

## Volume 6: Supporting the Athlete in Society Issue 2: Disability in Sport

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### What is a Disability?

The Americans with Disabilities Act (2009) defines a person with a disability as *a person who has a physical or mental impairment that substantially limits one or more major life activity*. This includes people who have a record of a physical or mental disorder that results in functional limitations within a number of domains: physical, mental, behavioral, academic, social-emotional and interpersonal, highlighting that disabilities can be visible as well as invisible.

#### Social versus Medical Paradigms

- Terminology: *Impairment* is the loss or abnormality of psychological, physiological, or anatomical structure or function and *disability* is a restriction of ability to perform an activity (Crow, 1996).
- **The medical model** of disability suggests a person's impairments are the root cause of any experienced disadvantages; goal is to diagnose and use medical strategies to fix, heal, or cure impairments (Coakley, 2017; Crow, 1996).
- **The social model** shifts the focus from impairment to disability, using this term to refer to disabling social, environmental, and attitudinal barriers rather than a lack of ability; goal is social and cultural transformation to remove barriers (Coakley, 2017; Crow, 1996). This model is widely accepted across multiple professional disciplines.

### What are some different facets of disability?

#### Acquired versus Congenital Disability

**Acquired:** Disability was not present at birth, emerged across the lifespan; 85% of athletes with physical or sensory disabilities have an acquired disability (Martin, 1999).

**Congenital:** Disability was present at birth; found to have higher disability self-concept and satisfaction with life than those with acquired onset (Bogart, 2014).

#### Disability-specific Aspects of Self-concept

**Disability Self-efficacy:** An individual believes they can manage the tasks of their disability in order to achieve goals (Amtmann et al., 2012).

**Disability Identity:** Individuals assimilate by denying disability identity OR affirm by developing disability pride (Tajfel & Turner, 1979).

*The figure to the left describes how disability self-efficacy can impact an individual, as well as the many facets involved in the establishment and maintenance of an individual's disability identity (Bogart, 2014).*



## Language for talking about disability

**Person first language:** Acknowledges the athlete before their identity, rather than saying a “disabled athlete,” saying an “athlete with a disability.”

**Owned identity:** The choice of those within the community to own their disability as an identity. It is best practice to follow the athlete’s lead and pay attention to how they refers to self, as opposed to assigning them a disability-related identity.

**Adaptive sports:** Competitive or recreational sports for people with disabilities.

## Interested in learning more about a few relevant sport organizations?

**Special Olympics** – international sports organization for individuals with intellectual disabilities.

**Paralympics** – international games for individuals with physical disabilities.

**Warrior Games** – adaptive sports competition for wounded, ill, or injured service members and veterans.

**Deaflympics** - international games for individuals identified as deaf or hard of hearing.

**Blaze Sports** - supporting children and veterans with physical disabilities through adaptive sports.



## Clinical Corner

What does the exploitation of athletes with disability look like?

- Using videos of athletes with disabilities to inspire able-bodied individuals (i.e., inspiration porn; Grue, 2016).
- Ask: Is this inspiring because “if they can do it, we can”? If the answer is yes – it is exploitation.
- Applauding efforts of athletes with disabilities when you would not for athletes who do not identify with having a diagnosis (inconsistent praise).

How can we use sport as a vehicle for empowerment and disability rights?

- Using role as athlete with disability to promote social change for those with underrepresentation including women, high support needs athletes, and athletes from under resourced backgrounds (Blauwet & Willick, 2012).
- Common barriers to engagement in sport include: community/organizational support, time, equipment, economic, intrapersonal, interpersonal, and transportation (Darcy, Lock, & Taylor, 2017). Use these data to become aware of what barriers you may unknowingly have in your own practice.
- Use sport programming for the eradication of prejudice and discrimination by addressing disparities in all marginalized communities.

What are the applications to rehabilitation and intervention delivery?

- Interventions could focus on improving disability self-efficacy and disability identity (Bogart, 2014).
- Practitioners should avoid attempts to help individuals “overcome disabilities” through normalizing, as this could impede the individual’s development of disability self-concept (Olkin, 2008).
- Use of physical activity can be physically and mentally rehabilitative, particularly for those with acquired disabilities. Mental skills interventions (e.g., goal setting, relaxation, imagery, self-talk, concentration) can be applied with athletes with disabilities; some adaptations may be needed depending on the disability (Hanrahan, 1998).

### Where can I learn more about supporting athletes with disabilities?

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