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**Exploring the Experiences of Wounded Veterans'  
Participation in Adapted Sports and Recreation**

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Running head: EXPLORING WOUNDED VETERANS' EXPERIENCES

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**Abstract**

1  
2 The purpose of this study was to explore the experiences of wounded veterans'  
3 participation in adapted sports and recreation through programs offered by Operation  
4 Comfort in San Antonio, Texas using a phenomenological lens. Data was generated  
5 through close observations and semi-structured interviews over the course of two months  
6 in which programs ran twice a week. A selective/highlighting thematic analysis was  
7 conducted on the transcribed interviews and field notes. The thematic analysis revealed  
8 four themes: self-renewed confidence, sense of purpose, veteran social support, and  
9 transition out of the military. The findings from this qualitative study were discussed in  
10 the context of the situated learning theory (Lave and Wenger, 1991; Wenger, 1998).

11  
12 *Key words:* Situated learning, phenomenology, wounded veterans, adapted sports, recreation, and  
13 military.

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## Introduction

1  
2 Since the United States combat operations began in Iraq and Afghanistan in 2001, nearly  
3 52,000 service members have been wounded in action (Fischer, 2014). While the nature of war  
4 has evolved, mainly in the areas of firepower and weaponry, the number of American soldiers  
5 dying from their injuries in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom  
6 (OEF) has dropped to 10%. This compared to the number of American soldiers dying from their  
7 injuries in World War II when 30% of Americans injured in combat died (Gawande, 2004). As  
8 the nature of war has evolved, so has the protection of troops with the advances of body armor  
9 and the advancement of combat medicine and the ability to rapidly evacuate wounded soldiers  
10 (Carlock, 2007). The most common injuries sustained in Operation Iraqi Freedom and Operation  
11 Enduring Freedom are: amputations, blindness, spinal cord injuries (SCI), burns, traumatic brain  
12 injury (TBI), and post traumatic stress disorder (PTSD) (Carlock, 2007). Improvised explosive  
13 devices (IEDs) are the cause of 65% of these injuries, and while more troops are surviving their  
14 injuries because of the advancement in body armor, veterans are returning home with polytrauma  
15 (multiple complex injuries) (Gawande, 2004; Scott et al., 2006). Because of these complex and  
16 severe injuries, many soldiers will need comprehensive, sophisticated and in some cases, life-long  
17 care (Carlock, 2007). Due to the influx of wounded soldiers from Operation Iraqi Freedom and  
18 Operation Enduring Freedom, the United States Olympic Committee developed the United States  
19 Paralympic Military Program (PMP) in 2004 to introduce adapted sports to wounded soldiers  
20 (Batts & Andrews, 2011). In addition to the PMP, over 8,200 wounded veterans and service  
21 members participate in adapted sports through 250 adapted sport clubs across the United States  
22 (US Paralympics). This link between sport and military, however, is not new, as sport and the  
23 military have long been intertwined since the beginning of time (Crowther, 2007). Before World

1 War II, sport was primarily used for preparation for war and there is little evidence of organized  
2 sports for persons with disabilities who had been injured in war (Brittain & Green, 2012). In  
3 1944, Sir Ludwig Guttmann revolutionized the field of rehabilitation for World War II veterans  
4 with spinal cord injuries when he recognized the physiological and psychological values of sport  
5 in rehabilitation (McCann, 1996). Guttmann identified three main areas in which participation in  
6 sport could benefit people with disabilities, including sport as a curative factor, the recreational  
7 and psychological value of sport, and sport as a means of social re-integration (Brittain & Green,  
8 2012).

9         Regarding re-integration, Doyle and Peterson (2005) describe re-integration as returning  
10 home, reuniting with one's family and community, and reentering civilian life. Wounded war  
11 veterans that bear mental and physical scars may have a much more difficult reintegration process  
12 than uninjured veterans (Lovell et al. 1997). Resnik et al. (2011) reported reintegration problems  
13 such as marital difficulties, alcohol or substance abuse, financial difficulties, medical problems,  
14 anxiety, depression, homelessness, and motor vehicle accidents among veterans from Operation  
15 Iraqi Freedom and Operation Enduring Freedom. According to a 2010 study by Sayer et al. an  
16 estimated 40% of Afghanistan and Iraq veterans who use Veteran Affairs medical services stated  
17 some to extreme overall difficulty in readjusting to civilian life. These reintegration issues can be  
18 even more challenging for veterans who sustained injuries as their readjustment can be  
19 complicated by their injuries (Resnik & Allen, 2007).

20         A review of the literature found the recreational and psychological value of sport as the  
21 focus of many studies. These studies investigated veteran's participation in various types of  
22 activity including: elite sport, therapeutic recreation activities, and recreation/leisure physical  
23 activity. The findings from these studies include: improved self-concept, bringing meaning and



1 purpose back in their lives, improved perceived competence, decreased PTSD symptoms, and  
2 social support (Hyer et al., 1996; Cordova et al., 1998; Otter & Currie, 2004; Sporer et al., 2009;  
3 Mowatt & Bennett, 2011; Dustin et al., 2011; Hawkins et al., 2011; Lundberg et al., 2011; Faxon,  
4 2013; Carless et al., 2013; Burke & Utley, 2013; Rogers et al., 2013; Green, 2014; Bennett et al.,  
5 2014; Carless et al., 2014; Munroe, 2014; Caddick & Smith, 2014; Enos, 2015).

6       Only two studies (Brittian & Green, 2012; Hawkins et al., 2015) focused on investigating  
7 sports as a mean of social re-integration, although previous literature (Lovell et al., 1997;  
8 Hawkins, 2013; Resnik et al., 2009; Resnik et al., 2011; Resnik & Allen, 2007; Resnik et al.,  
9 2012; Sayer et al., 2010) has shown that veterans face multiple problems during and after the  
10 reintegration process. As a whole, the literature review yielded only a small number of studies,  
11 and even fewer phenomenological based studies (Wright, 2013; Hawkins et al., 2011; Green,  
12 2014). Therefore this study aims to explore the experiences of wounded veterans participations in  
13 adapted sports and recreation and the role it played during their recovery time and re-integration  
14 back into society. The purpose of this study is two-fold. With such a large population of wounded  
15 veterans, there is only a small amount of research into their experiences participating in adapted  
16 sport and recreation activities. Additionally, there is an even smaller amount of research into the  
17 role adapted sports and recreation activities can play on their reintegration into society. It is  
18 because of the literature review and findings that wounded veterans face a greater difficulty with  
19 the transition out of the military that I choose to explore the experiences of these veterans  
20 participation in adapted sports and recreation and the experiences in relation to their reintegration.  
21 Based on the literature review, two main questions emerged:  
22 (1) What is the meaning and experience of wounded veterans participating in adapted sports and  
23 recreation?  
24 (2) What do these experiences mean in relation to their reintegration to the community?

## Theoretical Framework

Lave and Wenger's (1991) theory of situated learning provides the theoretical framework for this study as it explores human communication and understanding and focuses on the "relationship between learning and the social situations in which it occurs" (Hanks, 1991, p.14).

Situated learning explores the relationships among the cultural, physical, and social dimensions in context for learning (Kirk & MacPhail, 2002; Lave & Wenger, 1991). This signifies that learning does not take place in an individual mind but rather in a participation framework (Hanks, 1991).

Situated learning is derived from multiple studies of apprenticeships, and a fundamental concept of apprenticeship is the master-newcomer relationship (Standal & Jespersen, 2008).

Legitimate peripheral participation is a defining characteristic of Lave and Wenger's (1991) situated learning theory. Legitimate peripheral participation provides "an analytical viewpoint on learning, a way of understanding learning" (Lave & Wenger, 1991, p.40). The notion of legitimate peripheral participation is used to describe the process in which newcomers will learn through sociocultural practice and become members of communities of practice (Lave & Wenger, 1991; Wenger, 1998). The newcomers' mastery of knowledge and skill is required in order to become full participants in communities of practice (Lave & Wenger, 1991). Within the community, participants share their understandings concerning what they are doing and what that means in their lives and for their communities (Lave & Wenger, 1991, p. 98). In the community of practice, a key point is a "person's identity in relation to the other members of the community, and the emotional investment individuals make in relation to their sense of who they are and where they fit in as a member of a group" (Kirk & Kinchin, 2003, p.223). By being an active participant in a community of practice, an individual constructs their identity in relation to their community (Wenger, 1998). Further more, participation in a community of practice shapes not



1 the experience of the participant because the “subject’s interpretation of the experience is more  
2 important than the description of the experience itself” (Gallagher & Francesconi, 2012, p.5).

### 3 **Participants**

4 In this study, the aim is to understand the experience of veterans’ participation in adapted  
5 sports and recreation, therefore the selection of the participants will be purposeful and sought out  
6 by using purposive selection (Polkinghorne, 2005). Because this study is seeking to understand  
7 the phenomenon – wounded veterans participating in adapted sports and recreation – it was  
8 important to select a group of participants from which the most can be learned (Merriam, 2002).  
9 Creswell (2007) states the researcher must carefully choose the participants who have all  
10 experienced the phenomenon so that the research is able to construct a common understanding.  
11 As wounded veterans’ participating in the adapted sports and recreation is the phenomenon being  
12 studied, veterans who met the following criteria were selected for the study. The inclusion criteria  
13 for individuals to participate in the study were: (1) veteran from any branch of the military, (2)  
14 have a traumatic injury, (3) wounded in OIF/OEF, and (4) be involved in adapted sports or  
15 recreation activities longer than 1 year. Due to the health insurance portability and accountability  
16 act (HIPPA) and privacy laws, all participants self-reported their injuries and their names were  
17 changed. Creswell (2013) has identified that three to ten participants is the typical number of  
18 participants for a phenomenological study. For this particular study, it was feasible to select four  
19 participants who met the inclusion criteria and showed an interest in participating.

20 While there is a large population of wounded, ill, and injured service members and  
21 veterans, there is a difference between the three classifications. According to the VA handbook  
22 0802 (2011), wounded occurs in combat and is generally classified as any injury inflicted by an  
23 external force. Ill is classified as a disease that changes an individual from healthy to not healthy.

Injured is classified as any skin, tissue, or organ damage caused by an external force (Department of Veterans Affairs, 2011). Veterans who fell under the ill or injured category were excluded from this study, as the central phenomenon being studied is combat wounded veterans.

With Operation Comfort's proximity to Brooke Army Medical Center (BAMC) and the Center for the Intrepid (CFI), "a rehabilitation center for OIF/OEF casualties who have sustained amputation, burns, or functional limb loss" (Center for the Intrepid, 2011) there are hundreds of wounded, ill, and injured service members who are recovering in the area, with over 200 of those who participate in Operation Comfort adapted sport programs each year.

I identified several participants during my observations of Operation Comfort programs such as sled hockey and cycling that fit the inclusion criteria and asked those identified participants if they would be willing to be interviewed for the study. All participants agreed without hesitation. Prior to conducting the interviews the participants signed a consent form (see Appendix A). A summary of participants can be seen below in Table 1.

**Table 1: Description of Interview Participants**

Participant Pseudonym	Age	Gender	Injury	Military Branch	Years Active in Adapted Sports / Recreation
Gary	32	Male	Right BKA Left Leg Fractures 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> degree burns to hands and face	Army	11
Paul	35	Male	Left AKA Fasciotomies and Knee Damage to Right Leg	Army	8
Brad	24	Male	GSW to right ankle, GSW to right calf, GSW to chin, GSW to right buttocks. Hip replacement 50% of intestines gone	Army	3
Taylor	54	Female	PTSD	Air Force	1.5

Note: BKA- below knee amputation, AKA- above knee amputation, GSW- gun shot wound, PTSD – post traumatic stress disorder

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## Methods

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Observations were used to watch, listen and look at what the participants were doing and what the participants were saying to each other (Patton, 2002). Semi-structured interviews were used to obtain qualitative descriptions of the participant's life world, namely their experience of participation in adapted sports and recreation (Kvale, 1996). Before any data collection occurred, ethical approval was sought and given by the Norwegian Social Science Data Services. Ethical approval can be seen in Appendix D.

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## Observations

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Van Manen's (1990) method of close observations was utilized for this study. Van Manen (1990) states, "the best way to enter a person's life world is to participate in it" (p.69). Close observation requires the observer to maintain a "hermeneutical alertness to situations that allows us to constantly step back and reflect on the meaning of those situations" (van Manen, 1990, p.69). Because I was completing an internship at the organization, Operation Comfort, which offered the adapted sport and recreation programs to the participants, I was allowed unique access to participate along side the veterans and build a rapport with the participants. A way to deepen those observations according to Patton (2002) was to watch, listen and look at what the participants were doing and what the participants were saying to each other. Observations were collected during the program time, which was generally three days a week for 2-4 hours each day. During downtime, the researcher was provided with opportunities to join conversations with both single participants and small groups and conduct informal interviews during the down time before and after the activities. These informal interviews helped ensure the validity of the observations as they checked if the "observations reflected the participant's own experience and provided the opportunity to gain a deeper understanding of the participant's experiences" (Standal, 2009, p.26) as they related to their participation in adapted sports and recreation. Field notes were taken

1 during or immediately after the observations in a notebook and then transferred to a computer file  
2 for data analysis. The field notes contain the descriptions of the conversations during informal  
3 interviews, conversations overheard between participants, and also describe certain situations.

#### 4 **Semi-Structured Interviews**

5 In addition to the close observations and informal interviews that allowed the researcher  
6 to participate in the life world of the participants, the qualitative research interview is unique in  
7 the way that it gives the researcher the opportunity to access and describe the life world of the  
8 participants (Kvale, 1996). Interviews serve a very specific purpose in hermeneutic  
9 phenomenology according to van Manen (1990). In *Researching Lived Experiences*, van Manen  
10 (1990) details how interviews “may be used as a means for exploring and gathering experiential  
11 narrative material that may serve as a resource for developing a richer and deeper understanding  
12 of a human phenomenon” (p.66).

13 The interviews were semi-structured in nature as they were organized around an interview  
14 guide (see Appendix B) that covered a list of themes with suggested questions (Kvale, 1996).  
15 Interviews were conducted on a one-on-one basis with the participant in various settings that (1)  
16 were convenient and comfortable for the participant and (2) allowed uninterrupted conversations.  
17 The interviews ranged from twenty to forty minutes and were audiotaped and later transcribed  
18 verbatim to text. I personally felt that the conversations with the participants flowed well and all  
19 participants seemed very open and comfortable with sharing their stories and experiences. The  
20 participants were aware that they could stop the interview at anytime and excuse themselves from  
21 the study, however no participants did.

#### 22 **Data Analysis**

23 Two sets of data were generated from the empirical work: the transcribed interviews and  
24 the observation notes. A thematic analysis as described by van Manen (1990) was conducted on





1 respective benefits” (p.65). Brantlinger et al. (2005) have proposed their own strategies that  
2 qualitative researchers can use to ensure their empirical qualitative studies are trustworthy and  
3 credible. Of Brantlinger et al. (2005) proposed strategies, reflexivity and thick detailed  
4 descriptions were used. One of the main problems with phenomenology according to van Manen  
5 (1990) is that researchers know too much about the phenomenon being studied (p.46). Qualitative  
6 researchers, in particular those utilizing phenomenological methodology, are researching a  
7 phenomenon because they have an interest in it and have their own pre-understandings and  
8 assumptions (van Manen, 1990, p. 46), therefore reflexivity and bracketing is needed. A  
9 reflective journal was kept during the research process and contains my assumptions and pre-  
10 understandings about wounded veterans participation in adapted sports and recreation.

11 In addition to triangulation and researcher reflexivity, thick, detailed descriptions were  
12 utilized as described by Brantlinger et al. (2005) as “reporting sufficient quotes and field note  
13 description to provide evidence for researchers’ interpretations and conclusions” (p.201). As an  
14 active participant in the life world of the veterans who participated in the study, detailed  
15 descriptions and field notes were taken during and immediately following the observations to  
16 back up my interpretations of the observations.

## 17 **Results**

18 Four themes emerged through the thematic data analysis related to the veterans experience  
19 participating in adapted sports and recreation. These themes revealed common experiences  
20 among the veterans participation in adapted sport and recreation although veterans were of  
21 different ages, sexes, and had different injuries. The following themes unveiled:

22 (1) Self-renewed confidence

23 (2) Sense of purpose

24 (3) Veteran social support

## 1 (4) Transition out of the Military

2 **Self-renewed Confidence**

3 Self-renewed confidence through their participation in adapted sports and recreation was  
4 reflected in the veterans' interviews. During my first few weeks of my internship, I began  
5 cycling with the group of wounded veterans. During one of the first cycling sessions I observed  
6 Taylor and another veteran leading the group's trail rides confidently, interacting with other  
7 veteran cyclists offering advice and help. My first impression was that Taylor and the other  
8 veteran had been cycling for years as they exuded confidence in their cycling ability and  
9 knowledge assisting other veterans. It wasn't until the formal interview with Taylor that I learned  
10 she had only been cycling for a year and a half. When discussing her experience with cycling,  
11 Taylor stated

12  
13 Before I cycled I would go out of my way to get out of going places, and after I started  
14 cycling I got my confidence back up, it's a confidence builder, an ego builder, when you  
15 do something good you feel good about it...its given me a sense of who I was before [my  
16 injury], I can see that person come out a lot more now.

17  
18 Brad spoke of a similar self-renewed confidence from cycling. Regarding his completion  
19 of a recent cycling trip where he cycled over 130 miles in two days, he said,

20  
21 It builds my confidence back up, makes me fee like I can do a lot more...I have only done  
22 32 miles before [this trip] but this time I did over 100...I set a cap for myself before this  
23 ride that I can only do 30 miles and now I did this one and I'm way above it... it

1 reinforces not to put limitations on what you can or cannot do even though you have  
2 injuries limiting you from doing things.

3  
4 During observations of Paul and Gary during sled hockey practices and games, it was  
5 clear they were confident in their skills and ability. During observations of practices and games,  
6 both Paul and Gary were the most vocal players on the ice. During practices they would lead the  
7 team in various drills, demonstrating the correct technique and skills required to successfully  
8 complete it. Gary was not only a player, but also a co-coach of the team. Both Paul and Gary  
9 seemed to take it upon themselves to gravitate towards newcomers and individuals that seemed to  
10 struggle with a concept. They would take these individuals aside to share information and tips to  
11 help them master the new skill or concept.

## 12 **Sense of Purpose**

13 Participants noted a sense of purpose that stemmed from their participation in adapted  
14 sports and recreation after their injury. When referring to his goals to make the national team for  
15 sled hockey, Gary stated that sled hockey “gave him a goal, I had something I was working  
16 towards.” The furthest Gary was able to reach was the developmental team and once Gary  
17 reached the point where he was done trying out for the national team, he stated “he now gets to  
18 help others try for that, try to reach that and we have succeeded a few times.” One of those people  
19 Gary was able to help try out for the National team was Paul. In terms of his recovery Paul  
20 discussed how “it gave me something to chase after...being knocked down and 30 pounds lighter,  
21 you feel like what are you going to do.” Eventually, Paul was able to achieve his goal and  
22 become a member of the USA National Sled Hockey team. When asking what attaining that goal  
23 meant for him he said: “being able to represent my country again gave me so much pride.”

1           Within the sense of purpose theme, a sub theme seemed to emerge of the participant's  
2 purpose being to help other veterans. Brad spoke about how during his recovery he couldn't do  
3 anything for almost a year and a half due to open wounds and surgeries; he stated "I wish I died  
4 over there...I didn't feel like I had a purpose." But once he got his hip replacement and was able  
5 to begin participating in cycling and fishing, Brad felt as though doors began to open for him. He  
6 was offered a position as a coordinator for an organization called Heroes on the Water and he  
7 states "getting involved with Operation Comfort and Heroes on the Water have opened so many  
8 more opportunities for me, makes me feel like everything happens for a reason and this is my  
9 reason, to go back and help other veterans." One of the most tangible observations was of Brad  
10 recruiting other wounded veterans to come cycling. Brad recruited three of his friends who are  
11 also wounded veterans to come cycle with us. During the rides, Brad would stay at their sides,  
12 leading them through the ride, encouraging them and showing them the ropes so to speak on how  
13 to shift gears and climb hills, etc. He also encouraged his friends to fill out a loan form, which  
14 Operation Comfort offers, so that they could continue to bike together on their own time.

#### 15 **Veteran social support**

16           Participants described how their lived experiences were impacted by the social support  
17 from participating along side with other veterans. The veterans expressed feelings of  
18 understanding and acceptance with the veterans they participate along side. A sub-theme of being  
19 part of a team again emerged through the findings. When discussing what it is like to participate  
20 with other veterans Taylor stated, "that's the biggest thing, because it's with veterans who have  
21 experienced it, they know what its like and so we all have that in common and we can talk about  
22 that stuff."

23           When discussing his experience with cycling Brad discussed the feeling of safety that  
24 came from participating along side other veterans, he said, "it has to be with veterans or else I

1 would have never done it. I wouldn't have felt safe enough to go out with civilians." Taylor  
2 referred to own experience with a veteran who she had become particularly close with she said,

3

4 We both started cycling around the same time, we both had depression and thoughts of  
5 suicide, so we had that in common and we talk a lot, I know he's watching my back.

6 That's the biggest thing, that's what cycling has given me, because I don't really have any  
7 friends outside of cycling.

8

9 Continuing with Brad's experience he stated "I know my back's always being watched  
10 being with other veterans and then we are able to relate on another level because of similar things  
11 that we've all gone through. Even though we might not have the same injuries, we still have the  
12 same struggles." Brad mentioned during an informal conversation that cycling provided him with  
13 the opportunity to talk with other veterans about how they cope with their injuries even though  
14 they are different injuries than his own and in turn has helped him learn how to cope. Being a  
15 member of Team America Cycling, Operation Comfort's cycling team, that participates in  
16 weekly rides and special event rides, resonated loudly in Brad's statement

17

18 Every time I come I feel loved and I feel like I'm on a team again, so that's why I can  
19 continue to keep doing it [cycling] because the people that are here surround me with love  
20 and affection and attention and we can just talk. The social connectedness definitely  
21 played a role and helped with my transition out of the military.

22

23 Gary discussed how it's great being part of a team again and the camaraderie that comes  
24 with it. He further discussed how there is a different attitude when dealing with veterans

1 compared to dealing with civilians. In terms of playing sled hockey with a team mostly  
2 comprised of veterans Gary stated:

3  
4       You're helping other veterans with transitioning, you're talking with other veterans, it is a  
5       lot easier from a sporting aspect of playing with these guys [veterans] because you can  
6       bounce ideas off one another, yell at each other and nobody takes offense to anything.

7  
8       In terms of participating with civilians on the team, Gary stated "we have had civilians on  
9       the team that get a little upset." When asked to further in regards to civilians, Gary mentioned  
10      how as a coach he takes the civilian players off to the side to talk to them how they can't take  
11      offense to comments because that's how veterans interact and talk. As a coach he has learned  
12      how it is different interacting with the civilians versus a veteran. During an informal conversation  
13      I asked Gary to elaborate a little more on his experience with the difference between playing with  
14      veterans and civilians. He discussed how in the military with the brotherhood that is there, these  
15      veterans are used to ragging on each other and getting called out for stuff they are not doing right.  
16      No one gets mad or upset when they get called out, they take it on the chin, learn from it and  
17      move on. Compared to more civilian based teams that Gary has played against, he has seen how  
18      teammates will get mad with each other and will let negative interactions affect the team  
19      dynamic. The brotherhood and camaraderie of playing sled hockey with other veterans is similar  
20      to what these men have experienced in the military pre-injury.

21       Paul elaborated on that how participating with other veterans impacted his own  
22      experience,

23

1           Being on this sled hockey team with the all-veteran line, we had guys transitioning in or  
2           out of the military, deciding whether to stay in or retire. You know you can interact with  
3           them about different prosthetics, about life in general, how life has changed for them, if  
4           you have questions. Its more than just a sport, it's almost like a counseling session.

5  
6           Paul further elaborated on the brotherhood that is there within the team, regardless of the  
7           different branches one may have served in, or the different jobs one many have done. There is  
8           still a competition between the branches, but each member has gone through similar events and  
9           the brotherhood still remains.

#### 10   **Transition out of the Military**

11           Of the veterans who participated in the study, there was a distinct difference during their  
12           transition out of the military. Two of the participants stated that participation in adapted sports  
13           and recreation helped dramatically not only during their recovery, but during their transition out  
14           of the military and reintegration into society. Upon further inquiry, there was a defining factor  
15           that emerged. The two veterans Paul and Brad who stated that participating in adapted sports and  
16           recreation affected their transition, while the other two veterans Gary and Taylor stated it had no  
17           impact on their transition because they were not involved in adapted sports and recreation during  
18           their transition or recovery, they found adapted sports and recreation after they were honorably  
19           discharged from the military. In regards to Paul's experience with his transition he stated,

20  
21           I felt like I had something to look forward to afterwards, you know like, where as some  
22           guys may not be sure of what their plans are after the military, I felt like I had a plan and  
23           my plan was to make the Paralympic team, to commit myself to it, to being on the team

1 for four seasons, I mean that's a long time, its kind of like being in the military, you really  
2 have to commit yourself.

3  
4 Paul further discussed the awareness of adapted sports and how it played a role during his  
5 recovery and transition by stating,

6  
7 Being aware of adapted sports, some guys don't even have a clue, I didn't have a clue  
8 [that sled hockey] was a Paralympic sport to begin with. There are all these great adapted  
9 sports here locally, so I was fortunate to get patched in through wheelchair basketball.

10  
11 Compared to Taylor who stated, "my transition out of the military was horrible", it took  
12 her four years to find adapted sports and recreation and when she finally did she told me during  
13 an informal conversation that cycling had saved her life. Upon further inquiry into Gary's  
14 experience, he was injured early in Operation Iraqi Freedom and thus adapted sports were not  
15 widely available to him during his recovery. It would take a few years for the adapted sport  
16 programs to expand to the capacity they are now.

## 17 **Discussion**

18 The results presented above support the findings of several studies that have examined  
19 wounded veterans participation in adapted sports and recreation (Hawkins et al., 2011; Hawkins  
20 et al., 2015; Green 2014). In this study the experiences of the wounded veterans was explored and  
21 it was found that their participation in a community of practice played a major role in their overall  
22 experience. The results will now be discussed in regards to the theory of situated learning (Lave  
23 & Wenger, 1991; Wenger, 1998), which served as the theoretical framework for the study. It  
24 appears relevant to discuss the veterans' social support and team aspect in regards to the concept



1 of community of practice. A community of practice requires the establishment and maintenance  
2 of three key dimensions: mutual engagement, joint enterprise, and shared repertoire (Wenger,  
3 1998). The mutual engagement refers the diversity of the community that makes the community  
4 of practice possible (Wenger, 2002). Among the veterans who were interviewed, they were  
5 diverse in many ways, whether it is the way they were wounded, where they were wounded, their  
6 sex, their rank, their unit/job, or their branch of military, they all bring a unique prospective to the  
7 community of practice. In regards to joint enterprise, the veterans are bound together by their  
8 understanding of what it is like to be wounded and their participation in adapted sports and  
9 recreation. They contribute their understandings to the enterprise and their experiences to the  
10 community of practice. Lastly the third dimension, shared repertoire covers the skills and  
11 knowledge developed over time by members of the community and can be used to negotiate  
12 meaning (Wenger, 1998). Within this community of practice, these veterans are sharing not only  
13 the skills of various adapted sports and recreation such as cycling and sled hockey but also the  
14 skills on how they cope with their injuries and everyday struggles.

15         The results of the study found that the brotherhood and camaraderie of playing sled  
16 hockey along other veterans is similar to what the men on the sled hockey team experienced in  
17 the military pre-injury. In terms of situated learning, the military is very much a strong  
18 community of practice. So strong, that it can be difficult to transition into a more civilian based  
19 community of practice. This reasoning can be why the wounded veteran community of practice  
20 plays such a significant role during the transition and re-integration period. It provides the  
21 wounded veterans with a group of people who share the same set of problems, concerns, and  
22 passions from which they can learn how to re-integrate slowly back into a civilian lifestyle.

23         The self-renewed confidence reported by the participants' stems from two things. The  
24 first being related to their sporting skills and abilities, which has shown them they are capable of

1 things they did not think possible. The second is that their new sporting skills have spilt over to  
2 their interpersonal and intrapersonal skills. With Taylor, she discussed how cycling enabled her to  
3 be able to do an internship for her Masters degree. She said “if I didn’t have cycling, I wouldn’t  
4 have been able to go to a strange place and sit there and talk to all these strange people, I  
5 wouldn’t have been able to do that before.” Within the community of practice, participants share  
6 their understandings concerning what they are doing and what that means in their lives and for  
7 their communities (Lave & Wenger, 1991, p. 98). The participant’s confidence in themselves  
8 was renewed because they were able to see that they were capable of accomplishing tasks they  
9 didn’t think were possible. They had a community behind them who supported and encouraged  
10 them. Taylor discussed how when she first started cycling she could barely get up small hills at a  
11 local park, but another veteran pushed her to be better. She stated “we would sit there and push  
12 each other in cycling and in life.”

13 In a team atmosphere, whether it be the sled hockey team or the cycling team that the  
14 participants are members of, there is an old-timer-newcomer relationship, which is a defining  
15 characteristic of legitimate peripheral participation (Lave & Wenger, 1991). The newcomer’s  
16 participation is a way of learning and both absorbing and being absorbed into the culture of  
17 practice (Lave & Wenger, 1991). This active participation is a way of learning the ropes so to  
18 speak and allows newcomers to become full participants and eventually become masters to the  
19 new generation of newcomers (Lave & Wenger, 1991). Among the participants of this study, I  
20 considered two (Paul and Gary) to be masters in terms of the community of practice as they have  
21 been active in the community for over eight years. They are to the stage where they can share  
22 their skills and knowledge with newcomers in order to help them become active participants  
23 within the community. Brad and Taylor are still relatively new to the community having only  
24 participated for 3 years and 1.5 years respectively. While they are acquiring and contributing to

1 the shared repertoire of the community, they are still relatively new. However it is important to  
2 note that both newcomers and old-timers all have resources for learning that can be contributed to  
3 the community (Standal & Jespersen, 2008). While Taylor is considered a newcomer, as she has  
4 only been involved with cycling for a year and a half, she brings valuable knowledge of being a  
5 combat wounded female veteran to the community. Within Operation Comfort's cycling team,  
6 there are only a few female veterans who participate regularly. Therefore, Taylor is able to share  
7 her knowledge and experience with other female veterans, whether it be regarding cycling  
8 equipment and techniques or relating to others female veterans injuries, Taylor is contributing  
9 resources for learning to the community.

10 The most critical finding from the study was the social support the veterans received from  
11 other veterans. The two themes, self-renewed confidence and sense of purpose stem from the  
12 experience of participating along side other veterans. Several veterans who participated in the  
13 study stated that they would not have been participating in adapted sports and recreation if it  
14 weren't with other veterans. Messinger (2010) discusses how it can be daunting when a soldier is  
15 first wounded and begins transitions out of the military because they are not only losing their  
16 community of fellow soldiers, but their identity as a soldier. The main way the military molds  
17 these individuals into soldiers is to "strip them of their civilian identity and replace it with a  
18 military identity" (Demers, 2011, p.162). The issue with the military identity is that when a  
19 soldier returns home from war, they experience an identity crisis (Demers, 2011). This is even  
20 more evident when a soldier is wounded because "traumatic experiences create an additional  
21 challenge to maintaining a continued sense of personal identity because of their highly disruptive  
22 and emotionally charged nature" (Demers, 2011, p.163). Additionally, the issue of loss of  
23 camaraderie is something many veterans face during their transition out of the military and re-  
24 integration experience (Hinojosa & Hinojosa, 2011). The time of re-integration, which can last

1 any where from a few weeks to a few years, is a time where the military friendships and  
2 camaraderie would be most beneficial to veterans, wounded and not wounded, as it can be  
3 difficult to talk to about their combat experiences to non-military civilians (Hinojosa & Hinojosa,  
4 2011). A 2012 study conducted by Brittain and Green found that participation in sport is a  
5 valuable tool to aid in the reintegration of military personnel who have suffered life-changing  
6 trauma. They found “the use of sport provided the military personnel with direction and helps  
7 these individuals transition into their newly define roles and society (Brittain & Green, 2012).  
8 Concurrent with findings from this study, adapted sports and recreation provided the wounded  
9 veterans with the skills to find a new role in society. As discussed above, cycling enabled Taylor  
10 to complete an internship for her Masters degree. With Brad, he found a career path through his  
11 participation in adapted sports and recreation. Paul had a new role to represent his country again,  
12 just in a different uniform. Gary found his role working with veterans in adapted sport and  
13 recreation programs as a sled hockey coach and program manager. A common role was these  
14 veterans found themselves in were to help other veterans with cope with their injuries and their  
15 transition out of the military. Every participant discussed how other veterans helped them cope  
16 with their injuries and uncertainties, and how they now are able to support other veterans  
17 themselves. The veterans within this community of practice are using their skills and knowledge  
18 to help other veterans negotiate new meaning in their lives. This type of peer support and social  
19 connectedness is a recurring theme in multiple studies researching veterans and adapted sports  
20 and recreation. Thus strengthening the findings and benefits of wounded veterans participation in  
21 adapted sports and recreation.

22           Within this study, wounded veterans who are new to adapted sports and recreation would  
23 be considered apprentices in terms of legitimate peripheral participation. Seasoned veterans who

1 participate in adapted sports and recreation and use what they have learned to cope with their  
2 injuries are “living testimonies to what is possible, expected and desirable” (Wenger, 1998, p.  
3 156). Through sociocultural practice, these newcomers will learn skills to participate in adapted  
4 sports and recreation as well as skills to help cope with their injuries and everyday struggles from  
5 the seasoned veterans and become full participations in the community of practice. The  
6 newcomers, Taylor and Brad, pointed out how the seasoned veterans have a strong understanding  
7 of struggles they may be going through and have shared their knowledge on the subject.  
8 Therefore, Taylor and Brad’s learning is shaped by their participation and coexistence in the  
9 social context (Standal & Jespersen, 2008).

10 A significant finding in this study was that it was not the activity that mattered but rather  
11 the social situation created by the activity that was most beneficial to the veterans. Participants  
12 did note the perceived physical health benefits of participation, but emphasized the mental health  
13 benefits that came from being around other veterans. These findings were concurrent with a study  
14 done by Hawkins et al. (2015) investigating contextual influences of community reintegration  
15 among injured service members. Hawkins et al. (2015) found adapted sport and recreation  
16 programs serve as a gateway for community re-integration through the development of social  
17 supports. Both Hawkins et al. (2015) and this study found adapted sport and recreation programs  
18 served a larger purpose than just participation. While the Operation Comfort programs provide  
19 the participants in this study the opportunity to participate along side other veterans, they are  
20 doing so in a community setting and in turn helping to facilitate community reintegration.

21 Findings from this study indicate multiple perceived benefits that stem from the veterans  
22 participation in adapted sports and recreation. In terms of the role adapted sports and recreation  
23 played during the veteran’s transition out of the military, findings show that when introduced

1 early during the veteran's recovery and transition, the higher influence it plays on their transition  
2 out of the military and their community re-integration. Although veterans who were introduced to  
3 adapted sports and recreation after their transition out of the military stated similar perceived  
4 benefits, in order to positively affect the transition and community re-integration, adapted sports  
5 and recreation should be introduced early when a service member is wounded.

6 For the purpose of this study, the situated learning theory has been helpful to understand  
7 the experience of having an acquired injury through combat and the role adapted sports and  
8 recreation has had on the lives of these veterans. By participating in adapted sports and recreation  
9 with a wide range of veterans from different branches and with different injuries, the participants'  
10 participation contributed to not only impacting others, but also impacting themselves.

#### 11 **Limitations of the Study and Future Research**

12 This research has expanded our knowledge and understanding of the experiences of  
13 combat wounded veteran's participation in adapted sports and recreation. While this research can  
14 help expand the knowledge and serve as a base for future studies there is a large contingency of  
15 veterans who fall under the injured and ill category. Future research should look at all three  
16 populations: wounded, ill, and injured, as many times service members from each population are  
17 participating along side one another in adapted sports and recreation. I consider that findings from  
18 this study could be used to expand programs and offering an important insight into the role  
19 adapted sports and recreation plays in the lives of our wounded veterans.

20 A limiting factor of this particular study could be the sample size and variation of  
21 participants. Although the sample size of four participants fell within Creswell's (2013)  
22 recommended sample size of three to ten participants, it may not be reasonable to generalize from  
23 these findings. Nonetheless, the findings suggest a need for continued research in the field of  
24 veteran's participation in adapted sports and recreation. Additionally the gender variation was a

1 limiting factor as only one of the participants was female. The Department of Veteran Affairs  
2 reported in 2015 that female veterans make up 11.6% of OEF/OIF veterans. Therefore a  
3 recommendation for future research would be to study the experiences of female veteran's  
4 participation in adapted sports and recreation.

5 Additional recommendations for future studies include researching the population of  
6 veterans with the mental scars of war. In the United States, 22 veterans are lost each day to  
7 suicide (Kemp & Bosarte, 2012). Because of the negative stigma surrounding mental health in the  
8 United States, many veterans refuse to seek help even though an estimated 31% of Iraq and  
9 Afghanistan veterans have a mental health condition such as depression, PTSD or TBI (Tanielian  
10 et al., 2008). Therefore a recommendation is to study the experiences of veterans with mental  
11 health conditions and their participation in adapted sports and recreation.

12 From my review of the literature, this field is still relatively new in terms of research.  
13 Therefore it is my hope that these recommendations can be investigated in the future in order to  
14 better understand the role of adapted sports and recreation in the recovery and lives of our  
15 wounded veterans.

16

17

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## Appendix A: Method and Theory

### **Introduction**

In this section, I will expand on the methodology section of the article by outlining the philosophical roots of both qualitative research and phenomenology. I will further describe the variations of phenomenological research methods and the reasoning behind choosing a hermeneutic approach to generate the data. Additionally, I will expand on the situated learning theory (Lave & Wenger, 1991; Wenger, 1998), which served as the theoretical perspective for the study. The interview guide and ethical approval can be seen at the end of the appendix.

### **Phenomenology as a research methodology**

Qualitative research is particularly valuable to adapted physical activity because it “enables individuals with disabilities opportunities to voice their experiences and opinions related to their participation in various physical activity contexts” (Zitomer & Goodwin, 2014, p.194). However qualitative research as a whole is not just valuable to adapted physical activity, it is valuable to the study of impairment and disability in general. According to O’Day and Killeen (2002) “in the field of disability research, qualitative methods have emerged as some of our most important tools in understanding the complexities of disability in its social context” (p.9). In the past, quantitative research tended to dominate the field of disability research because the research focused on “the prevalence of impairments, biomedical issues, or the efficacy of interventions in numerical terms” (Hartley & Muhit, 2003, p.107). While those areas of research are valuable to disability studies as well, “qualitative research has much to tell us about the complexity of the disability experience that other types of research do not capture” (O’Day & Killeen, 2002, p.12).

### **Variations in phenomenological research methodologies**

Phenomenology was chosen as the research methodology for this particular study as it is the study of lived experiences (Creswell, 2013, p.76). However, it is important to note



that there are different approaches to phenomenology as a research method that are based on the different philosophical views and thoughts of phenomenology (Kerry & Armour, 2000). While phenomenology as a philosophical movement has consistently been reinterpreting its own meaning over time, making the starting point unclear we will begin with Edmund Husserl's work (Spiegelberg, 2012, p.2). According to Kerry and Armour (2000), the central concept of Husserlian phenomenology "is the identification that experience is the basis of knowledge" (p.4). Another key concept of phenomenology that Husserl introduced is the concept of life world, or as it is known in German, *lebenswelt*. Life world is understood "as what individuals experience pre-reflectively, without resorting to interpretations" (Dowling, 2007, p.132). When looking at Husserl's work on phenomenology, there are three defining features: intentionality, essences, and phenomenological reduction (Kerry & Armour, 2000).

Building on the work of Husserl, Martin Heidegger's philosophy on phenomenology was labeled hermeneutic in the sense that "hermeneutics does not develop a formula of understanding but illuminates the conditions in which understanding takes place" (Kerry & Armour, 2000, p.5). Sometimes it could also be described as existential phenomenology (Kerry & Armour, 2000). A main concept of Heidegger's phenomenology was pre-understanding which is described by Kerry and Armour (2000) as "referring to the meaning and structure of a culture, including language and practices, which are already in the world before we understand them" (p.6).

Further building on both the writings of Husserl and Heidegger was Merleau-Ponty. Merleau-Ponty (2002) describes phenomenology as an

offer an account space, time and the world as we 'live' them. It tries to give a direct description of our experience as it is, without taking account of its psychological origin and the causal explanations which the scientist, the historian or the sociologist may be able to provide (p. vii).

Van Manen (1990) further breaks down the life world into four existentials that make of the fundamental structures of the life world, they include: “lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality)” (p.101). Because these four are existential, they therefore “cannot be separated from each other and each existential is embedded and interwoven with the other” (McCormack & McCance, 2010, p.12). This leads to another key point of phenomenology, which is that “the person is a body, which is the embodiment of mind and body into one” (McCormack & McCance, 2010, p.12). When looking at embodiment through the lens of disability studies, “embodiment frames bodily change as a horizon for self-understanding and self-definition, and the body as an agent interacting with others and with the world more generally” (Adams et al., 2015, p. 68). Further more, when looking at phenomenology from a disability perspective, the concept of intercorporeality emphasizes the “experiences of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies” (Adams et al., 2015, p.69).

The life world and four existentials (lived space, lived time, lived body, and lived human relation), as well as embodiment and intercorporeality all play a major role in relation to understanding disability and will play a major role in the research topic. The experiences of wounded veterans participation in adapted sports will be explored by looking at their life world and by becoming an active participant in it. It is my hope as a researcher that I will gain a better understanding on how participating in adapted sports has affected their lives. Similar to how Toombs (1995) utilized a phenomenological approach to outline her progression of multiple sclerosis to provide insights of the disruption of her lived space and time in relation to her lived body and her lived world. The four veterans involved in the study all dealt with a major disruption in their life world as they were coming to terms with their injuries. It is for that reason, that I utilized phenomenology in a similar way to Toombs (1995) to gain insights into the lived experience of these wounded

veterans, in hopes to understand how participating in adapted sports affects not only their life world, but each existential aspect as well. In terms of intercorporeality, as stated above, embodiment is never an individual experience, but is shaped by interactions with others. The wounded veterans have participated in adapted sports along side other wounded veterans. Standal (2009) explored embodied learning at a rehabilitation center and discussed how for Merleau-Ponty embodied learning is closely related to habits (Standal & Engelsrud, 2013). Standal (2009) found from studying embodied learning at a rehabilitation center where basic wheelchair skills were taught as well as adapted physical activities that the participants were not just learning about wheelchair skills, they were “learning how to be a wheelchair user, about becoming somebody” (p.188). Similarly, the wounded veterans involved in the study had to learn to become a civilian now that they were retired from the military and how to cope with their acquired injuries. These veterans learned by participating along side other veterans whom had been injured during the campaigns in Iraq and Afghanistan.

### **Phenomenological research methods**

While I plan to utilize a phenomenological approach to explore these experiences, there are a variety of phenomenological research methods that I as the researcher could have used. The philosophical ideas of Husserl, Heidegger, and Merleau-Ponty have influenced phenomenology as a research method, however while none of the three described philosophers developed research methods, their philosophies are often used to bolster qualitative research (Fleming et al., 2002). Finlay (2009) raises the question, what counts as phenomenology? While Giorgi (1989) states four characteristics of psychological phenomenological approaches, ie “the research is rigorously *descriptive*, uses the phenomenological *reductions*, explores the *intentional* relationship between persons and situations, and discloses the *essences*, or structures, of meaning immanent in human experiences through the use of imaginative variation” (Finlay, 2009, p.7) there are other

methodological approaches one can take. Finlay (2009) lays out examples of approaches that may follow Giorgi's framework or may offer their own emphasis. They include

the open life world approach of Dahlberg et al. 2008; van Manen's, lived experience human science inquiry based on University of Utrecht tradition, 1990; the dialogal approach, Halling et al., 2006; the Dallas approach, Garza 2007; Todres' embodied life world approach, 2005, 2007; and Ashworth's, life world approach, 2003, 2006 (Finlay, 2009, p.7).

While Finlay (2009) mentions those different approaches, Creswell (2013) highlights two specific approaches. They include empirical, transcendental, or psychological phenomenology by Moustakas (1994) and hermeneutic phenomenology by van Manen (1990) (Creswell, 2013). When it comes to health literature, and the field of disability and impairment, van Manen's (1990) hermeneutic phenomenology is widely cited (Creswell, 2013). It is important to note, that while Moustakas (1994), van Manen (1990) as well as Giorgi (1984) all "describe steps that must be taken in a phenomenological study, they agree that doing phenomenology is not possible by following a step-wise procedure" (Standal & Engelsrud, 2013, p.156). In choosing phenomenology to research disability, regardless of the approach:

all phenomenological human science research efforts are really explorations into the structure of the human life world, the lived world as experiences in everyday situations and relations. Our lived experiences and the structures of meanings (themes) in terms of which these lived experiences can be described and interpreted constitute the immense complexity of the life world (van Manen, 1990, p. 101).

However in this particular study, van Manen's (1990) hermeneutic phenomenology approach was chosen as the research methodology. This particular approach was chosen because it "aims at gaining a deeper understanding of the nature or meaning of our everyday experiences" (van Manen, 1990, p.9). Furthermore, phenomenology is described as the study of essences and "attempts to explicate the meanings as we live them in our everyday existence, our life world" (van Manen, 1990, p.11). Because the purpose of the study is to explore the experiences of wounded veterans, using phenomenology allowed for researcher to gain a deeper understanding of the veterans' experiences in adapted sports and recreation and what it meant in terms of their recovery and reintegration.

#### **Ethical considerations**

Prior to beginning my internship and data collection, I sought ethical approval from the Norwegian Social Science Data Services by submitting a research proposal. Potential ethical concerns were addressed during the application including (1) information and consent, (2) participant information, and (3) information security. Ethical approval can be seen further down in the appendix.

Kvale (1996) discusses three ethical guidelines for human research including informed consent, confidentiality, and consequences (p.112). In terms of informed consent, Mason (2002) suggests that informed consent can be complex (p. 80). Before any observations or interviews took place, informed consent was gained through a form that can be seen in the appendix. Confidentiality in research "implies that private data identifying the subjects will not be reported" (Kvale, 1996, p.114).

In terms of ethical challenges regarding confidentiality in interviews, "protection of subjects' privacy by changing their names and identifying features is an important issue" (Kvale, 1996, p. 114). While in this research study, changing names was not a problem; the injuries that the participants report may be able to identify the participants to outsiders. Therefore, the subjects agreed to the release of all identifiable information, which were their injuries (Kvale, 1996). However, participants self-reported their injuries, so it could be

the case that the participants have more injuries than reported. A main reason behind self-reporting of injuries is because of the laws regarding health information in the United States, namely the health insurance portability accountability act (HIPAA). HIPAA is a privacy act that provides individuals with federal protections of their personal and identifiable health information (HHS.gov). Therefore, to maintain HIPAA privacy laws, the participants will self-report what injuries they would like to share for the research study.

In terms of the ethical guideline of consequences, in this research project, the consequences were addressed in “respect to possible harm to the subjects as well as the expected benefits of participating in the study” (Kvale, 1996, p.116). The ethical principle of nonmaleficence means do no harm and protect others from harm (Goodwin & Rossow-Kimball, 2012). Because qualitative research and phenomenology involve studying humans and their experiences, “researchers have the obligation to anticipate the possible outcomes of an interview and to weight both benefits and potential harm” as qualitative methods such as interviews and observations “make it difficult to predict how data will be collected” (Orb et al., 2000, p.94). Orb et al. (2000) provide the example how interviewing victims of violence may trigger painful experiences and may become distraught during the interview. In this specific case, there is an ethical dilemma that the researcher must confront; continue the interview to gain a better understanding or stop the interview to refer participant to counseling or help (Orb et al., 2000). Before the interviews and observations, I as the researcher had to make note that the interviews could trigger painful memories for the participants, as they are combat veterans who have been injured in war, therefore causing harm to the participants. Before the interviews, I noted that if this were the case, the ethically sound thing to do would be to stop the interview and refer the participant to help, or stop the interview and talk to the participant. While Smith (1999) discusses the potential therapeutic benefit of participating in qualitative interviews, as a researcher I made sure the participant was aware that they could stop the interview at any time if they felt uncomfortable, although this was not the case for any participants.

Because the researcher is such an important factor in the qualitative method of interviewing, as they are the main instrument for collecting data, it is imperative that I as the researcher was “familiar with value issues, ethical guidelines, and ethical theories that may help in choices that weigh ethical vs. scientific concerns” (Kvale, 1996, p.117). Kvale (1996) states that researchers needs two attributes: “the sensitivity to identify an ethical issue and the responsibility to feel committed to acting appropriately in regard to such issues” (p.117).

The population involved in this study have received traumatic injuries and been exposed to traumatic conditions. There is a psychological, social, and psychiatric toll of war on the veterans, and many times, the individual can be unrecognizable to family and friends, as if they are a different person (Litz & Orsillo, 2004). Therefore, it was important to be aware before and during the interviews that questions could bring up these physical and emotional tolls of war. As a researcher, it was important to familiarize myself with ethical guidelines and theories to help make decisions regarding ethical vs. scientific concerns, as the researcher is the main instrument for collecting data in qualitative interviewing (Kvale, 1996).

### **Data Generation**

In addition to the data collection methods of semi-structured interviews and close observations, field notes were extremely important to the data collection of observations because they contain descriptions of the observations (Patton, 2002). As I was participating in the activities along side the participants, field notes were taken during or immediately after the observations in a notebook. My field notes contain the descriptions of the conversations during informal interviews, conversations overheard between participants, and also describe certain situations. In addition to the field notes, a separate reflective journal was kept to bracket my own pre-understandings and assumptions. A phenomenological attitude was adopted before and during the research process, as bracketing or the concept of epoché, is central to achieving the phenomenological attitude

(Standal, 2009). The phenomenological attitude, where a research suspends their presuppositions regarding the phenomenon being studied, is not something that is adopted during the beginning of research and then forgotten, rather it is a process that is one of the most significant dimensions of phenomenological research (Finlay, 2008). The keeping of a reflective journal is a main concept in establishing trustworthiness and credibility of the research project (Brantlinger et al., 2005). The reflective journal assists in the interpretation and reflection process (Lavery, 2003). Bracketing is an important aspect of phenomenological research according to Van Manen (1990) as a problem with phenomenological research can be that instead of knowing too little about a particular phenomenon, in this case, wounded veterans' participation in adapted sports, we know too much. Therefore, Van Manen (1990) believes it is "better to explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories" (p.47). Bracketing must continue throughout the research investigation and requires the researcher to remain neutral in regards to the "belief or disbelief in the existence of the phenomenon" (Carpenter, 2007, p.77).

Before any data collection began, there were many ethical considerations to take into account. Because qualitative research and phenomenology, involve studying humans and their experiences, "researchers have the obligation to anticipate the possible outcomes of an interview and to weight both benefits and potential harm" as qualitative methods such as interviews and observations "make it difficult to predict how data will be collected" (Orb et al., 2000, p.94).

### **Theory**

Lave and Wenger's (1991) theory of situated learning provides the theoretical framework for this study as it explores the "relationship between learning and the social situations in which it occurs" (Hanks, 1991, p.14). Situated learning means more than just learning in a specific space and time, it is a process shaped by coexistence and participation within social contexts (Standal & Jespersen, 2008). Hanks (1991) has identified that the



learning process does not take place in an individual mind but rather in the participation framework (p.15). The different perspectives amongst the co-participants facilitate the participation framework, and learning in the participation framework is not a one-person act, but instead is distributed among participants (Hanks, 1991, p.15). This participation framework can be understood as a special type of social practice called legitimate peripheral participation (Hanks, 1991).

Legitimate peripheral participation is a defining characteristic of Lave and Wenger's (1991) situated learning theory. The term legitimate peripheral participation is used to describe the process in which newcomers will learn through sociocultural practice and become members of communities of practice (Lave & Wenger, 1991; Wegner, 1998). In terms of apprenticeship, from which situated learning was derived from, it used to be understood that apprentices acquired their knowledge through observation and imitation. However legitimate peripheral participation provides newcomers with more than just observation, but "crucially involves participation as a way or learning – of both absorbing and being absorbed in – the 'culture of practice'" (Lave & Wenger, 1991, p.95). Therefore, legitimate peripheral participation is not considered an educational form itself, but rather "an analytical viewpoint on learning, a way of understanding learning" (Lave & Wenger, 1991, p.40).

Wenger et al. (2002) define a community of practice as "a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on going basis" (p. 4). It is important to differentiate between the ordinary use of the word community and the notion of community of practice (Standal, 2009). A community of practice is differs from a community in the ordinary sense of the word because a community of practice requires the establishment and maintenance of three key dimensions: mutual engagement, joint enterprise, and shared repertoire (Standal, 2009; Wenger, 1998).

- 1) Mutual engagement: establishes the basis for practice, and refers to the diversity of skills each member brings into the community (Wenger, 2000; Hedge & Standal, 2013). Practice exists because “people are engaged in actions who meanings they negotiate one another” (Wenger, 1998, p.73). Communities of practice do not entail homogeneity rather the diversity of the community is what makes the engagement in practice possible (Wenger, 2002, p.76). There is not always peace, happiness, and harmony between the members of the community, and tensions and conflict often are created (Wenger, 1998). But this is not a negative aspect as these challenges, competitions, and disagreements are all consider forms of participation according to Wenger (1998).
- 2) Joint enterprise: is defined as members of the community of practice being bound together by their joint developed understanding of their practice and what their community is about and then holding each other accountable (Wenger, 2000). To be considered competent, one must understand the enterprise well enough to contribute to the enterprise (Wenger, 2000). According to Wenger (1998) “because mutual engagement does not require homogeneity, joint enterprise does not mean agreement in any simple sense” (p.78). Rather the enterprise is joint because it is communally negotiated, not because everyone agrees or believes the same thing (Wenger, 1998, p.78).
- 3) Shared repertoire: represents a communities shared resources such as words, stories, routines, tools, ways of doing things, and gestures (Wenger, 1998). The shared repertoire combines two characteristics, “(1) reflects a history of mutual engagement and (2) remains inherently ambiguous” (Wenger, 1998, p.83). These two characteristics allow the repertoire of practice to “become a resource for negotiating meaning” (Wenger, 1998, p.83). The resources stated above are useful because they can be reengaged in new situations and are reflect a history of mutual engagement, a key characteristic of shared repertoire and community of practice

(Wenger, 1998). Furthermore, the skills and knowledge developed over time by the members of the community of practice become a part of the shared repertoire and can also be used to negotiate meaning (Hedge and Standal, 2013; Wenger, 2013). Acquiring and contributing to the shared repertoire is a way of learning to become a participant in the community of practice (Standal, 2009).

Within a community of practice, negotiation of meaning is an essential characteristic that serves as a driving force in the learning process (Standal, 2009). Negotiation of meaning is used by Wenger (1998) to “characterize the process by which we experience the world and our engagement in it as meaningful” (p.53). Over time, participants of a community of practice “joint pursuit of an enterprise created resources for negotiating meaning” (Wenger, 1998, p.82). The process of negotiating meaning will always create new conditions for further negotiation and meaning (Wenger, 1998).

Lave and Wenger’s (1991) theory of situated learning was chosen as the theoretical framework for this study as it provides a lens through which I studied the learning that takes place through the wounded veterans participation in adapted sports and recreation. Through the literature review I conducted, I found it could be daunting for a wounded veteran to transition out of the military and lose not only their community of fellow soldiers but also their identity as a soldier (Messinger, 2010). While it can be a difficult process to transition from the military life, it can be even more difficult when wounded (Demers, 2011). A key concept of a community of practice is individuals constructing their identity in relation to the community (Wenger, 1998). This concept enabled me to understand the role participating along side other wounded veterans impacted the participants in this study’s identity as they negotiated their new roles in society after transitioning out of the military.

In this study, the experiences of wounded veterans participation in adapted sports and recreation was explored. The situated learning theory helped explore “the social and cultural contexts in which a community of practice exists” and provided valuable insight on

the “significant influence on what is learning and how learning takes place” (Kirk & Kinchin, 2003, p.223). More specifically, the situated learning theory proved to be useful in understanding the learning process that takes place through the wounded veterans participation in adapted sports and recreation in terms of the role it plays in negotiating their community reintegration. Thus the situated learning theory provided me with a better understanding of the wounded veterans experiences of participating in the community of practice along side other wounded veterans.

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## Appendix B: Consent Form

# Request for participation in research project

## “Exploring Experiences of Wounded Veterans’ Participation in Adapted Sports and Recreation”

### Background and Purpose

The purpose of this master’s thesis in cooperation with Norges idrettshøgskole and KU Leuven is to explore the lived experiences of Operation Iraqi Freedom and Operation Enduring Freedom wounded veterans who participate in adapted sports. The aim is to see the affect participating in adapted sports has on the wounded veterans recovery/reintegration. The information will be used to gain an understanding on the impact of adapted sports on wounded veterans reintegration.

### What does participation in the project imply?

Participation implies the participant is open to interviews and observation over a 3 – week period. All data will be self- reported by the participant. Questions will concern your injury (shall you choose to self-report it), how long you have participated in adapted sports, and how participation in has affected your reintegration. Data will be collected via audio recordings and notes of the interviews, and video recording and notes of the observations.

### What will happen to the information about you?

All personal data will be treated confidentially, and each participant will be given an alias so that their personal information is not included in the completed project. Only the interviewer and the project supervisor will have access to personal data. Participants will only be recognizable in the publication through their self-reported injury and military branch of service. The project is scheduled for completion by 30 May 2016. On 1 July 2016, all personal data, audio/video recordings, and notes will no longer be used or stored and all files will be deleted.



**Voluntary participation**

It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason. If you decide to withdraw, all your personal data will be made anonymous.

If you have any questions concerning the project, please contact Elizabeth Dahlen or Øyvind Standal:

Elizabeth Dahlen: phone: +17172531111, email: elizabethmdahlen@gmail.com

Øyvind Standal: phone: +4723262238, email: ofstandal@nih.no

The study has been notified to the Data Protection Official for Research, Norwegian Social Science Data Services.

**Consent for participation in the study**

I have received information about the project and am willing to participate

-----  
Participant Signature

-----  
Date

I agree to participate in the interview

I agree to participate in the observation.

## Appendix C: NSD Ethical Approval

**Norsk samfunnsvitenskapelig datatjeneste AS**  
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29  
N-5007 Bergen  
Norway  
Tel: +47-55 58 21 17  
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Postboks 4042, Ullevål stadion  
0806 OSLO

Vår dato: 16.11.2015

Vår ref: 45134 / 3 / KH

Deres dato:

Deres ref:

### TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 12.10.2015. Meldingen gjelder prosjektet:

<i>45134</i>	<i>Exploring Experiences of Wounded Veterans Participation in Adapted Sports</i>
<i>Behandlingsansvarlig</i>	<i>Norges idrettshøgskole, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Øyvind Førland Standal</i>
<i>Student</i>	<i>Elizabeth Dahlen</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.05.2016, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Katrine Utaaker Segadal

Kjersti Haugstvedt

Kontaktperson: Marie Strand Schildmann tlf: 55 58 31 52

*Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.*

*Avdelingskontorer / District Offices*

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## Appendix D: Interview Guide

Full name.

Age.

Gender.

Family during deployment/ when you were injured?

What branch of military did you serve in?

Years of service?

How many times were you deployed?

Where were you deployed?

When/where were you injured?

What is your injury?

Were you every diagnosed with PTSD or TBI? (Can decline to answer).

Were you active in sports pre-injury?

How long after your injury did you start participating in adapted sports/ sports?

How long have you been active in adapted sports/sports?

What sports have you participated in and currently participating in?

How did you hear/get involved with Operation Comfort?

<p>What is the meaning and experience of wounded veterans participating in adapted sports?</p>	<p>Please tell me about your experiences with adapted sports.</p>
	<p>Has participating with other veterans impacted your experience?</p> <ul style="list-style-type: none"> <li>• Social/community aspect?</li> </ul>
	<p>Has participating in adapted sports impacted any other aspects of your life?</p> <ul style="list-style-type: none"> <li>• Mental, emotional, spiritually, cogitatively</li> </ul>
	<p>Has participating in adapted sports changed you in any way?</p>
	<p>Can you provide me with an example?</p>
<p>What do these experiences mean in relation to their reintegration into the community?</p>	<p>Has participating in adapted sports affected the way you experience your everyday life?</p> <ul style="list-style-type: none"> <li>• Can you provide me with an example?</li> </ul>
	<p>Has participating in adapted sports affected your recovery/transition out of the military?</p> <ul style="list-style-type: none"> <li>• Can you provide me with a few examples?</li> </ul>



