. The disruptive impact of trauma on the body is visibly evident, it is painfully experienced, and unequivocally restrictive for both Chris and David. Thus the central component of their stories has become incongruent with their previous storytelling and life philosophies. In order to restore congruence, either the body must remain mute or new stories and philosophies must be developed. Yet this is an evolving process for both men as they re-evaluate what is important in life, re-conceptualise how this will be achieved, and frame this within their bodily capabilities.

**Concluding Comments**

This study presents the stories of two men, both of whom describe the pivotal role played by sport and physical activity in their recovery from traumatic and disabling injury. While previous literature has advocated the positive impact of sport and physical activity after trauma, here we seek to illustrate its crucial role in narratives of assimilation and positive accommodation.

Our results extend the previous literature on positive accommodation by presenting an instrumental case study which details how this may be achieved. Chris’ story provides an example of how sport can assist an individual in positively accommodating after trauma. Thus his descriptions focus on (1) emerging positive changes in self following mastery experiences, (2) enhanced relationships with others, (3) gaining control of his physical body, and (4) philosophical changes. Stories of positive accommodation have recently become better represented in the literature as researchers have sought to understand the experiences of individuals who have described growth or well-being after trauma. Thus parallels can be drawn between how growth was achieved in this case study and previous suggestions from authors such as Burke and Sabiston (2010), Caddick et al., (2014), and Sabiston et al. (2007) among others. Our research adds to this current literature by highlighting the complexities of this process. Importantly, the notion of posttraumatic growth does not negate the difficulties that may be experienced alongside opportunities for growth. In particular, Chris demonstrates that while an individual may experience growth in a particular dimension (in this case relationships with others) they may simultaneously also experience loss. Thus it is important to acknowledge that synchronous positive and negative experiences may occur, even within the same dimension of growth. Accordingly, it is essential to highlight that while sport and physical activity may promote the opportunity for positive accommodation, some caution should be exercised. For practitioners it may be important to consider the potential losses or difficulties that may also be unveiled through participation. As Caddick et al. (2014) suggested we should be wary of the uncritical promotion of sport. Here we concur and extend such suggestions to highlight that not only may negative experiences occur, but that these may co-exist in the same dimensions as reported growth.

While positive accommodation is most closely associated with posttraumatic growth, Joseph (2011) highlighted that letting go of previous assumptions in order to allow for reconfiguration can be a difficult and distressing process. Understandably, following a traumatic experience, an individual may therefore attempt to hold on to their previous assumptions, assimilating and maintaining their worldviews. David’s story provides an example of an assimilated response to trauma. By presenting David’s story we extend the current literature by offering an alternative understanding of participation in sport following trauma. Rarely have the experiences of assimilators been considered in the sport or physical activity environment. This is understandable, given that such environments are suggested to prompt rumination and re-authoring, neither of which are conducive to assimilation. Consequently, we might hypothesise that assimilators may find participation challenging, choosing not to participate, or to withdraw from playing sport. Yet through David’s story we are able to highlight the challenges that may be experienced by an assimilator in a sporting environment. These challenges are shown across each of the four dimensions described. David’s story shows how he (1) sought mastery by recapturing his previous athletic identity, (2) maintained existing relationships rather than seeking new sources of support, (3) gained control of his physical body but resisted collaboration with medical practitioners, and (4) acknowledged aspects of his past life that were important to him. In particular, David’s story follows a plot that holds on to his past definitions of sport, physical activity, and his own past identity as a sportsman. Authors such as Perrier et al. (2014) have suggested that attachment to a specific athlete narrative may limit the (re)development of the future self as an athlete. Accordingly, it may be suggested here that David’s very rigid, assimilated narrative may have limited his ability to experience growth across the four dimensions. Instead his story focuses on recovery, recapturing aspects of his pre-trauma life that were important and returning to his previous levels of functioning. For David, experiences that were compatible with his past definitions of sport and physical activity were welcomed and celebrated. Yet such compatibility was infrequent in his experiences of disability sport and as a consequence, David became more autonomous and eventually began to compete in able-bodied events.

David’s story highlights a number of considerations for practitioners working with assimilators in the rehabilitation, physical activity, or sporting environments. First, David’s narrative focuses on restoring and re-capturing aspects of his previous self. As a consequence he continually sets goals based on his previous assumptions and definitions of sport. These personal goals were important for David, and understandably, he demonstrated resistance when goals set in the rehabilitation or sporting context were perceived to be incongruent to re-capturing his past self. Thus it may be suggested that gaining an understanding of this past self and the role played by sport and physical activity may assist a practitioner in developing a more collaborative way of working and understanding those who may initially appear to be resistant. Second, David perceived his assimilation as a strength, suggesting that this has allowed him to be resilient and unchanged by his experiences. As a consequence, relinquishing his assimilated narrative was perceived as a loss, thus he felt threatened by those who compromised his ability to assimilate. As David’s story demonstrates, such a narrative may not afford the individual many aspects of reconfiguration as seen in the narrative of positive accommodation, yet it does provide David with a clear direction and goals for recovery. Joseph, (2011) suggests that in working through trauma a balance can be created between assimilation and accommodation. For David, the rehabilitation/ sporting environments and practitioners within these offered only positive accommodation, thus they were perceived as threatening. Consequently, it may be helpful for practitioners to consider how positive accommodation and assimilation can be more evenly balanced in these environments, offering an equilibrium that may be less threatening to assimilators.

In conclusion, our study highlights the complexities associated with recovery and growth after trauma. In particular, the use of a collective case study allows us to illuminate the rarely heard assimilated narrative. While our results provide us with an illustration of one assimilator’s experiences of rehabilitation and sport, it is important to acknowledge that there may be alternative and diverse experiences. Thus our aim is to stimulate discussion and further investigation into those who may find the sporting environment challenging following physical trauma.

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