The Psychosocial Dynamics of Youth Disability Sport

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The purpose of this article is to review research on the psychosocial aspects of youth disability sport and physical activity (PA). Sport psychology research spanning the self-perception areas of self-concept, self-esteem, athletic identity, self-efficacy, and perceived competence will be examined. More specifically research documenting the psychological benefits of disability sport will be covered such as self-esteem enhancement. A second focus of the current chapter will be on the social aspects of disability sport. For instance, both the positive (e.g., enhanced peer relations) and negative (e.g., teasing) ramifications of sport and PA involvement will be reviewed. Research on the family, parents, siblings, and peers will be examined. Finally, the intersection of both areas (i.e., psychological and social) will also be covered as social mechanisms of influence (e.g., parental encouragement) have strong influences on psychological constructs such as athlete’s perceived competence and PA. The chapter will be concluded with a brief summary.

Keywords: sport psychology, youth disability sport, physical activity

Introduction

The purpose of this article is to review research on youth psychosocial dynamics in disability sport and physical activity (PA). Findings are reported in three broad areas: psychological research on self-perceptions, social research on significant others (e.g., peers, parents), and the intersection of both because they are not independent and represent reciprocal influences on each other (Bandura, 1997; Martin, 1999a). There are multiple reasons for a review article in this area. First, individuals with disabilities constitute the largest minority group in the world (Shapiro, 1993). In the USA alone, there are 54 million people with a disability (McNeil, 1997). Research on individuals with disabilities involvement in sport and PA is viewed as a national priority in the USA (Rimmer, Braddock, & Pitetti, 1996). Second, authors (e.g., Baake, 1978) have often argued that sport
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has character building (i.e., self-esteem) qualities but few researchers (Hutzler, & Bar-Eli, 1993) have examined if this is true for disability sport and PA. Finally, there is conflicting evidence on the social value of sport and PA for youth with disabilities. For instance, there are reports indicating that children with disabilities are often teased in PA and sport settings such as physical education (PE). In contrast, scientists have also indicated that the social nature of sport is a tremendous vehicle for helping youth with disabilities develop friendships.

Children with disabilities face a variety of barriers to sport and PA participation such as parental time and income constraints (King et al., 2006), fewer sport opportunities (Lui, Taylor, & Shibli, 2009), environmental constraints (i.e., inaccessible health and fitness clubs), and fewer training partners (Martin, in press-a,b,c). Data from England indicates that the use of public sport facilities by people with disabilities has worsened as it has declined over the last ten (1997-2007) years (Liu et al., 2009). Additionally, there is research to suggest that as children get older they perceive greater natural and built environment barriers to participation (Law, Petrenchik, King, & Hurley, 2007).

According to Martin and McCaughtry (2004) and Martin (2006) the above injustices and challenges make opportunities for sport and PA involvement critical to the psychological and social well being of youth with disabilities. For example, Goodwin and Staples (2005) found that a sport camp for children with disabilities was vital in helping them connect with similar others and reduced their sense of isolation. Other researchers have found that participating in recreational activities is positively related to pro-social behavior in children with chronic physical health conditions (King et al., 2005). Determining if sport and PA engagement promotes favorable self-perceptions and positive social outcomes would provide empirical support for the anecdotal claims of the benefits of disability sport and PA. Additionally, an examination of research on the links between various self-perceptions and social influences will clarify under what conditions sport and PA is beneficial versus benign or even harmful. I finish my review by noting the limitations in the research and summarizing the most important findings. Finally, the current review is restricted to research on individuals with physical disabilities (e.g., amputee, spinal cord injury, etc).

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In this section on the psychology of youth disability sport I examine youth’s sport related self-perceptions. Sport self-perceptions are thoughts and feelings people have about themselves in relation to their sport and PA engagement. In sport research commonly studied self-perceptions are self-esteem, self-concept,
self-efficacy, perceived competence and athletic identity. I review each of these areas next.

**Self-Esteem/Self-Concept.** Self-esteem is generally defined as how people evaluate and feel about themselves. In contrast, self-concept is synonymous with a self-description. Two major determinants of self-esteem are success experiences leading to feelings of mastery (James, 1890) and significant others evaluative judgments, often referred to as reflected appraisals. It is thought that individuals with disabilities may experience low self-esteem because their disability may limit their ability to experience success. For example, Smyth and Anderson (2000) reported that children with movement difficulties, compared to children without movement difficulties, failed more in sport and PA. Poorly coordinated children may also withdraw, watch, and be less active at play thereby limiting their opportunities for success (Bouffard, Watkinson, Thompson, Causgrove-Dunn, & Romanow, 1996).

Favorable appraisals from significant others may also be lacking while simultaneously negative feedback may be heightened. Individuals with developmental coordination disorder (DCD) have reported feeling anxious and humiliated as a result of other’s reactions to their condition (Fitzpatrick & Watkinson, 2003). However, Martin (1999b) examined varied self-referent cognitions of adolescents swimmers with varied physical disabilities (e.g., Cerebral Palsy) and found self-esteem scores comparable to elite adolescent soccer players, gymnasts and figure skaters (Martin, Engels, Wirth, & Smith, 1997b). Using Harter’s (1988) multi-dimensional self-concept scale, Sherrill, Hinson, Gench, Kennedy, and Low (1990) surveyed 158 youth athletes (M age = 14) with disabilities to determine if their self-esteem scores paralleled those of non-disabled youth based on established norms. The pattern of scores across the global self-worth scale and 8 subscales indicated no differences. However, the close friends and job competence subscale scores were .10 below the range of normative scores. Sherrill et al (1990) suggested these results were emblematic of youth’s unmet needs in these areas as people with disabilities are often socially isolated and underemployed (Shapiro, 1993).

In one of the few sport intervention studies assessing self-esteem, Hedrick (1985) examined if a 4 week wheelchair tennis program increased children’s (N=36) general perceived competence (i.e., self-worth). Hedrick (1985) found no support for enhanced self-esteem and suggested that increases in self-esteem likely require increases in mastery behavior over a significant range of behaviors (i.e. not just sport) over a period of time longer than the study length of 4 weeks. Goodwin, Krohn, and Kuhnle (2004b) reported both children (N = 5, ages 6-14) and their parents evaluated wheelchair dance as instrumental in
promoting a stronger sense of self. Finally, Valliant, Bezzubyk, Daley, and Asu (1985) compared athletes with disabilities to non-athletes with disabilities. They found athletes with disabilities had higher global self-esteem compared to non-athletes with disabilities. It should be noted, however, that the disability group was quite heterogeneous (i.e., wheelchair, amputee, blind, cerebral palsy) and was significantly (N = 139) larger than the comparison group (N = 22).

In a qualitative study of 20 Swedish children participating in sport, most children reported enhanced self-perceptions ranging from self-confidence and control to group acceptance (Kristen, Patriksson, & Fridlund, 2002). Finally, Gaskina, Andersen, and Morris, (2009) reported that walking, weight lifting, playing catch, sailing, and horse back riding were all important aspects of a self-esteem enhancing physically active lifestyle of a women with severe CP.

In conclusion, researchers examining self-esteem in sport and PA contexts with individuals with disabilities do not support the notion that they have lower self-esteem compared to non-disabled individuals (Shapiro & Martin, in press). Furthermore, it is not likely that intervention programs of short duration focused only on sport skill mastery are likely to have a significant impact on global self-esteem unless program participants have low self-esteem and their athletic identity constitutes a significant aspect of their self-worth (Martin, Eklund, & Adams-Mushett, 1997a). Sport and PA based interventions have potential to enhance multidimensional self-esteem if the specific component of self-esteem targeted (i.e., such as social self-esteem, friendships) is an area where participants have had limited opportunities to interact with peers and particularly peers with similar disabilities and life experiences (Goodwin & Staples, 2005; Martin & Smith, 2002).

Athletic Identity. In a series of studies examining athletic identity with youth disability sport athletes, Martin and colleagues (Martin et al., 1997a; Martin, Mushett-Adams, & Smith, 1995; Martin, Mushett-Adams, & Eklund, 1994; Shapiro & Martin, 2009) reported an interesting pattern of results. Athletes reported significantly stronger private or personal athlete identity relative to a public or social athlete identity. In other words, although participants strongly perceived themselves as athletes they did not think the public viewed them as “real” athletes. Given the marginalization and invisibility of disability sport it should not be surprising that disability sport athletes have these two divergent aspects to their athletic identity.

Athletic identity has also been linked with quality of life for youth athletes with CP (Groff, Lundberg, & Zabriskie, 2009). Athletic identity was a strong predictor of quality of life and accounted for more variance than did disability
severity. Athletes with the strongest athletic identities reported a higher quality of life compared to athletes reporting weaker athletic identities.

**Self-efficacy.** Disability sport researchers have also examined self-efficacy, a situation specific form of confidence. Greenwood, Dzewaltowski, and French (1990) found that wheelchair tennis players exhibited stronger mobility efficacy than non-tennis playing wheelchair users. Greenwood et al. (1997) concluded that sport involvement increases participant’s efficacy in their physical capabilities. Lowther, Lane and Lane (2005) asked 15 elite male amputee soccer players, participating in the World Cup, to rate their self-efficacy for their competition goals. Mean scores (M = 13-15 on an 18 pt scale) reflected a relatively strong and stable sense of efficacy over the 6 game competition. Martin (2002) found that elite level wheelchair road racers had strong self-efficacy (on a 10 point scale) for overcoming racing (M = 7.88) barriers (e.g., wet roads), racing a time relative to their personal race time goal (M = 7.05) and for overcoming (M = 6.23) training barriers (e.g., poor weather). Furthermore, the pattern of scores exhibited above would suggest athletes are most confident in a specific one time competitive situation such as a race, compared to maintaining their efficacy over prolonged training periods. In a subsequent study of self-efficacy, Martin (2008) found that resiliency self-efficacy was also related to positive mood states in wheelchair basketball players. Martin speculated that athlete’s positive mood states helped promote more resilient positive self-efficacy self-talk which in turn had a recursive influence on mood states.

Cairney, Hay, Faught, Mandigo, and Flouris, (2005) examined self-reported PA levels and PA self-efficacy of children with and without developmental coordination disorder (DCD). They found that children with DCD had lower free play and organized PA levels, and lower PA self-efficacy compared to children without DCD. However, it should be noted that the self-efficacy scale employed was flawed as it included items assessing preference for, and enjoyment of, physical activity which are clearly inconsistent with Bandura’s (1997) theoretical formulation of self-efficacy. In addition, the scale is a comparative scale forcing children to make self-assessments in reference to “other children” (Cairney et al., 2005).

**Perceived Competence.** Kunnen (1990) compared 9 year old children with (n = 62) and without physical disabilities (n = 62) for multi-dimensional competence. She found no differences in perceived physical competence between the two groups although some findings suggested the children with physical disabilities were less realistic in their appraisals. In contrast, Piek and colleagues found that a group of children with DCD had lower perceptions of athletic competence compared to a matched group of children without DCD (Piek, Dworcan, Barret & Coleman (2000). Hedrick (1985) examined the impact of an
instructional wheelchair tennis program on children’s (N=36) tennis self-efficacy and physical competence. He found that not only did the children increase in their tennis specific competence but that they also enhanced their more general physical competence. Furthermore, he found that the tennis experience did not further generalize to increases in social, cognitive or general competence.

Causgrove Dunn (2000) found moderate to strong levels of perceived competence (M = approximately 5 on a 7 point scale) among 11 year old (N = 65) children with movement difficulties. Perhaps an even more significant set of findings revolved around her test of a competence and motivation model. Using structural equation modeling techniques, Causgrove Dunn (2000) found that children who perceived a strong mastery motivational climate in physical education (PE) class reported higher levels of competence compared to children who perceived a weaker mastery motivational climate. A mastery motivational climate in PE reflects an atmosphere where teachers and students emphasize personal goals, trying hard and self-improvement. Additionally, a mastery climate mediated the relationship between a task orientation (i.e., a personal disposition to focus on effort and self-improvement) and perceived competence. Causgrove Dunn’s (2000) results support the perspective that parents, teachers and coaches should strive to create mastery climates for children where the standard of comparison for perceptions of competence is self-referenced and therefore controllable and realistic, versus other referenced, unrealistic, and uncontrollable.

In a similar theoretical research effort, Valentini and Rudisill (2004) examined the impact of a 12 week mastery climate intervention on motor skill development. Students with and without disabilities were randomized into intervention and control groups. Both intervention groups showed increases in object control and locomotor skills compared to the comparison group. Finally, Goodwin et al. (2004c) noted that adolescents and young adults perceived that their sport participation increased how able bodied others viewed them. Meg, for instance, stated “people have a higher perception of you when you are more active (Goodwin Thurmeier, & Gustafson, 2004c, p. 393). In a large scale study of children with disabilities (N = 427), King and colleagues reported that athletic competence was positively associated with participation in active physical activities (King et al., 2006). Furthermore, they also found that athletic competence was related to enjoyment of and preference for active physical activities.

**Conclusion.** In conclusion, it is quite clear that most individuals with disabilities participating in sport and PA believe it enhances their physical capabilities. The importance of mastery experiences in the development of positive self-perceptions has been a critical component of self-concept theory and self-efficacy theory. Thus, it is plausible that the development of sport skills and physical
capabilities promotes increases in self-perceptions ranging from self-esteem, to multidimensional self-concept, perceived competence and on down to sport specific self-efficacy. Furthermore, there is evidence to suggest that increased feelings of self-efficacy and perceived competence can, in some cases, transfer to competence in other related areas in addition to promoting more favorable global perceptions about the self (e.g., empowerment, control, self-esteem).

The Social Dimensions of Youth Disability Sport

Peers. The social nature of sport makes it a potentially important vehicle for the development of friendships. Given that children with disabilities have fewer friends and are lonelier than children without disabilities, sport offers a tremendous opportunity to promote social connectedness while simultaneously enhancing health outcomes. Martin and Smith (2002) and Martin (2006) found that youth athletes with disabilities derived a variety of social benefits from having a best friend on their sport team. Also, gender differences were apparent with females indicating that their best friend played more with them, looked out more for them, had more common interests, talked more, stuck up for each other more in disability sport settings, were more encouraging after mistakes, and gave them more second chances to try out a skill. Thus, it appears that disability may be more beneficial in terms of friendship benefits for females relative to males.

Groff and Kleiber, (2001) interviewed 11 youth with CP or SP who played in an after school disability sport program. Almost every athlete mentioned the importance of connecting with other youth who had disabilities. In turn, this sense of connectedness helped them “be themselves” (Groff & Klieber, 2001, p. 326). Groff and Klieber (2001) speculated that the specific nature of the sport program (i.e., adapted) versus a non-adapted sport program was instrumental in creating a climate that allowed the participants to be “personally expressive” (p. 328). Taub and Greer (2000) also reported on enhanced social integration but noted that participating in PA increased children’s opportunities to interact with their classmates. A benefit of this increased interaction was greater social bonding and a broadening of their social network.

Anderson, Wozencroft, and Bedini (2008) also interviewed young girls (N=14, 10-16 years old) to determine their perceptions of the benefits associated with PA. Participants cited health benefits, greater independence, and enjoyment. Additionally, the girls also cited a benefit not frequently mentioned: PA as an opportunity to get away from home. Individuals with disabilities face more barriers to travel and have fewer opportunities to see the world compared to youngsters without disabilities. Thus, the notion that children might cherish PA as an opportunity to see the world seems very understandable.
Interviewers of 20 Swedish children participating in sports programs also concluded that sport provided a means for the development of new friendships (Kristen et al., 2002). Shapiro and Martin (2009) reported on 36 adolescents participating in adapted sport and found that peer relations were positively related to positive affect. Youth athletes reporting the strongest peer relations also reported the most positive mood states compared to athletes reporting weaker peer relations. Thus, a potential outcome of positive peer relations in a sport context is enhanced quality of life (e.g., positive mood states).

**Parents.** Parents play important roles in providing sport and PA experiences for all children (Smith & Biddle, 2009). Because children with disabilities face more barriers to sport and PA participation than able bodied children, parents are particularly important in helping their children engage in sport and PA (Martin, 2006; Martin & Choi, 2009). Furthermore, parents recognize the obstacles their children face in trying to engage in healthy lifestyles and often make great efforts in that area of health promotion (Antle, Mills, Steele, Kalnins, & Rossen, 2007). For instance, parents of children with disabilities emphasize PA engagement and sound nutrition while helping them avoid drugs and alcohol. Furthermore they attempt to promote friendships and social inclusion through recreational activities that have a PA component such as Beaver and Cub Scouts (Antel et al., 2007).

The benefits of PA also extend beyond those obtained by youth to the parents in what might be viewed as unintended beneficial consequences. For instance, Castañeda, and Sherrill (1999) examined family participation in Challenger baseball. They followed 15 families over a two year period and summarized the five major benefits of Challenger baseball as noted by the parents. The third most prominent theme noted was how the practice of bringing their children to games and practices also resulted in providing parents with a ready made support group. For instance, one mother noted:

> “You get to be around other families that also share some of the stressful situations that go along with managing children with special needs. It makes that family feel very welcome in the sense that they can live a normal life; they can participate in normal activities” (Castañeda, & Sherrill, 1999, p. 383).

**Family.** A few researchers have also documented the family benefits to sport and PA experienced by families who have a child with a disability. As remarked by Mactavish, Schleien and Tabourne (1997), researchers (e.g., Mactavish & Schleien, 2000, 2004; Orthner & Mancini, 1990) examining family recreation and PA experiences show enhanced family quality of life. As Lyons, Sullivan, Ritvo and Coyne (1995) indicate a family member’s disability is an interpersonal
issue and family relationships are vital. A small body of research on the family unit and PA experiences exists.

Zabriskie, Lundberg and Groff (2005) asked 129 participants, most (70%) of whom were under the age of 18 to report how their adaptive skiing or horseback riding experiences impacted their family quality of their life. Virtually 70% agreed or strongly agreed that their experiences in these two sports enhanced their family life. Additionally, almost 80% of the participants agreed or strongly agreed that skiing or riding with family members added or contributed to the meaning of PA. This finding is supported by Mactavish and Schleien (2004) who also found that parents, especially mothers, in families that have children with disabilities often engaged in sport and PA (e.g., swimming, bike riding) with their children with the purpose of enhancing family relationships. Mactavish et al. (1997) interviewed 65 families with children with disabilities and found that most engaged in recreation at home or in the community (e.g., church).

Most families (n=61) indicated that there were three patterns of PA involvement. All family members, a sub group such as one parent and all children, or an alternating pattern involving the first two groups. The most common scenario was one parent (typically the mother) and one child with a disability or all children engaging in some form of recreational and PA activity. In most cases mothers consciously planned activities as a way to overcome various barriers (e.g., busy schedules, competing demands) that would have otherwise prevented PA experiences. Engaging in recreation and PA activities was also more manageable with small groups especially if the child had a significant developmental disability that required much attention.

Scholl, McAvoy, Rynders and Smith (2003) examined the ramifications of an inclusive four day outdoor skills training program, followed by a three to five day outdoor adventure trip, on families that included a child with a disability. Parents reported that their involvement in the project helped them overcome or eliminate constraints. Both qualitative and quantitative results indicated that parents believed the experience enhanced family interactions, and promoted greater cohesion. Kristén et al., (2003) studied 20 Swedish families involvement in their child’s PA (i.e., orienteering, golf and archery). One of the themes that emerged was that their child’s involvement in sport allowed the family to “experience a feeling of togetherness” (Kristén et al., 2003, p. 30). In brief, PA oriented experiences are vehicles that enhance the psychosocial functioning of families. In brief, the sport and PA experiences of families that included a child with a disability tended to be child centered and typically organized by mothers.
Siblings. Siblings are also influential as they adapt their play to help their brothers/sisters with a disability, especially if they also enjoyed the PA too (Pit-Ten Cate & Loots, 2000). However, siblings without disabilities of children with disabilities have also noted that some sports (e.g., football) were not fun because of the difficulty of playing together (Pit-Ten Cate & Loots, 2000). As children with and without disabilities mature, disparities in abilities become even more pronounced. Hence, there is potential for the equitable horizontal friendship relationship to be replaced with an inequitable supervisory vertical relationship common to siblings of differing capabilities and ages (Harry, Day, & Quist, 1998).

However, even this characterization is incomplete and lacks the complexity found in the day to day interactions among siblings in play settings. For instance, Harry et al. (1998) observed Raul a 12 year old boy with Down Syndrome and his three brothers over a four year period. Many of their observations revolved around informal sport played in neighborhood parks (e.g., basketball) as well as in PE class. They found that Raul’s siblings engaged in four types of play: big brothering play, facilitating play that helped Raul, parallel play, and reciprocal play. Furthermore, the relative amounts of the above play patterns differed among siblings. Older brothers engaged in more big brothering compared to a similarly aged brother. In brief, PA oriented experiences are vehicles that have the potential to enhance the psychosocial functioning of sibling relationships.

The Intersection of the Psychological and Social in Youth Disability Sport

In the previous sections I have discussed research on the psychological and social aspects of youth disability sport separately. However, although disability sport can be a solitary activity (e.g., running long distances) it is quite often a social activity and individuals demonstrations of success and failure are readily available for social evaluation. Hence, positive and negative appraisals of children’s abilities, appearance, and behaviors in sport settings are often communicated quite liberally by teachers, classmates, coaches, parents, and teammates. In turn, such feedback contributes to the development of negative and positive self-perceptions. To further explicate the dynamic nature of children’s sport involvement there are developmental related changes. For instance, King and colleagues found that from ages 6-8 to 12-14 the intensity with which children engaged in recreation and PA decreased as did their enjoyment in them (King, Law, Hurley, Petrenchik, & Schwellnus, 2010).

Negative Outcomes. Researchers have shown that some people with disabilities perceive that their participation in sport and PA is trivialized and their physical abilities often doubted (Taub, Blinde, & Greer, 1999). Even when
able bodied children offer aid in physical education (PE) classes to children with disabilities those offers of help can be interpreted as a negative assessment of their physical ability. For example, Goodwin (2001) reported that children's self-esteem was threatened when they perceived that help was offered based on a negative assessment of their ability (e.g., “he thinks that I don't have muscles” p. 297). Although Taub and Greer (2000) painted an encouraging picture of how PA can be a “salient normalizing experience” (p. 410) they were also careful to point out that some children had negative experiences such as being excluded from PE classes, not being selected to teams and being teased. Thus, while participating in PA and PE can be positive, there is also the potential for negative consequences.

Obrusnikova and colleagues found that able bodied children in PE recognized the social benefits that children with disabilities would enjoy if they played with them (Obrusnikova, Block, & Dillon, 2010). However, they also recognized that children with disabilities were often teased and made fun of. As a result, they were somewhat concerned that they too might become victims of such teasing if they played with a child with a disability (Obrusnikova et al., 2010). Thus, for some children important others (i.e., peers, coaches, and PE teachers) can contribute to reduced feelings of self-esteem and perceived competence.

Schleien, Green, and Stone (2003) have also reported on the complexities of friendships developed in inclusive recreation settings by noting that they may not always be true friendships. They have suggested that individuals with disabilities major relationships are with family, caregivers, and others with disabilities. In turn, they sometimes mistake these relationships that are partly founded on a sense of obligation, to be true friendships (Green & Schleien, 1991). Place and Hodge (2001) also indicated social engagements among adolescents in PE may reflect a sense of moral obligation rather than an expression of genuine friendship. They also suggested that youth disabilities may have trouble providing reciprocity and accepting friendship responsibilities that are critical to authentic friendships. Furthermore, they have indicated that children with disabilities may have poorly developed social skills for initiating and maintaining friendships in disability settings. Schleien et al. (2003) reasoned that if their portrayal of individuals with disabilities was accurate, their differing perceptions of what constitutes a friendship, and their lack of friendship generating skills, may present barriers to genuine friendships in PA settings.

Some convergent evidence for this analysis is seen in a case study of an 11 year old boy with low vision (George & Duquette,2006). He was liked by his peers in most contexts, except in PE. During sports teammates picked him last for their team, became impatient with him and often excluded him. His low
vision limited his ability to engage in spontaneous PA games such as hide and seek. In his mothers words,

“…He thinks that he needs to be friends with a certain group of kids and I wonder if he’s missing out on the ones who really do enjoy his company because to Eric, they’re not the ones he wants to be friends with. To me, he wants to be friends with the ones who are athletic. I know who he thinks are his friends, but I don’t know if they are his friends. Because to be a best friend has to be something that is reciprocated, and I don’t know if that’s necessarily the case.” (George & Duquette, 2006, p. 156).

Eric’s teachers also confirmed that he was less popular during PE class. Fortunately, although his PE and sport setting friendships were conditional, in other contexts he was fully accepted by his peers. The authors concluded that Eric was considered an “acquaintance” with the able bodied athletic boys and his real friendships were rooted in the classroom with “academic” children. In a series of qualitative research studies (Blinde & McCallister, 1998; 1999; Blinde & McClung; 1997; Blinde & Taub, 1999; Taub et al., 1999) participants would sometimes report feelings of frustration and inadequacy when attempting to accomplish activities that they were inexperienced in or lacked the skills to be successful in. Ashton-Shaeffer et al. (2001) reported that a few participants in her study compared how severe their disability was to others in the camp and subsequently experienced some guilt about being less disabled. In summary, it should be clear that the sport setting is not inherently a context that promotes well being among all participants all the time. However, as I indicate in the next section, there is research suggesting that sport can be a setting for many positive experiences and for the development of a plethora of positive psycho-social qualities.

**Positive Outcomes.** In contrast to some of the above findings, sport is also a setting where various forms of social support are offered by parents, coaches, teammates, and friends. Martin and Mushett (1996) found that athlete’s self-efficacy was positively related to three different types of sport social support: Listening, emotional challenge, and technical challenge support. The most frequent providers of listening support were friends, mothers provided emotional challenge support, and coaches gave technical challenge support. These results suggest that sport self-efficacy may partly be the result of social support coming from diverse relationships.

Similar research on girls participating in disability sport has also affirmed the value of social support (Anderson, Wozencroft, & Bedini, 2008). Anderson and colleagues (2008) found that girls involved in formal disability sport received more social support for their sport engagement compared to girls participating in more informal sport (Anderson et al., 2008). Of particular importance was
the finding that girls engaged in more serious formal sport had role models who provided multidimensional support in the areas of shared social reality, emotional support and challenge, and technical support and challenge. Older female disability sport athletes were clearly invaluable role models who demonstrated to the girls that disability sport participation was important and achievable. Given that role modeling is a major antecedent of self-efficacy (Bandura, 1997) the importance of role modeling cannot be underestimated especially given the low participation rates in female disability sport.

Parental encouragement has also been related to physical ability perceptions and sport commitment among international level adolescents with disabilities. Athletes reporting more encouragement from their parents reported stronger perceived physical ability and a greater commitment to sport, compared to athletes reporting less parental encouragement (Martin, 2006). In contrast, Martin and Choi (2009) found parental encouragement was unrelated to their children’s perceived physical ability. However, because mean levels of support were high, Martin and Choi (2009) interpreted their findings positively as parents did not limit their support to higher skilled children.

In PE settings, Obrusnikova and colleagues found that able bodied children in PE recognized the social benefits that they, and the child with a disability would enjoy if they played with them (Obrusnikova et al., 2010). For instance, many students agreed that such a student would then have someone to play with, might make a new friend, would learn more about PE and that they would also have a new friend (Obrusnikova et al., 2010). King et al. (2006) also found that greater classmate social support was related to more active physical activities for children with disabilities.

In summary, sport and PA settings cannot be labeled as exclusively positive or negative. Youth with disabilities and significant others in the sport setting both exert influences on the sporting experience. The potential for positive experiences is greater when adults with emotional attachments (i.e., parents) or with sport and PA expertise (e.g., PE teachers) are actively engaged with the children in ways that are caring and educational. The potential for negative outcomes is likely increased in settings (e.g., youth sport, PE) where children are allowed to engage in discriminatory and unkind behavior.

**Research Limitations**

Much of the research cited in this chapter is qualitative or cross-sectional and correlational in nature. Even the few intervention studies reported on often either lacked a control group and/or participants were not randomized into
groups, when control groups were employed. Thus a major causal mechanism alluded to in many studies, such as the ability of sport and PA to enhance efficacy and self-esteem, is speculative despite their intuitive appeal and the theoretical grounding (e.g., self-concept theory) of much of the research. It is quite plausible and theoretically consistent (i.e., reciprocal determinism) that the pathways are bi-directional. Such a perspective would acknowledge that while sport has efficacy and self-worth building possibilities, it is equally reasonable to assume that individuals with a resilient sense of efficacy and a healthy sense of self-esteem are most likely to engage in sport. In contrast, children who lack efficacy and doubt their worthiness, are more likely to shy away from participating in sport.

Conclusions

A number of themes and patterns emerged throughout this literature review and warrant summarizing and repeating. First, lots of children have indicated through qualitative and quantitative research that sport enhances their feelings of physical competence and self-esteem. Second, sport is a vehicle that allows for increased social interaction. Hence, it can be a setting where significant others can teach, encourage and help children with disabilities become mentally and physically healthier. However, it can also be a context in which negative experiences (e.g., teasing) occur. Researchers are urged to continue theory based research into the many psychosocial benefits of sport and PA opportunities for youth with disabilities.

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