Exploring Psychological Outcomes and Coping Strategies After Performance Failure of Elite Athletes with Acquired Physical Disability

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Thesis submitted in fulfilment of the requirements for the degree of

Master of Research

Victoria University, Australia

Institute for Health and Sport

January 2026

Abstract

Elite athletes with acquired physical disability (APD) may experience and respond to performance failure in psychologically unique ways; however, such experiences remain underexplored. Guided by a social constructivist approach, this qualitative study aimed to explore and understand how elite athletes with APD experience, cope with and psychologically respond to performance failure; with focussed attention on how athletes' disability experiences may have shaped these psychological processes. Semi-structured interviews were conducted with six experienced ($M_{experience}$ = 10.7, SD = 4.8) Australian elite athletes (two recently retired) with APD from diverse sports, each recalling significant performance failures within the past 12 (to 24, if recently retired) months. Reflexive thematic analysis (RTA; Braun & Clarke, 2021) facilitated an in-depth, interpretive exploration of meaning within the data, informed by reflexivity and researcher positionality. From a thorough analysis of participant narratives, three overarching themes emerged: (1) Motivational Disposition, (2) Coping Strategies and (3) Psychological Outcomes. Within these overarching themes, five interrelated key themes emerged: (1) "I didn't come this far to give up"—Adaptive striving (Motivational Disposition), (2) "It is what it is"—Accepting what you can't change (Coping Strategies), (3) "What's next?"—Figuring out the plan (Coping Strategies), (4) "Speed bumps, not roadblocks"—Learning from failure (Coping Strategies) and (5) "You just keep going"—Building "unbreakable" resilience (Psychological Outcomes). These findings highlight the complex, profound and ultimately adaptive processes underpinning these athletes' responses to failure. This thesis contributes to a richer theoretical understanding of performance failure and may help to inform inclusive psychological support and wellbeing practices within elite disability sport.

Declarations

Declaration of Authenticity

I, Grace Watson, declare that the Master of Research thesis entitled 'Exploring Psychological Outcomes and Coping Strategies After Performance Failure of Elite Athletes with Acquired Physical Disability' is no more than 50,000 words in length, including quotations and exclusive of tables, figures, appendices, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

I have conducted my research in alignment with the Australian Code for the Responsible Conduct of Research and Victoria University's Higher Degree by Research Policy and Procedures.

[redacted] ate: 21/12/25

Ethics Declaration

All research procedures reported in this thesis were approved by the Victoria University Human Research Ethics Committee. Approval Number: HRE25-082.

[redacted] Date: 21/12/25

Generative Artificial Intelligence (AI)

This thesis has been edited for clarity of expression, punctuation and grammar using the Perplexity AI tool. This use complies with VU guidelines on the use of editors in HDR theses and overall VU policy on the use of AI in research.

[redacted] Date: 21/12/25

Acknowledgements

This thesis is dedicated to my beautiful Nana, who encouraged me to pursue this academic journey. She was the sunshine in my days, the voice of unwavering belief when I doubted myself, and the quiet strength I carried with me through every late night and every moment of self-doubt. Completing this work, something I could never have imagined achieving without her when I began, has been possible only because I know she was looking down, giving me the strength I needed. Nana, this is for you.

I extend my deepest gratitude to my supervisory team. To my principal supervisor, Associate Professor Christopher Mesagno, thank you for your wisdom and patience, and for pushing me to produce work I'm genuinely proud of. Your mentorship transformed not just this thesis but my development as a researcher. To my associate supervisor, Associate Professor Peter Gill, thank you for your sharp insights and your encouragement, and for always reminding me of the bigger picture when I was lost in the details. This work would not exist without your collective guidance and support.

I am profoundly grateful to Disability Sports Australia (DSA), and particularly to their CEO, Ayden, for believing in both me and the importance of this research from the very beginning. Your counsel and support in sharing my recruitment flyer across your networks was invaluable in connecting me with the remarkable athletes whose voices form the heart of this thesis. Thank you for championing research that centres on the experiences of athletes with disability and for your ongoing commitment to advancing the disability sport sector.

To AJ, my amazing partner, thank you for enduring the many months of me disappearing into "the zone", emerging only occasionally for food and attention. You somehow managed to love me through the chaos, despite receiving precisely zero reciprocated attention when deadlines loomed. I genuinely could not have done this

without you. Your patience, love, humour and support kept me grounded when the work felt impossible.

To my beautiful mum and my sister, you were my rocks throughout this journey. Thank you for forcing me out on “mental health walks” when my head couldn’t escape the screen, for listening to my anxious ramblings and for believing in me even when I didn’t believe in myself. Your love and unwavering support carried me through.

To my family and friends who cheered me on, checked in during the hard stretches and celebrated every small milestone, thank you. Your encouragement meant more than you know.

Finally, to the six remarkable athletes who generously shared their stories with me, this thesis exists because of your courage, honesty and willingness to trust me with your experiences. Your resilience, strength and vulnerability have profoundly shaped not just this research but me as a person. Thank you for letting me into your worlds. I hope I have done your voices justice.

This work has been a journey of both intellectual growth and personal transformation. To everyone who walked alongside me, thank you.

RTP Fee Offset

This research was supported by an Australian Government Research Training Program (RTP) Scholarship [doi.org/10.82133/C42F-K220].

Table of Contents

Introduction

Performance failure represents a distinct and critical phenomenon within elite sport that warrants focused investigation. Although elite athletes are routinely exposed to losses, setbacks and suboptimal performances across their careers, and typically learn to accept such outcomes as an inherent and expected aspect of competitive sport, certain failures are experienced as more acute, memorable and disruptive than others. In this thesis, I focus specifically on memorable performance failure, which I define as sudden and significant underperformance during high-stakes competition that is experienced as particularly salient, emotionally charged and psychologically impactful. Within the broader landscape of "ordinary" or routine failure, memorable performance failures constitute a specific subset of events characterised by heightened meaning and perceived consequence for athletes (Ceccarelli et al., 2019; Wergin et al., 2022). These critical moments may be experienced as qualitatively different from routine disappointments, prompting intensified psychological responses and challenging athletes' established ways of coping with adversity. Despite growing recognition of the impact of performance failure on athlete mental health (Martin, 2021), there remain significant gaps in understandings of how specific populations experience and respond to these critical events. While existing research has examined general coping mechanisms and mental health outcomes amongst elite athletes without disability who have experienced performance failure (Ceccarelli et al., 2019; Nicholls et al., 2016), there is limited focus on the specific experiences of athletes with disability. Even more-so, qualitative studies exploring how elite athletes with APD understand and respond to these critical failure moments are still lacking within sport psychology literature (Shapiro & Martin, 2014; Smith & Sparkes, 2019). This gap is particularly concerning, given that elite athletes with APD may navigate performance failure through the dual-

lense of both athletic and disability-related identity challenges, potentially resulting in distinct psychological responses and coping strategies (Perrier et al., 2014). Collectively, this work suggests that the psychological resources and identity processes characteristic of elite athletes with APD may shape how they appraise and recover from performance failure compared with athletes without disability; however, these possibilities have not been empirically examined using in-depth qualitative methods. Consequently, this study aims to address these gaps by employing a qualitative approach informed by social constructivism to explore the psychological responses to performance failure of elite athletes with APD.

The aim of the present study was to explore and understand how elite athletes with APD experience, cope with and psychologically respond to performance failure. This study is guided by a central research question: How do elite athletes with acquired physical disability experience and psychologically respond to performance failure? To deepen understandings of this phenomenon, three sub-questions further guided the inquiry: (i) What coping strategies do elite athletes with APD develop and employ when confronting performance failure?, (ii) How might coping strategies be influenced by their experiences of disability? and (iii) How do these athletes perceive and interpret their psychological outcomes following performance failure, including the impacts on their mental health and overall wellbeing? Through employing semi-structured interviews and reflexive thematic analysis (RTA; Braun & Clarke, 2021), this study hopes to enhance theoretical understandings of performance failure in elite athletes with APD. Ultimately, the findings from this research may inform the development of inclusive mental health support strategies and policies that are specifically tailored to the unique needs of elite athletes with APD.

Literature Review

The psychological impacts of performance failure on elite athletes represent a critical area within sport psychology that requires a more nuanced understanding, particularly for understudied populations who may experience unique challenges and develop distinctive coping mechanisms. Within high-performance environments, athletes are continually exposed to competitive outcomes in which "failure" in the form of losing, underperforming or not meeting expectations is commonplace and generally anticipated as part of the sporting experience. For many athletes, such ordinary or routine setbacks are transient, integrated into ongoing development and rarely result in enduring psychological disturbance. However, some failures are experienced as more significant and enduring. In this thesis, I refer to these events as memorable performance failures: sudden and substantial underperformances in high-stakes contexts that are remembered as critical incidents and carry heightened emotional, identity-related and career implications. Such memorable performance failures may substantially influence athlete wellbeing, career trajectories and long-term mental health outcomes (Gould et al., 2002; Mesagno et al., 2024; Rice et al., 2016).. Despite existing research examining performance failure and coping strategies among elite athletes, there remains a notable paucity of studies focusing on athletes with disability, particularly those with APD. The experiences of these athletes are important as they navigate complex intersections of elite sport demands and ongoing identity reconstruction (Shapiro & Martin, 2014; Smith & Sparkes, 2019).

Despite extensive quantitative research on stress and coping, relatively few qualitative studies have explored how elite athletes narrate and make sense of performance failure, particularly within disability sport, limiting current understanding of the nuanced, lived experience that this thesis seeks to capture. This literature review therefore seeks to synthesise relevant existing research to establish theoretical and

empirical foundations for understanding performance failure experiences among elite athletes with APD.

Performance Failure

Performance failure is an inherent aspect of competitive sports, often leading to significant psychological challenges for athletes (Gould et al., 2002). Performance failure can lead to a range of negative psychological outcomes in athletes, including anxiety, depression and diminished self-esteem (Lochbaum et al., 2022). In the context of this thesis, the term performance failure is used consistently to refer to the type of high-stakes, memorable performance failure already defined in the Introduction, rather than to routine losses or everyday underperformance. This form of failure is distinguished from routine underperformance by its significant and lasting impact on an athlete. Memorable failures are often associated with heightened performance anxiety, which can persist long after the event and affect future performance (Mesagno & Hill, 2013). These failures tend to have enduring psychological consequences, affecting an athlete's self-confidence, enjoyment of the sport and overall mental wellbeing (Mesagno & Hill, 2013), and represent the experiences of which my thesis explores.

Unlike performance setbacks, which broadly encompass routine difficulties, technical adjustments and gradual performance declines that athletes navigate as part of typical training and competition cycles (Nicholls et al., 2016), the performance failures of interest in this study are acute, subjectively meaningful episodes that athletes recall as critical turning points. These experiences are distinguished by their temporal acuity, emotional intensity, and lasting psychological impact on athlete identity and wellbeing (Ceccarelli et al., 2019). Athletes who experience performance failure frequently report intense negative affect, including shame, embarrassment, self-doubt, and in some instances, rumination and fear of future competitive performance (Ceccarelli et al., 2019; Wergin et al., 2022). Consequently, research demonstrates that these failure

experiences precipitate more severe and enduring psychological consequences than general performance setbacks, including persistent self-criticism, emotional dysregulation, compromised confidence and increased vulnerability to mental health concerns, among elite athletes (McLoughlin & Fletcher, 2020; Rice et al., 2016; Sarkar & Fletcher, 2014). This distinction between performance failure and broader setbacks underscores the necessity of understanding performance failure as a specific phenomenon with unique psychological ramifications.

Recent research (e.g., Mesagno et al., 2024) demonstrates that performance failure in elite athletes extends beyond momentary disappointment to constitute significant psychological disruption. Mesagno et al.'s 2024 study about choking under pressure found that 77% of elite athletes experienced performance anxiety incidents within the past year, with an average of 18.25 incidents per athlete. Critically, 39.4% believed these experiences prevented progression to higher competitive levels, while 7.1% reported suicidal ideation following performance failure. This shows the prevalence and impact that memorable performance failure (linked to performance anxiety) can have on the mental health outcomes of our sporting populations and further signifies the importance of this present research, which is vital for athlete retention, performance and wellbeing.

Contemporary understandings position performance failure within cognitive-behavioural frameworks, emphasising "cognitive mismanagement" rather than purely physiological limitations. Hauw and Sarrazin (2013) argued that many elite athletes are "bewildered" by failure due to mental preparation focused exclusively on winning without acknowledging failure as a possible outcome. This winning mentality creates psychological vulnerability, whereby failure may trigger emotional vulnerability or more diffuse reactions, including depression and psychological trauma. Because the psychological impact of performance failure can be so profound, these experiences can

challenge athletes' mental resilience and coping abilities (Fletcher & Sarkar, 2012). Recent research (Toktas & Köse, 2025) conducted with 396 professional athletes indicated that the ability to cope with performance failure significantly and positively correlates with self-compassion (r = .54) and growth mindset (r = .48), with these factors predicting 34% of variance in adaptive (positive) coping responses. This result highlights that athletes who possess greater self-compassion and a strong growth mindset are more likely to respond constructively to setbacks, enabling them to use adaptive coping strategies rather than becoming overwhelmed by negative emotions or maladaptive patterns. By fostering self-compassion and maintaining a belief in their ability to learn from challenges, athletes can better navigate the psychological demands of sport failure and recover more effectively, both emotionally and in their ongoing sporting development. Understanding how elite athletes, particularly those with APD, psychologically respond to and cope with/recover from these failures is crucial to further developing effective strategies that could potentially enhance future athletic performances and athletes' mental health.

Elite Athletes with Acquired Physical Disability

Elite athletes, as defined in the context of this study, are individuals who compete at the highest levels of their sport, such as in national/international, professional or Paralympic competitions, and who possess a demonstrated history of performance excellence, extensive training and involvement in structured, high-performance environments (Swann et al., 2015). Acquired physical disability is defined as impairments in physical functioning that occur after birth, often as a result of injury, illness, trauma or progressive medical conditions (Hammer et al., 2019). In the context of disability sport, these APDs can significantly alter an individual's life and identity, requiring significant psychological, social and physical adaptation to resume or begin competitive sport participation (Hammer et al., 2019).

The psychological landscape for elite athletes with APD involves unique identity reconstruction processes that may fundamentally alter how performance failure is experienced and interpreted. Contemporary research reveals that elite athletes with APD often possess stronger coping mechanisms compared to their able-bodied counterparts, likely founded in the necessity to adapt to both sport- and disability-related challenges (Kirk et al., 2023). However, this resilience is contextually dependent rather than universally protective. Athletes with APD face a "double burden: to prove themselves as athletes and as representatives of disability sport" (Howe, 2008, p. 135), which creates multilayered identity threats where performance failure carries personal, athletic and social implications. These multifaceted threats that disabled athletes face can create extraordinary levels of resilience, given their ability to cope with adversity developed through their lived experience of disability (Powell & Myers, 2017).

The impact of APD on athletes is multifaceted, extending beyond mere physical limitations to influence their participation levels, performance capabilities, and overall quality of life in sports and physical activities (Kampman & Hefferon, 2020). For elite athletes with APD, the physical challenges of competing are compounded by unique stressors related to their disability experience. These can include, but are not limited to, adjusting to a new athletic identity (i.e., the degree of strength and exclusivity to which a person identifies with the athlete role; Brewer et al., 1993), coping with the loss of prior physical abilities and dealing with the psychological impact of their APD (Shapiro & Martin, 2014). Additionally, elite athletes with APD may experience heightened pressure to prove themselves in competitive environments, face barriers to inclusion within sporting organisations and navigate social stigma related to disability (Shapiro & Martin, 2014). All of these challenges may evoke a heightened sense of psychological resilience but may not necessarily build resilience for all athletes with APD.

Alongside this, disability sport psychology research has shown that parasport athletes frequently report moderate to high levels of resilience, grit and hardiness, which in turn predict life satisfaction, quality of life and sport engagement (Atkinson & Martin, 2019; Atkinson et al., 2020; Martin et al., 2015). Large-scale work with para badminton and Paralympic athletes further indicates that resilience, autonomy and aspects of athlete identity are associated with wellbeing and life satisfaction (Goh et al., 2024). These findings suggest that many athletes with acquired physical disability are psychologically well resourced, yet it remains unclear how these resources are mobilised when they encounter the kind of memorable performance failure that is the focus of the present study.

Resilience

Resilience is defined as the ability to recover swiftly from difficulties and adapt positively in adverse circumstances (Fletcher & Sarkar, 2013). Resilience, in the elite sporting context, encompasses psychological processes that enable athletes to withstand, adapt to, and recover from adversity, loss and ongoing stressors (Fletcher & Sarkar, 2013). For athletes with APD, this capacity is particularly nuanced, as they navigate not only the routine pressures of elite competition but also profound personal transitions and social challenges (Gonzalez et al., 2020). Fletcher and Sarkar (2012) emphasise that resilience in sport is multidimensional, characterised by attributes such as optimism, perseverance and a supportive environment. These attributes may collectively contribute to enhanced coping with performance failure. In a study of Olympic and Paralympic athletes, adaptive responses often hinged on both the individual's psychological skills and the external social resources available, such as effective coaching, peer support and access to mental health professionals (Galli & Vealey, 2008). Research on Paralympians indicates that these athletes often develop higher resilience levels compared to their

able-bodied peers due to their unique experiences in overcoming substantial life changes (Gonzalez et al., 2020).

Building on these findings, Sikorska and Gerc (2018) examined positive psychology characteristics among elite athletes with disabilities using standardised resilience and courage measures. Sikorska and Gerc found that because of their lived experiences, athletes with disabilities foster specialised resilience profiles shaped by both prior adversity and sport involvement. This resilience manifests as cognitive and emotional flexibility, perseverance, and motivation to sustain elite performance despite physical and psychological setbacks (Fletcher & Sarkar, 2012; Nicholls & Polman, 2007). This increased resilience may promote more effective responses to performance failure in elite athletes with APD, allowing them to draw upon past hardships for motivation to maintain a positive outlook (Nicholls & Polman, 2007). Complementary studies with wheelchair basketball and rugby athletes show that resilience, together with grit and hardiness, predicts both life satisfaction and sport engagement (Martin et al., 2015; Atkinson & Martin, 2019; Atkinson et al., 2020), reinforcing the idea that parasport athletes often possess substantial psychological strengths that could shape how they process major failures and continue in their sport.

While resilience provides the foundation for athletes to bounce back from adversity, not every athlete (whether disabled or not) will psychologically respond to performance failure in a resilient manner. Some athletes may experience maladaptive responses, such as avoidance and rumination, which compromise wellbeing and performance (Galli & Vealey, 2008). Acceptance-based coping, mindfulness and meaning-making have emerged as additional adaptive strategies, enabling athletes to process failure without excessive self-criticism and foster psychological growth (Wang et al., 2023). As such, resilience should be understood as a multifaceted process rather

than a fixed trait, encompassing a spectrum of psychological responses influenced by individual and contextual factors (Sarkar & Fletcher, 2014).

Psychological Responses Following Performance Failure

Research exploring psychological responses to performance failure within sport psychology has predominantly focused on elite athletes without disability, with limited attention being given to the distinct experiences of athletes navigating both elite sport demands and disability-related challenges. Existing literature has identified specific psychological responses to performance failure, including decreased self-confidence, identity threat and elevated anxiety (Hill et al., 2011; Wergin et al., 2022). However, research has primarily examined these responses through state-based or pressure-related paradigms rather than exploring the holistic, lived experience of failure and its enduring psychological impact. Furthermore, the majority of studies have employed quantitative methodologies that focus on individual cognitive and emotional responses in isolated, pressure-based contexts (Ceccarelli et al., 2019; Mesagno et al., 2024). These studies have identified common patterns of overthinking and loss of concentration, along with emotional reactions such as frustration, disappointment and self-criticism (Nicholls et al., 2016; Zhang et al., 2025). However, the interconnected nature of these responses, and how they may manifest uniquely in elite athletes with APD, remains inadequately understood. Consequently, the present study adopts a qualitative approach to explore performance failure as a holistic experience within an understudied population who have already demonstrated significant psychological adaptation to adversity.

The psychological impact of performance failure extends beyond immediate emotional distress to encompass physiological and identity-related dimensions. Ceccarelli et al. (2019) examined psycho-physiological recovery from recalled sport failure, finding that athletes who recalled memorable performance failure experiences demonstrated sustained physiological stress responses, including reduced

parasympathetic nervous system activity, alongside psychological responses characterised by self-criticism, rumination and negative self-appraisal. Their research demonstrated that athletes with higher trait self-compassion exhibited more adaptive psychological and physiological recovery from failure recall, suggesting that individual psychological resources mediate the impact of performance failure on wellbeing (Ceccarelli et al., 2019). Similarly, research on 'choking under pressure' has identified that performance failure precipitates profound threats to athletic identity and self-concept, with athletes experiencing marked reductions in skill level, accompanied by fear, anxiety, shame and guilt (Wergin et al., 2022; Zhang et al., 2025). These findings underscore that performance failure constitutes a multidimensional psychological experience with implications for both immediate wellbeing and longer-term psychological functioning.

Elite athletes with APD may bring distinctive psychological resources to their experiences of performance failure, derived from their prior adaptation to significant adversity. Compared to their peers without disability, elite athletes with APD may demonstrate greater psychological resilience, which can be attributed to their extensive experience with adaptation and problem-solving in both athletic and everyday contexts (Fletcher & Sarkar, 2012; Sarkar & Fletcher, 2014). This resilience may foster a more stable self-concept and athletic identity following failure, as athletes with APD may perceive performance challenges as technical problems requiring adaptation rather than fundamental threats to identity, potentially enabling faster emotional recovery and promoting sustained wellbeing (Sarkar & Fletcher, 2014). Nonetheless, research on Paralympic swimmers' emotional responses to winning and losing has shown that even for highly successful para-athletes, emotional reactions to important performances are nuanced, sometimes ambivalent and closely tied to personal expectations rather than

outcome alone (Martin, 2021). This indicates that major performances, whether successful or not, can exert a complex and enduring psychological influence.

Qualitative research with athletes who have experienced sport-related adversity, such as injury, has identified adaptive coping strategies, including cognitive restructuring, emotional calming, goal setting and seeking social support, as primary mechanisms for psychological recovery (Leguizamo et al., 2023). Leguizamo et al. (2023) found that athletes who attributed their experiences to uncontrollable factors demonstrated greater use of cognitive restructuring and eventual acceptance, representing adaptive psychological responses. Athletes in their study reported that setting progressive, achievable goals following setbacks became essential for maintaining psychological wellbeing and sustaining motivation during recovery. This perspective aligns with broader research identifying that athletes who have navigated significant adversity, including disability, demonstrate enhanced meaning-making capacities when confronted with performance challenges, filtering experiences through narratives of growth and personal development (Perrier et al., 2014; Smith & Sparkes, 2019).

Despite the potential for adaptive psychological responses, elite athletes with APD remain equally susceptible to immediate adverse reactions and negative emotional consequences following performance failure. Rice et al. (2016) conducted a narrative systematic review investigating the mental health and wellbeing of elite-level athletes, revealing that elite athletes experience comparable risk for high-prevalence mental health difficulties, including anxiety and depression, relative to the general population. Critically, Rice et al. (2016) found a greater risk of mental health difficulties may be experienced by elite athletes who are injured, approaching or in retirement, or experiencing performance failure or difficulty.

More recent research has reinforced these findings, demonstrating that cumulative stress exposure, including performance-related stressors, contributes to elevated depression, anxiety and compromised wellbeing among elite athletes (McLoughlin & Fletcher, 2020). Henriksen et al. (2024) qualitatively explored factors threatening and nurturing elite athlete mental health, interviewing seven elite Danish athletes on the topic. They identified that the relentless performance demands of elite sport evoke heightened expectations, self-blame and anxiety when performance outcomes fall short of expectations. Similarly, Nuetzel (2023), in their systematic review, found that coping in elite sporting contexts is complex and dynamic, with athletes requiring diverse strategies to buffer the psychological impact of performance-related stressors. These patterns underscore the need to explore how psychological strategies shape coping trajectories in elite athletes with APD specifically. Gaining insight into these coping responses may reveal both the adaptive and maladaptive strategies used to manage performance failure and inform the development of tailored interventions to reduce risk and promote wellbeing within this population.

Coping Strategies

Coping in this thesis is conceptualised within Lazarus and Folkman's (1984) transactional model of stress and coping. In this framework, coping strategies are understood as the constantly changing cognitive and behavioural efforts to manage specific external or internal demands appraised as taxing or exceeding one's resources (Lazarus & Folkman, 1984). Rather than being fixed traits, coping strategies and responses are dynamic processes shaped by individuals' appraisals of both the demands they face and the resources they can draw upon (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985). Elaborating on this model, coping strategies are commonly organised into problem-focused, emotion-focused and meaning-focused approaches, each serving distinct regulatory aims in the stress process (Folkman, 1997; Sadiki & Kibirige, 2022).

This taxonomy provides a rigorous lens for analysing how elite athletes with APD describe managing performance failure, clarifying whether they seek to change the stressor, regulate emotion or reinterpret the meaning of failure, and how these different profiles shape psychological responses and recovery trajectories (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985).

Problem-focused coping strategies are defined as efforts directed at modifying the stressor or its consequences, such as planning, information-seeking and problem-solving (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985). These strategies are typically employed when individuals appraise the situation as changeable and believe that action can alter its course (Carver et al., 1989). In performance contexts, problem-focused coping may involve analysing technical errors, refining training programs, adjusting tactics or seeking targeted feedback from coaches (Nicholls et al., 2016). Emotion-focused coping strategies, by contrast, refer to efforts aimed at managing the emotional response to a stressor, particularly when the situation is perceived as less amenable to direct change or while individuals are preparing for problem-focused action (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985). When employed adaptively, emotion-focused strategies foster or restore positive emotional states through approaches such as acceptance, positive reappraisal, humour, gratitude and seeking emotional support (Folkman, 1997; Folkman & Moskowitz, 2000). These responses, often described as positive emotion-focused coping, can help maintain motivation and functioning in contexts where stressors cannot be immediately altered or resolved (Folkman, 1997; Folkman & Moskowitz, 2000). Conversely, negative emotion-focused coping involves responses such as denial, venting, behavioural disengagement and self-blame, which may blunt distress transiently but are reliably associated with poorer psychological adjustment, prolonged stress and a heightened risk of mental health difficulties (Carver et al., 1989; Sarkar & Fletcher, 2014). Together, these distinctions

clarify why individuals may alternate between different coping strategies as contextual demands shift, providing a useful conceptual framework for analysing coping profiles among elite athletes with APD following memorable performance failure (Lazarus & Folkman, 1984; Sadiki & Kibirige, 2022).

Meaning-focused coping further extends this taxonomy by explaining how individuals sustain motivation and wellbeing under chronic or constrained conditions. Meaning-focused coping refers to processes through which individuals draw on deeply held values, goals and beliefs to reframe stressful experiences, thereby preserving or restoring a sense of purpose and coherence (Folkman, 1997). This form of coping includes positive reappraisal, benefit-finding and goal-revision, which enable individuals to reinterpret adversity as an opportunity for growth, learning or realignment of priorities (Folkman, 1997; Folkman & Moskowitz, 2000). Positive reappraisal is a commonly identified theme in sport psychology literature. It describes how athletes with disability cope, involving mentally reframing a situation into an interpretation that emphasises personal growth, learning or the discovery of renewed purpose (Folkman & Moskowitz, 2000; Perrier et al., 2014). For elite athletes with APD, meaning-focused coping may be especially salient given their lived experience of biographical disruption and identity reconstruction following disability acquisition (Perrier et al., 2014; Smith & Sparkes, 2019). In the present thesis, this threefold taxonomy of coping (problem-focused, emotion-focused and meaning-focused) provides a coherent analytical framework for exploring how elite athletes with APD describe managing performance failure, and how different combinations of strategies may influence their psychological responses and recovery trajectories.

Within this framework, it is important to acknowledge that athletes with APD are likely to share many coping processes with elite athletes without disability, while also drawing on disability-related experiences that may both strengthen and strain their

resources. Qualitative and mixed-methods work with Paralympic and other parasport athletes indicates that managing an acquired disability can foster sophisticated problem-focused and meaning-focused coping, contributing to mental toughness, post-traumatic growth and sustained engagement in elite sport (Dehghansai et al., 2021; Goodwin et al., 2009; Powell & Myers, 2017). At the same time, population-level disability research indicates that adults with disability experience substantially higher rates of loneliness, low perceived social support and social isolation than adults without disability, and that these factors are strongly associated with poorer wellbeing (Emerson et al., 2021). Employment studies following spinal cord injury further show that post-injury employment rates remain markedly lower than pre-injury levels, reflecting enduring barriers to work and financial participation (Borg et al., 2021). Chronic pain and restrictions in social participation are also common among people with physical disabilities and have been linked to diminished quality of life, particularly when social roles and relationships are disrupted (Ashton-James et al., 2022; Emerson et al., 2021). When these structural and interpersonal challenges are mapped onto elite sport contexts, they may indicate that some athletes with APD may be required to process memorable performance failures in environments characterised by fewer external resources and greater ongoing stress, even when their individual coping skills are strong. Positioning the present study within this dual context of shared athletic demands and disability-specific stressors avoids assuming that athletes with disability invariably cope better or worse than their able-bodied peers. It instead motivates a nuanced exploration of when, how and why the coping responses of the elite athletes with APD in this study converge or diverge. Consistent with Lazarus and Folkman's transactional model (1984), research studying people living with physical disability shows that these three families of coping are commonly used and serve distinct regulatory functions. Sadiki and Kibirige (2022), in a qualitative study of five adults with acquired disability, found that participants drew

on problem-focused strategies to address modifiable barriers, positive emotion-focused strategies to manage ongoing uncertainty and meaning-focused strategies to integrate their experiences into broader life narratives. Problem-focused coping strategies were described as “efforts to act on the source of stress in ways that are designed to alter the problematic person-environment relationship” (Folkman & Lazarus, 1985, p. 152), such as planning, information-seeking and technical problem-solving (Lazarus & Folkman, 1984; Folkman & Lazarus, 1985). Emotion-focused coping was used to regulate distress in circumstances where change was not immediately possible, including during prolonged rehabilitation or when facing structural constraints (Sadiki & Kibirige, 2022). These findings emphasised that athletes who are also adults with disability are able to move fluidly between coping families, deploying problem-focused strategies when change is possible and emotion- or meaning-focused strategies when they must accommodate or reinterpret constraints.

Problem-focused coping strategies demonstrate strong associations with improved mental health outcomes and adaptive functioning in elite athletes, particularly those who have experienced significant adversity. Powell and Myers (2017) employed interpretive phenomenological analysis with 10 Team Great Britain Paralympic athletes to explore mental toughness development and psychological wellbeing. They found that athletes with acquired disability utilised rational thinking, goal-setting and pragmatic problem-focused coping approaches that facilitated post-traumatic growth and enhanced self-acceptance following major physical trauma (Powell & Myers, 2017). Similarly, Thompson et al. (2020) conducted a prospective field study with 192 athletes across three competitive time points and an experimental laboratory study with 30 cyclists during 16.1 km time trials. Their findings indicated that task- and problem-orientated coping strategies were significantly associated with higher goal attainment, more pleasant emotions and superior objective performance outcomes (Thompson et al.,

2020). Convergent evidence from these studies suggests that elite athletes, including those with APD, may develop sophisticated problem-focused coping mechanisms while navigating the dual challenges of physical adaptation and performance demands, resulting in enhanced psychological resilience and adaptive responses to performance difficulties.

Relevant prior sports psychology literature investigating elite athletes with disability suggests that elite athletes with APD may commonly utilise problem-focused coping strategies when dealing with performance-related challenges, while also drawing on emotion- and meaning-focused processes (Dehghansai et al., 2021; Goodwin et al., 2009). Dehghansai et al. (2021) and Goodwin et al. (2009) reported that Paralympic athletes frequently engaged in detailed evaluation of performance errors, sought technical solutions and collaborated closely with coaches to implement corrective training protocols following disappointing performances. Bertoldi et al. (2022) similarly observed that Paralympic swimmers adopted systematic performance analysis and technique refinement as primary coping responses to underperformance.

Among elite wheelchair athletes, Perret (2017) found that goal restructuring and technique modification were central coping mechanisms post-failure, with athletes prioritising biomechanical and tactical adjustments tailored to their impairment-specific demands. Rather than dwelling on emotional responses alone, these athletes tended to foreground actionable changes that could be made within the constraints of their physical condition (Goodwin et al., 2009; Perret, 2017). At the same time, qualitative accounts have indicated that athletes with disability also engage in acceptance, positive reappraisal, and identity-based meaning-making when confronting performance setbacks and failures (Perrier et al., 2014). Taken together, this body of research highlights that while adaptive coping strategies often enable athletes with APD to sustain high performance and psychological wellbeing, all athletes remain vulnerable to

periods of maladaptive coping, particularly during highly stressful or identity-threatening moments, underscoring the importance of exploring the full spectrum of coping responses following performance failure.

Maladaptive and Adaptive Coping Strategies

Maladaptive coping strategies, characterised by avoidance, withdrawal, self-blame and behavioural disengagement, employed by elite athletes in response to performance failure can exacerbate psychological distress, negatively impacting mental health and athletic performance (McLoughlin & Fletcher, 2020; Nuetzel, 2023). McLoughlin and Fletcher (2020) conducted a mixed-method study on specific factors contributing to higher prevalence in mental ill-health in elite athletes. The participants comprised 95 elite athletes (without disability), six of whom the researchers conducted qualitative interviews with. They revealed that cumulative lifetime stress exposure fostered poor mental health and wellbeing by promoting maladaptive long-term coping strategies, increasing susceptibility to future stress and limiting interpersonal relationships. These maladaptive patterns often manifest as excessive focus on perceived failures, social isolation and rumination, which consequently lead to increased anxiety, depression and burnout (Henriksen et al., 2024; Nuetzel, 2023). The use of maladaptive strategies can create a self-perpetuating cycle of psychological distress wherein athletes engaging in avoidance or negative emotion-focused coping strategies fail to address the root causes of their stressors, resulting in diminished self-efficacy, emotional dysregulation and reduced motivation (Rice et al., 2016). These patterns can undermine an athlete's mental toughness and resilience, leading to long-term performance decline and mental health challenges (Henriksen et al., 2024; McLoughlin & Fletcher, 2020; Nuetzel, 2023).

Recent systematic evidence underscores the profound risks associated with maladaptive coping responses to stress and performance challenges in elite sport.

Nuetzel's (2023) systematic review analysing 30 studies on coping strategies among athletes found that avoidance-based strategies and emotional suppression were consistently associated with elevated depression, anxiety and compromised wellbeing. Research examining mental ill-health in Chinese athletes revealed that psychological strain, stemming from competition-related stressors, predicted suicidal ideation through hopelessness and depression, with maladaptive coping patterns mediating this relationship (Du et al., 2020). These findings highlight the urgent necessity to understand how coping strategies following performance failure may protect or compromise athlete mental health, particularly within populations navigating additional identity-related challenges, such as elite athletes with APD.

Conversely, adaptive coping strategies represent constructive psychological responses that individuals use to manage stressors effectively, reducing emotional distress and promoting functional outcomes in challenging situations (Lazarus & Folkman, 1984; Nicholls & Polman, 2007). In sport, adaptive strategies encompass problem-focused approaches such as planning, goal-setting and seeking instrumental support, alongside emotion-focused strategies such as acceptance and positive reframing, all of which contribute to enhanced resilience, wellbeing and performance (Henriksen et al., 2024; Nuetzel, 2023; Nicholls & Polman, 2007).

Contemporary sport psychology practice increasingly utilises acceptance and commitment therapy (ACT; Hayes et al., 2006) frameworks when working with athletes to develop adaptive coping capacities. ACT is a contextual behavioural approach that aims to increase psychological flexibility, defined as the ability to fully contact the present moment and its accompanying thoughts and feelings without needless defence, and to persist in or change behaviour in pursuit of personally meaningful values and goals (Hayes et al., 2006). ACT comprises six core therapeutic processes that constitute the psychological flexibility model: acceptance, cognitive defusion, present-moment

awareness (mindfulness), self-as-context, values clarification and committed action (Hayes et al., 2006).

Positive reframing and acceptance, both central to meaning-focused coping, have emerged as particularly important adaptive strategies following performance challenges. Carver et al. (1989) described positive reframing as "trying to see the situation in a different light, to make it seem more positive" and "looking for something good in what is happening" (p. 280). This strategy involves consciously reinterpreting negative events as opportunities for learning or personal development. Research with Paralympic athletes demonstrates that adaptive coping strategies such as problem-solving, acceptance and cognitive reappraisal are frequently employed by elite athletes with disability when confronting performance challenges (Dehghansai et al., 2021; Powell & Myers, 2017).

Emerging literature has indicated that elite athletes with disability may develop coping strategies scaffolded by broader life adversity experiences, creating distinctive adaptive frameworks for reinterpreting failure (Goodwin et al., 2009; Hammer et al., 2019; Powell & Myers, 2017). Powell and Myers' (2017) interpretative phenomenological study examining mental toughness in 10 Team Great Britain Paralympic athletes identified that participants immediately reappraised performance failures, with one stating: "I failed in my race, but I didn't fail in who I am becoming" (p. 65). This exemplifies meaning-based coping consistent with Lazarus and Folkman's (1984) emphasis on reappraisal as a resilience mechanism. Lazarus and Folkman (1984) define reappraisal as "the process of continually revising one's primary and secondary appraisals of a person-environment transaction in order to regulate emotions and coping efforts" (p. 155). They distinguish reappraisal as the ongoing process of re-evaluating an encounter with one's environment in light of new information or changing circumstances to modify its emotional significance and coping demands. Specifically,

reappraisal involves reinterpreting the meaning or significance of an event to decrease negative emotional responses, often fostering more adaptive psychological outcomes (Folkman, 1997; Lazarus & Folkman, 1984).

The contrast between adaptive coping mechanisms that promote problem-solving and emotional regulation, and maladaptive strategies that hinder recovery from performance failure, underscores the importance of understanding these behaviours within the specific population of elite athletes with APD. While the distinction between adaptive and maladaptive coping strategies is theoretically clear, several critical areas remain unexplored in the current literature, particularly regarding how athletes with APD navigate performance failure through these coping frameworks.

Literature Gaps

The exploration of performance failure experiences among elite athletes with APD has revealed significant gaps in contemporary sport psychology literature that directly justify this qualitative investigation. Current research has demonstrated a systematic under-representation of disability sport perspectives, which is made apparent throughout this thesis by the lack of disability-sport literature I was able to cite/resource. Lochbaum et al.'s (2022) comprehensive systematic review of 30 meta-analyses published between 1983 and 2021 revealed a notable absence of qualitative, longitudinal and comparative studies exploring how athletes with disability process and respond to performance failure. This methodological bias towards quantitative approaches has failed to capture the nuanced, lived experiences that characterise how elite athletes with APD navigate the complex intersection of performance failure, identity reconstruction and ongoing disability management.

Recent sport psychology literature has revealed the alarming mental health implications of performance failure that remain underexplored within APD populations. Mesagno et al.'s (2024) investigation found that 77% of elite athletes experienced

performance anxiety incidents within the preceding year, with 39.4% believing these experiences prevented competitive advancement and 7.1% reporting suicidal ideation following extreme performance failure (for example, ‘choking under pressure’). This finding underscores the urgent need for qualitative research that can explore how elite athletes with APD experience and interpret such psychological distress within their unique contexts of dual psychological and physiological identity management and societal expectations. The gap becomes particularly significant when considering that athletes with APD face additional layers of stigma and structural barriers that may compound performance failure experiences in ways not captured by existing research frameworks (Nicholls et al., 2016).

Prior systematic investigations have highlighted critical knowledge gaps regarding the developmental and contextual factors that influence performance failure responses among elite athletes with APD. Alarfaj et al. (2025) conducted qualitative case studies with three male Paralympic champions, using achievement portfolios and in-depth interviews to explore the athletes’ lived experiences and identify influential developmental factors in ‘exceptional’ athletes. They identified complex developmental pathways involving both spontaneous motivation and structured practice environments, indicating that athletes with disability navigate unique challenges, including subjective performance evaluations and limited accessibility support. Alarfaj et al.’s research demonstrates that elite athletes with APD may encounter performance challenges that extend beyond individual psychological factors to encompass institutional barriers, coach preparedness and social perceptions of disability that remain largely unexplored to date.

Theoretical Foundations/Framework

Understanding how elite athletes with APD experience and respond to performance failure requires theoretical frameworks that acknowledge both individual

meaning-making processes and the social contexts that shape these interpretations. This qualitative study draws upon the transactional model of stress and coping (Lazarus & Folkman, 1984) as its primary theoretical foundation. This framework recognises that performance failure is not merely an objective event, but a subjectively constructed experience shaped by cognitive appraisal and social context (Lazarus & Folkman, 1984). This perspective is particularly relevant for exploring the lived experiences of elite athletes with APD, as it may help position and analyse their coping strategies and psychological responses within the broader contexts of ongoing identity reconstruction and adaptation.

The transactional model of stress and coping (Lazarus & Folkman, 1984) conceptualises stress as emerging from the dynamic relationship between person and environment. The model posits that individuals constantly evaluate/appraise whether situations threaten their wellbeing and assess the coping resources available to them. Stress arises when the individual appraises the stressor as exceeding their immediately available coping resources. For this study's exploration of performance failure experiences, the theory's emphasis on cognitive appraisal processes offers crucial insight into how elite athletes with APD may interpret setbacks within their unique psychological landscapes. Primary cognitive appraisal involves evaluating whether performance failure constitutes a threat, challenge or harm to personal goals and identity, while secondary cognitive appraisal concerns the assessment of available coping resources and strategies (Vine et al., 2016). This framework enables a deep qualitative exploration of how APD athletes construct meaning around failure experiences, moving beyond simplistic categorisations to understand the complex interpretive processes that influence psychological outcomes and coping responses.

Furthermore, Lazarus and Folkman's (1984) theoretical framework acknowledges that coping strategies emerge from this transactional process, categorised

into three main areas: problem-focused approaches (i.e., targeting stressor modification), emotion-focused strategies (i.e., addressing emotional regulation) and meaning-focused coping (i.e., involving reconstruction of significance and purpose). Recent sport psychology research suggests that elite athletes demonstrate sophisticated coping repertoires, with effectiveness varying according to stressor controllability and individual resources (Nuetzel et al., 2023). For my study's focus on elite athletes with APD, Lazarus and Folkman's (1984) work provides a rigorous theoretical framework for understanding how participants navigate performance failure within contexts of pre-existing identity reconstruction, disability management and elite sport demands. The qualitative methodology enables a deep exploration of these meaning-making processes, capturing the nuanced ways participants construct understanding of failure experiences.

While they are still relevant to this study, emerging literature has recognised limitations in frameworks that potentially bias positive adaptation (e.g., post-traumatic growth theory, in Tedeschi & Calhoun, 2004; organismic valuing theory of growth through adversity, in Joseph & Linley, 2005). These theories may overlook potentially maladaptive/negative psychological responses and coping strategies, such as sustained psychological distress following performance failure. The current study's theoretical approach acknowledges that while some athletes may experience growth through adversity, other athletes may encounter prolonged difficulties requiring different forms of support and understanding (Howells & Fletcher, 2016). This balanced perspective is particularly important for exploring the experiences of elite athletes with APD whose responses to performance failure are mediated not only by individual psychological factors but also by structural inequalities, societal stigma and ongoing disability-related challenges (Shapiro & Martin, 2014). The reflexive approach to data analysis chosen in the present study enables the exploration of diverse response patterns, without imposing predetermined assumptions about positive or negative outcomes.

This theoretical synthesis provides the conceptual foundation for qualitative exploration that moves beyond simple outcome measurement to understanding the complex psychological processes through which elite athletes with APD experience, interpret and respond to performance failure. The current study's theoretical framework enables the investigation of how participants navigate the intersection of elite sport expectations and disability-related challenges, offering insights into both individual psychological processes and the contexts that shape these experiences. This nuanced theoretical approach directly supports the study's aim to explore and understand how elite athletes with APD experience, cope with and psychologically respond to performance failure.

Summary

This comprehensive literature review has illuminated the complex psychological landscape surrounding performance failure and coping in elite sport, revealing that performance failure emerges as a multifaceted psychological experience with alarming prevalence rates and mental health implications. Elite athletes with APD navigate these experiences within unique contexts characterised by ongoing unique identity reconstruction, biographical disruption and dual adaptation demands. The existing literature has failed to adequately capture how athletes with APD navigate failures and develop sophisticated coping strategies within their complex social and psychological contexts. This is despite evidence suggesting they may develop enhanced resilience through necessity-driven adaptation to both sport and disability-related challenges. The theoretical foundations established through Lazarus and Folkman's (1984) transactional stress theory provide an essential conceptual framework for understanding performance failure as a subjectively constructed experience shaped by cognitive appraisal and social context. This framework acknowledges that elite athletes with APD operate within complex environments, including disability sport communities, medical systems and

broader societal attitudes, that influence how performance failure is experienced and addressed.

Contribution to Knowledge

Research exploring performance failure in sport psychology has predominantly concentrated on athletes without disability, creating significant gaps in understandings of how disability intersects with acute performance challenges. The investigation into performance failure has primarily focused on athletes without disability, emphasising predictive personality factors, psychological reactions and outcomes under pressure, and coping styles (Nicholls et al., 2016; Sarkar & Fletcher, 2014; Wergin et al., 2022). While quantitative methodologies have established correlations between performance failure and negative mental health outcomes, qualitative investigations exploring the lived experiences of athletes with APD following performance failure remain scarce (McLoughlin & Fletcher, 2020; Rice et al., 2016). This methodological limitation reflects a broader gap in disability sport psychology, where the intersection of acquired disability and acute performance challenges remains largely unexplored (Shapiro & Martin, 2014; Smith & Sparkes, 2019). Specifically, the distinct coping responses, psychological experiences and outcomes of elite athletes with APD in relation to performance failure represent a significant void within contemporary sport psychology research.

The focus on elite athletes with acquired physical disability is justified by the distinctive psychological demands and identity trajectories that characterise this population. Athletes with APD navigate a unique biographical pathway characterised by the sudden transition from able-bodied to disabled athletic identity (Perrier et al., 2014). Unlike athletes with congenital disability, who integrate disability into their identity formation throughout their developmental years (Bragaru et al., 2011; Goodwin et al., 2009), or athletes without disability, who develop their athletic identity within an able-

bodied framework, athletes with APD must adapt and reconstruct both their athletic and personal identities following disability acquisition (Hawkins et al., 2014; Martin, 2017). This identity reconstruction process involves navigating grief, adaptation and reformulation (Martin, 2018), which may provoke distinctive unique resilience mechanisms and coping strategies (Sarkar & Fletcher, 2014). Subsequently, this research represents a pioneering study that explores how elite athletes with APD respond to performance failure, illuminating the complex interplay between their disability-acquiring experience and how they respond to performance failure in their elite sport.

The qualitative, exploratory approach employed in this study addresses critical limitations in current research design and epistemological orientation. Existing studies, while establishing important prevalence and correlational data, may not have adequately captured the contextual meanings, interpretive processes and subjective understanding of athletes with APD when they experience performance failure. Qualitative inquiry, informed by social constructivism, is particularly suited to exploring how participants construct meaning within specific contexts and relationships (Smith & Sparkes, 2019). Through the employment of semi-structured interviews and RTA (Braun & Clarke, 2021), this study generates rich, in-depth insights that thoroughly investigate the nuanced psychological processes that occur following performance failure. Accordingly, this methodological approach enables the generation of contextually grounded, participant-centred knowledge that quantitative methods alone cannot achieve.

Furthermore, insights from this research may contribute to the establishment of more inclusive, disability-affirming policies and practices within elite sporting contexts. Ultimately, this study represents a meaningful contribution to understanding the psychological needs of an understudied population within elite sport as they navigate

unique barriers. By concentrating on psychological responses and strategies, the present study can offer significant insights into the intricate relationship between trauma, resilience and athletic performance in elite athletes with APD.

Statement of Significance

This study holds significant promise for extending current understandings of how elite athletes with APD navigate the intersecting psychological and physical demands of elite sport performance and post-disability adaptation. While emerging evidence has acknowledged that athletes with APD exhibit remarkable psychological adaptability and employ individualised coping strategies to manage elite sport participation (Powell & Myers, 2017), the cognitive process through which these athletes respond to acute performance failure remain inadequately understood. This represents a critical oversight in sport psychology, as performance failure, characterised by sudden, memorable underperformance, precipitates unique psychological demands that may differ substantially from the gradual challenges typically addressed in disability sport research (Machida et al., 2013). Consequently, traditional models of coping and resilience may inadequately capture the depth and specificity of the psychological processes through which elite athletes with APD interpret and respond to these critical moments.

Performance failure presents a distinct phenomenon warranting investigation because it challenges athletes' sense of competence, identity and future performance capacity simultaneously. While existing literature has identified the psychological challenges that are faced by elite athletes with APD (Papathomas & Smith, 2019), no literature to date has explored how these athletes employ coping strategies specifically in response to performance failure. Furthermore, this research explores how these coping strategies may have been influenced by their disability experience, a subject no existing literature has broached. Understanding how elite athletes with APD interpret

failure experiences, manage associated emotional responses and sustain psychological wellbeing is essential to develop contextually grounded psychological support frameworks. By exploring these specific processes, this research generates empirically grounded insights that can inform tailored interventions designed to enhance both mental health and performance sustainability for this population.

The practical and theoretical implications of this research may extend beyond supporting individual athletes to benefit the broader sporting community. The findings from this qualitative inquiry could illuminate adaptive psychological strategies that elite athletes with APD have developed in response to complex conditions of adversity, which may, in turn, hold value for other elite athletes navigating significant performance challenges (Day, 2013). Moreover, this research contributes to a growing initiative within sport psychology to amplify diverse athlete voices and co-produce knowledge that reflects the lived realities of marginalised or understudied populations (Smith et al., 2016). By placing the experiences and understanding of elite athletes with APD at the centre, this study advances more inclusive, culturally responsive, and equitable approaches to sport psychology research and practice.

Methodology

A general qualitative research design was employed for this study, involving semi-structured interviews with six elite Australian athletes with APD to explore their psychological outcomes and coping strategies following memorable performance failure. This methodological approach was selected to address identified literature gaps regarding the lived experiences of performance failure among elite athletes with APD (Henriksen et al., 2024; Nuetzel, 2023). Reflexive thematic analysis (RTA; Braun & Clarke, 2021) was utilised as the analytical framework, acknowledging the researcher's active role in theme development while prioritising participant voices and meaning-

making processes (Braun & Clarke, 2019, 2021). Importantly, RTA is distinguished from other forms of thematic analysis by its theoretical flexibility, commitment to researcher reflexivity and recognition that themes are actively generated through interpretive engagement with data rather than emerging passively (Braun & Clarke, 2019, 2021). The study received ethical approval from the Victoria University Human Research Ethics Committee (HRE25-082; see Appendix A).

Conceptual Framework

This research adopts a social constructivist epistemological position, recognising that participants' experiences of performance failure are subjectively constructed through dynamic interaction with their social, cultural and sporting environments (Burr, 2015; Creswell & Poth, 2018). Social constructivism posits that reality is multiple and contextually bound, making it particularly appropriate for exploring how elite athletes with APD interpret and respond to performance failure within their unique contexts of dual identity management, ongoing adaptation demands and societal positioning (Burr, 2015; Smith & Sparkes, 2008). Within this framework, knowledge is understood as being co-constructed between the researcher and the participant through dialogue, rather than existing as an objective truth waiting to be discovered (Creswell & Poth, 2018). Social constructivism acknowledges that participants' experiences are shaped by cultural narratives, institutional practices, and interpersonal relationships that influence how performance failure is understood and addressed. This theoretical positioning enables in-depth exploration of how participants' meaning-making processes are influenced by their social environments while maintaining focus on individual agency in constructing responses to performance failure. Importantly, this framework aligns with RTA's commitment to understanding meaning as being actively constructed and contextually situated, supporting the study's aim to explore, rather than measure, psychological responses within this understudied population (Braun & Clarke, 2021).

Researcher Position Statement

This research reflects both my professional journey and personal transformation. Over the past decade, I have worked extensively within the disability sector, spanning roles from frontline support to operations and corporate leadership. My career has afforded me a first-hand understanding of the complex realities and unique strengths present in the lives of individuals with disability. Alongside this, my experience as an elite athlete has deeply shaped my perspective. Since adolescence, I competed at the highest levels until a severe ankle injury in 2023 ended my athletic career and precipitated a profound period of self-reflection on identity and mental health. Through this hardship, I developed an enduring respect for Paralympic and elite athletes who continue to pursue sporting excellence after acquiring permanent injuries or disabilities. I became aware of the gaps in research addressing how these athletes psychologically sustain themselves and adapt to performance failure. This thesis is my response to that absence. It is both a scholarly and personal commitment: one that seeks to elevate the voices of elite athletes with APD, acknowledge the adversity they face and contribute insight to improve support systems within sporting communities.

Given my closeness to the topic and population, my positionality as both an insider and outsider warrants careful consideration within this qualitative inquiry. Positionality refers to the researcher's social location and how aspects of identity (i.e., personal experiences, professional roles and social positioning) shape the research process, from question formulation through to data interpretation (Braun & Clarke, 2019; Smith & McGannon, 2017). My lived experience as an elite athlete positions me as a partial insider, potentially facilitating rapport, empathic understanding of performance pressures and nuanced insight into the psychological impact of career-altering injuries (McGannon & Johnson, 2009; Turelli et al., 2023). However, as a non-physically disabled researcher engaging with participants who have APD, I

simultaneously occupy an outsider position regarding disability experience, potentially limiting my capacity to fully comprehend the intersecting challenges of disability adaptation and elite sport participation (Mohler & Rudman, 2022). This dual insider-outsider positionality necessitates ongoing reflexive engagement with how my own assumptions, experiences, and social location may shape research processes and interpretations (Braun & Clarke, 2019; Smith & McGannon, 2017).

The insider-outsider distinction, while conceptually useful, is increasingly recognised as fluid and situational rather than fixed (McGannon & Johnson, 2009; Turelli et al., 2023; Smith & McGannon, 2017). Growing bodies of sport psychology literature emphasise that researcher positionality exists on a continuum and shifts across research contexts, relationships and temporal moments (McGannon & Johnson, 2009; Turelli et al., 2023). For instance, while I share athletic identity and performance-pressure experiences with participants (insider positioning), our divergent experiences with disability acquisition create distinct experiential realities (outsider positioning). Mohler and Rudman (2022), in their examination of disability research positionality, argue that insider researchers must engage in "unlearning", a practice of actively challenging assumptions stemming from personal experience to create space for participants' distinct meaning-making processes. This concept of unlearning proved particularly relevant in my research, as I consciously worked hard to distinguish my own experiences of the emotions and learned coping patterns that I had in response to performance failure while competing from the participants' experiences.

To navigate these complexities, I adopted a critically reflexive research stance informed by established frameworks for rigorous qualitative sport psychology research (Braun & Clarke, 2019; Smith & McGannon, 2017). Smith and McGannon (2017) identify reflexivity as a cornerstone of methodological rigour in sport and exercise psychology, defining it as "active acknowledgement by the researcher that her/his own

actions, decisions, and presence in the research process are central to the construction of meaning and the production of knowledge" (p. 111). Critically reflexive practice involves sustained examination of how researcher subjectivity influences all research phases while recognising that complete objectivity is neither achievable nor desirable within social constructivist inquiry (Braun & Clarke, 2019; Smith & McGannon, 2017). Throughout this project, I maintained a reflexive journal documenting my emotional responses, assumptions, and interpretive decisions during interviews and analysis phases, consistent with recommendations for transparent qualitative practice in sport psychology (Latimer et al., 2011; Smith & McGannon, 2017). Furthermore, following each participant interview, I recorded a five-minute reflective voice note that I could refer back to in order to maintain reflexive rigour during analysis.

My voice notes and reflexive journalling captured critical moments of insider-outsider tension. For example, when participants described identity reconstruction following disability acquisition, I initially drew parallels to my own identity struggles after a career-ending injury. However, through reflexive interrogation, I recognised fundamental differences: my injury foreclosed my athletic identity entirely, whereas participants reconstructed their athletic identities within disability sporting contexts. This reflexive awareness prevented conflation of distinct experiences and ensured that participants' unique meaning-making remained in the foreground (Mohler & Rudman, 2022; Smith & McGannon, 2017). I engaged in regular reflexive discussions with my supervisory team, utilising these conversations to interrogate my interpretations and challenge potential biases stemming from my personal experiences (Braun & Clarke, 2019; Latimer et al., 2011). This supervisory reflexivity provided critical distance, ensuring that participants' narratives remained central while my insider knowledge enhanced rather than dominated analytical insights (Smith & McGannon, 2017).

Literature about qualitative methodologies in sport psychology has emphasised the productive potential of researcher subjectivity when managed reflexively (Latimer et al., 2011; Turelli et al., 2023; Smith & McGannon, 2017). Turelli et al. (2023), in their study examining positionality in women's embodied sport research, argued that researchers lived experiences, when critically examined, can deepen analytical sensitivity, inform ethically attuned research relationships and generate insights that are unavailable to purely quantitative researchers. My athletic background enabled me to ask theoretically informed yet experientially grounded questions about performance failure's psychological impact, while my disability sector experience sensitised me to ableist assumptions that might otherwise remain unexamined. However, following Mohler and Rudman's (2022) guidance on insider disability research, I practised reflexive bracketing, deliberately setting aside my preconceptions to remain open to participants' unique perspectives while acknowledging that complete neutrality is neither possible nor epistemologically consistent with social constructivism (Braun & Clarke, 2019).

My approach aligns with quality criteria for rigorous qualitative research in sport psychology (Smith & McGannon; 2017). Smith and McGannon (2017) emphasised that transparency regarding researcher positionality, sustained reflexive engagement and thick description of research processes enable readers to evaluate how researcher subjectivity shaped knowledge production. Consistent with these criteria, this position statement makes visible my dual insider-outsider positioning and the reflexive strategies employed to navigate inherent tensions (Smith & McGannon, 2017). My personal story, when critically examined rather than naively applied, informed empathy, ethical sensitivity and commitment to privileging participants' voices while contributing sport-specific data and insights into lived experiences that enriched data interpretation (Burr, 2015; Latimer et al., 2011; Turelli et al., 2023). Ultimately, this reflexive positioning

recognises that all knowledge is situated and partial, requiring transparent acknowledgement of how researcher subjectivity shapes the co-construction of meaning between the researcher and participants (Braun & Clarke, 2019; Smith & McGannon, 2017).

Participants

The participants for this study included six elite Australian athletes with APD, recruited through purposive expert sampling followed by snowball sampling strategies to ensure information-rich cases directly relevant to the research aims (Patton, 2015; Robinson, 2014). Purposive sampling enables researchers to intentionally select participants who possess specific characteristics and experiences essential for addressing research questions, making it particularly appropriate for investigating underexplored phenomena within specialised populations (Boddy, 2016; Palinkas et al., 2015). Within purposive sampling, expert sampling specifically targets individuals recognised as knowledgeable or experienced within a particular domain—in this case, elite athletes with APD who have navigated performance failure (Etikan et al., 2016). This approach aligns with established practices in qualitative sport psychology research, where participant expertise and experiential depth are prioritised over sample size to generate rich, contextually grounded insights (Smith & McGannon, 2017).

The sample also reflects principles of homogeneous purposive sampling, wherein participants share key characteristics that define the phenomenon of interest while exhibiting sufficient diversity to capture varied perspectives (Etikan et al., 2016; Patton, 2015). All participants were elite athletes with APD competing in different sports, creating a homogeneous group regarding athletic status and disability experience while maintaining heterogeneity in disability type, sport discipline and competitive level. This sampling strategy facilitates focused exploration of shared psychological processes, such as coping strategies and psychological outcomes following performance

failure, while acknowledging that individual experiences are shaped by unique biographical and sporting contexts (Boddy, 2016; Smith & McGannon, 2017). Snowball sampling supplemented purposive recruitment by enabling access to this hard-to-reach population through existing networks and participant referrals, a strategy widely endorsed for engaging specialised athletic populations (Robinson, 2014). This combined approach aligns with qualitative research best practices for studying underexplored populations requiring specialised knowledge and experiences (Creswell & Poth, 2018; Palinkas et al., 2015).

Inclusion criteria required participants to have an acquired physical disability, defined as an impairment developed after birth through injury, illness or trauma (Dehghansai et al., 2021; Rimmer, 2005). Participants were required to have competed in their sport for a minimum of three years post-disability acquisition and identify as an elite athlete. This study adopted Swann et al.'s (2015) definition of 'elite', meaning participants must have represented their sport at the highest level (e.g., state or national level), competed in professional leagues, or participated in international para-sport events such as the Paralympic Games. By selecting participants who were elite and had competed in their sport for at least three years since acquiring their disability, this research targeted individuals with comparable high-performance sport and disability experiences, as this is essential for a meaningful exploration of coping in elite sporting contexts (Swann et al., 2015). Past disability-inclusive sport psychology research indicates that three years is the minimum timeframe needed for athletes with disabilities to experience and adapt to the complex psychological, structural and cultural demands of elite sport settings, such as competition pressures, classification processes, social stigma and sustained training regimens (Bundon et al., 2018; Cheung et al., 2023).

To capture relevant emotional and psychological processes, participants were also required to recall at least one significant or memorable performance failure that

occurred within the previous 12 months (if currently competing) or 24 months (if recently retired). This timeframe was selected to balance the need for events that had occurred sufficiently recently to be recalled in detail with the recognition that some aspects of the experience may have faded or been reconstructed over time. Research on retrospective methods highlights that memory for even highly emotional events is susceptible to fading, selective recall and hindsight bias, meaning that accounts of past experiences cannot be treated as simple reproductions of what really happened (Snelgrove & Havitz, 2010). At the same time, this work indicates that retrospective approaches can provide valuable insight into how people interpret and re-story significant experiences, provided that researchers are transparent about these limitations and are primarily concerned with participants' current understandings rather than factual accuracy alone (Snelgrove & Havitz, 2010). In the present study, the interview focus was therefore on how athletes now made sense of their performance failures, acknowledging that such sense-making was necessarily grounded in imperfect memory, rather than on reconstructing an objective, moment-by-moment account of the original event. Importantly, both currently competing and recently retired athletes (within the past two years) were eligible for participation. This inclusive criterion allowed for the inclusion of individuals who may have disengaged from elite sport following significant performance failure, a potential coping trajectory or psychological outcome warranting exploration (Sagar et al., 2007). Additionally, including recently retired athletes was intended to ensure that performance failure experiences remained sufficiently vivid for detailed qualitative inquiry, while also allowing enough time for reflective meaning-making to develop. Lastly, participants were required to be 18 years or older, fluent in English and capable of providing informed consent.

The exclusion criteria included individuals with congenital disabilities, meaning permanent health conditions present from birth (Darlison et al., 2018), those

experiencing acute psychological distress at the time of recruitment, individuals with severe cognitive impairments that would preclude meaningful engagement in semi-structured interviews, and those who had not competed at the elite level or for a minimum of three years post-disability acquisition. These criteria ensured the study remained focused on the distinct psychological adaptations of elite athletes with APD while prioritising participant safety and the communicative depth required for qualitative analysis. Excluding athletes without sustained elite sport experience aligns with prior research indicating that prolonged competitive involvement is necessary for developing the reflective insight and contextual understanding required for meaningful qualitative analysis (Bundon et al., 2018; Cheung et al., 2023; Swann et al., 2015).

The recruitment process employed two-stage screening to ensure eligibility, verification and informed consent. Initially, interested individuals completed an expression of interest form via the Qualtrics survey platform, providing basic demographic information and preliminary eligibility indicators. The responses underwent researcher analysis to determine initial eligibility, with qualifying participants invited to complete an additional comprehensive pre-screening and demographics form (see Appendix B) confirming final eligibility criteria and collecting contextual information about sporting background, disability characteristics, and memorable performance failure experiences. Upon eligibility confirmation, participants received the information to participants document (see Appendix C) detailing the study purposes, procedures, risks and benefits, as well as their rights, followed by an invitation to schedule interview participation. Reminder communications were sent the day prior to and the morning of scheduled interviews to accommodate participants' training and competition commitments. Interviews were offered flexibly via Zoom videoconferencing for preference and national accessibility or in person for Victorian residents, scheduled according to participant convenience. A gift card worth AU$100

Visa was offered as an incentive and to acknowledge participants' valuable time and contributions.

The final sample comprised six participants (four males, two females) aged 26 to 50 years (M = 37.5, SD = 9.3), representing a diverse range of individual and team sports, including para-shooting (rifle), wheelchair Australian Football League (AFL), wheelchair table tennis, blind running/athletics and wheelchair rugby (see Appendix D for complete participant demographic profiles). Four participants were currently competing, while two had recently retired from elite sport. Disability acquisition occurred between the ages of 11 and 31 (M = 17.3, SD = 7.8), with participants accumulating between three and 16 years of elite sport experience following disability acquisition (M = 10.7, SD = 4.8). Five participants competed at an international level (e.g., Paralympic Games, IPC-sanctioned events, Invictus Games), while one competed at a national level (Australian Championships). Only one participant had played sport at a high (representative) level prior to disability acquisition; the remaining five had engaged in sport recreationally before acquiring their disability. Interviews were conducted using a mixed-mode approach, with five participants interviewed online via Zoom (videoconferencing platform) and one participant interviewed face to face, reflecting both interstate residence and accessibility preferences. To protect participant confidentiality while enabling a rich contextual understanding, pseudonyms (fake names) are used throughout this thesis when presenting the findings.

Sample Size Justification

The sample size of six participants is methodologically appropriate for this qualitative study employing expert sampling to explore the lived experiences of elite athletes with APD. In qualitative research, sample size adequacy is determined by the study's specific aims, analytical approach and data richness rather than statistical representation (Braun & Clarke, 2021; Malterud et al., 2016). Malterud et al. (2016)

introduced the concept of information power, arguing that studies with highly focused aims, homogeneous samples and in-depth interviews require fewer participants because "the more information the sample holds, relevant for the actual study, the lower number of participants is needed" (p. 1753).

Small samples are methodologically defensible in sport psychology when rigorous analytical approaches are employed. Smith and McGannon (2017) emphasised that sample size should be determined by epistemological positioning, research aims and analytical depth rather than arbitrary benchmarks, arguing that smaller samples enable deep engagement with participants' meaning-making processes. Braun and Clarke (2021) explicitly stated that RTA "can be used successfully with small datasets … what matters is richness and depth of engagement with data" (p. 331). Published disability sport psychology research has demonstrated that samples of eight or fewer participants can yield rigorous findings. Alarfaj et al. (2025) employed a case study methodology with three Paralympic champions, justifying their sample by emphasising the participants' specialised expertise and the study's idiographic aims. Storli and Lorås (2022) explored developmental pathways using thematic analysis with eight world-class para-athletes, defending their sample by noting the highly specialised nature of the participants and depth of data obtained.

The present study demonstrates substantial information power across multiple dimensions. The research aim is highly specific; exploring psychological outcomes and coping strategies following performance failure among elite athletes with APD, a clearly bounded phenomenon within a well-defined population. The sample exhibits strategic homogeneity alongside meaningful diversity. All six participants acquired their disability after age 11 (range: 11–31 years, $M = 17.3$, $SD = 7.8$), ensuring shared experiences of transitioning to elite sport with disability while retaining cognitive capacity to reflect on pre- and post-disability experiences (Dehghansai et al., 2017). The

participants recalled at least one significant performance failure within the past 12 months (current competitors) or 24 months (recently retired), ensuring temporal proximity that enhances recall accuracy while minimising retrospective bias (Willig & Rogers, 2017). The sample represents balanced diversity across three individual-sport (para-shooting, blind running/athletics and wheelchair table tennis) and three team-sport (two wheelchair AFL and one wheelchair rugby) athletes. This distribution enabled broad exploration of both shared psychological processes and context-specific variations. The sample composition aligns with Boddy's (2016) assertion that "for homogeneous samples of specialist or hard-to-reach populations, sample sizes of six to 12 respondents are considered sufficient for semantic saturation" (p. 426).

The present study's six participants constitute a highly specialist, rigorously recruited expert sample capable of yielding exceptional depth. All participants meet stringent elite athlete criteria (Swann et al., 2015), possess extensive experience navigating disability adaptation and high-performance sport (3–16 years post-disability, $M = 10.7$, $SD = 4.8$), and can articulate detailed reflections on memorable performance failures. This combination ensures each participant contributes substantial information power (Malterud et al., 2016). Furthermore, RTA informed by social constructivism prioritises depth of engagement with participants' meaning-making processes over numerical breadth, aligning with established qualitative sport psychology practices (Braun & Clarke, 2021; Smith & McGannon, 2017). Ultimately, this sample size represents a methodologically sound and academically rigorous approach to exploring psychological outcomes and coping strategies following performance failure in elite athletes with APD.

Participant Recruitment

Participant recruitment employed multi-modal strategies combining organisational partnerships, professional networks and targeted outreach consistent with

best practices for accessing specialised populations (Creswell & Poth, 2018; Palinkas et al., 2015). The primary recruitment strategy involved a partnership with Disability Sports Australia (DSA), the national peak body for disability sport in Australia, to distribute the research flyers (see Appendix E) through their established social media networks and targeted email communications with affiliated national and state sporting organisations. This organisational endorsement enhanced recruitment credibility and reach within the disability sport community while maintaining ethical recruitment standards (Robinson, 2014). Supplementary recruitment occurred through my professional LinkedIn network and direct outreach to known potentially eligible athletes. All recruitment methods clearly outlined the research purposes, voluntary nature of participation and ethical safeguards in accordance with National Health and Medical Research Council (NHMRC; 2023) guidelines.

Participant Vignettes

This section illustrates the participants' heterogeneity of disability acquisition circumstances, sport disciplines and career trajectories while highlighting the shared characteristics of elite athletic status and APD. The brief vignettes that follow provide contextual insight into each participant's unique biographical trajectory.

Nina (PO1)- Female, 50 years, para-shooting, current competitor: Acquired complete T6 paraplegia at age 31 following a hiking accident. Engaged in recreational sport pre-disability but discovered para-shooting post-disability. Has been competing internationally for 15 years, including representing Australia at multiple Paralympic Games, and was a former world champion.

Harry (PO2)- Male, 27 years, wheelchair AFL, current competitor: Sustained incomplete T11–T12 paraplegia and acquired brain injury at age 19 in a workplace accident. Played sport recreationally prior to acquiring disability and

transitioned to wheelchair AFL, accumulating three years of national-level competition experience.

Anne (PO3)- Female, 44 years, wheelchair table tennis, recently retired: Acquired complete T7 paraplegia at age 15 in a car accident. Competed in a range of sports such as athletics at a high (youth representative) level pre-disability. Was introduced to wheelchair table tennis around 15 years following disability acquisition; represented Australia at the world stage internationally for 10 years before recently retiring.

John (PO4)- Male, 40 years, wheelchair AFL, current competitor: Sustained incomplete T10–T12 paraplegia at age 11 from bombing shrapnel. Suffered additional injury after being the victim of a hit and run in 2018. Played sport recreationally before acquiring disability and has competed nationally and internationally in wheelchair AFL for 10 years.

Adam (PO5)- Male, 38 years, wheelchair rugby, recently retired:

Acquired incomplete C6–C7 quadriplegia at age 17 following a recreational cliff-jumping accident. Played sport recreationally pre-injury and competed internationally in wheelchair rugby for 16 years before recently retiring.

Harry (PO6)- Male, 26 years, blind running/athletics, current competitor: Developed visual impairment/blindness at age 11 due to progressive disease. Engaged in sport recreationally prior to vision loss and has competed internationally in blind running from a young age for 10 years, including multiple Paralympic representations and medals.

Interviews

Data collection employed semi-structured interviews lasting 60–90 minutes, conducted using a researcher-developed interview guide (see Appendix F) refined through iterative consultation with multiple stakeholder groups. I constructed the final

interview guide, which was informed by the study's research aims, research questions, and relevant sport psychology literature on performance failure and coping (Henriksen et al., 2024; McLoughlin & Fletcher, 2020; Nuetzel, 2023). Development involved multiple consultative meetings with the Chief Executive Officer of DSA to ensure the questions were culturally sensitive, contextually appropriate and aligned with the lived realities of Paralympic athletes. The guide also underwent rigorous supervisory review to ensure theoretical coherence and methodological rigour (Smith & McGannon, 2017).

Following best practices for semi-structured interview design in sport psychology research (Sankey et al., 2025; Sparkes & Smith, 2014), the guide was organised thematically around five domains: (1) disability acquisition and sport journey, (2) memorable performance failure event, (3) immediate and short-term psychological responses, (4) longer-term meaning-making and coping strategies, and (5) role of acquired disability experience in shaping responses. Questions were intentionally open-ended and exploratory to facilitate participants' narrative construction while allowing flexibility to pursue emergent themes (Sparkes & Smith, 2014).

Interview Procedures

Participants were offered the choice of participating in interviews via an encrypted video-conferencing platform (Zoom), or face-to-face for those based in the Australian state of Victoria, to maximise accessibility and participant convenience. Five interviews were conducted online, and one was conducted in person. I conducted all interviews between August and October 2025 to ensure procedural consistency, develop rapport around sensitive topics and enable reflexive engagement with emerging data (Sparkes & Smith, 2014; Braun & Clarke, 2021).

Questions in the interview guide avoided jargon, were open-ended and were framed simply (for example, "In your own words, how did your disability come about?", "Can you tell me the story of a performance that felt like a failure for you?").

Probes and prompts (e.g., “How did those thoughts and feelings evolve over time?”, “What helped you?”) were used flexibly to clarify and invite elaboration while allowing participants to freely share subjective experiences in their own words (Braun & Clarke, 2021).

Consent was obtained via an online Qualtrics form prior to interviews and was verbally reconfirmed before and during recording of the interview, consistent with Australian ethical requirements for documented informed consent (NHMRC, 2023). Participants were reminded of their right to skip questions, pause or stop at any time. Following each interview, I transcribed all recordings to ensure accuracy and facilitate data immersion (Braun & Clarke, 2021). The transcripts were reviewed for completeness, checked against the audio and de-identified before analysis; all identifying information was removed, and pseudonyms (aliases) were assigned to protect confidentiality (NHMRC, 2023).

Trauma-Informed Interviewing Principles

The interview protocol incorporated trauma-informed principles, acknowledging the potential psychological sensitivity of discussing both disability acquisition and performance failure experiences (Alessi & Kahn, 2022; Papathomas et al., 2024). Trauma-informed approaches to qualitative research prioritise participant safety, autonomy and empowerment throughout all research phases, recognising that individuals may have experienced various forms of trauma and ensuring that research processes do not inadvertently cause re-traumatisation (Henriksen et al., 2024; Papathomas et al., 2024).

Consistent with trauma-informed guidelines (Alessi & Kahn, 2022; Papathomas et al., 2024), several specific strategies were embedded within the interview protocol. First, informed consent processes emphasised the participant’s right to pause, skip questions or withdraw at any time without consequence, with this information reiterated

verbally at the interview commencement. Second, interviews began with a warm-up phase establishing rapport and psychological safety before transitioning to potentially sensitive topics, a sequencing strategy recommended to reduce distress and enhance participant comfort (Henriksen et al., 2024). Third, the researcher actively monitored participants' verbal and nonverbal cues throughout the interviews, offering breaks and check-ins to assess emotional wellbeing and ensure participants felt supported (Alessi & Kahn, 2022). Fourth, interviews concluded with a structured closing script providing mental health support resources (Lifeline: 13 11 14; Beyond Blue: 1300 22 4636) and affirming participants' valuable contributions to normalise any emotional responses while providing pathways for further support if needed (Papathomas et al., 2024). These trauma-informed strategies align with ethical obligations to prioritise participant welfare in research involving potentially vulnerable populations (NHMRC, 2023).

Member Checking as Collaborative Dialogue

Following transcription and preliminary analysis, member checking was conducted as a collaborative, dialogic process rather than a validation technique (Birt et al., 2016; Motulsky, 2021; Smith & McGannon, 2017). Contemporary qualitative methodology increasingly recognises that member checking should not be conceptualised as participant "validation" of researcher interpretations, as this implies a single, objective truth that participants can confirm or disconfirm (Birt et al., 2016; Motulsky, 2021). Instead, member checking is understood as an ethical, co-participatory process that honours participants' voices, ensures interpretations resonate with their intended meanings, and provides opportunity for clarification, elaboration or correction (Birt et al., 2016; Motulsky, 2021; Smith & McGannon, 2017).

In this study, member checking involved emailing each participant a document containing a multitude of their main quotations that were selected for analysis, including how I interpreted them (split into disability experience and sport experience, for ease of

comprehension). Alongside that document, I sent them a PowerPoint presentation that illustrated how I intended these quotations to be thematically interpreted and organised within the thesis (additional interpretive notes were included in slide notes sections). This was all done in layperson language so it could be easily understood by participants. Participants were invited to review these materials and provide feedback via written comments (in a different colour) or through a phone conversation. The email explicitly framed this process as ensuring that their words and experiences were represented/captured accurately and respectfully as they intended, rather than seeking validation or confirmation. This approach aligns with Smith and McGannon's (2017) argument that member checking in sport psychology should be undertaken "not to validate findings in a positivist sense, but to open space for dialogue, co-construction of meaning, and ethical representation of participant voices" (p. 115). Each participant indicated that the data/representations accurately captured their intended meanings and no follow-up interviews or revisions were needed.

Trustworthiness

Trustworthiness is a foundational concept in qualitative research, ensuring that findings are robust, credible, and meaningful for both academic and applied audiences (Korstjens & Moser, 2018). The trustworthiness framework comprises four interrelated criteria: credibility, transferability, dependability and confirmability (Nowell et al., 2017).

Credibility refers to the confidence that can be placed in the truthfulness of findings, achieved through strategies such as prolonged engagement, reflexive journalling and the use of direct participant quotations to ensure interpretations accurately reflect participants' lived experiences (Korstjens & Moser, 2018; Nowell et al., 2017). In this study, credibility was established through conducting in-depth semi-structured interviews (most lasting approximately 90 minutes), engaging in reflexive

journalling and member checking as collaborative dialogue after each interview, and grounding all interpretations in verbatim data extracts presented transparently in the Findings and Discussion section (Braun & Clarke, 2021; Smith & McGannon, 2017).

Transferability is the extent to which research findings may be applied to other contexts or groups, addressed through providing thick, contextual descriptions of elite sport and disability environments that allow readers to assess the relevance to their own settings (Korstjens & Moser, 2018). This study provided detailed participant demographics, comprehensive descriptions of disability acquisition circumstances and sporting contexts, and rich narrative accounts enabling readers to evaluate the applicability of the findings.

Dependability concerns the stability and consistency of the research process over time, maintained through comprehensive audit trails documenting each stage of recruitment, data collection and analysis, and systematic approaches to coding and theme development that support transparency and potential replicability (Korstjens & Moser, 2018; Nowell et al., 2017). A detailed audit trail was maintained throughout this study, including recruitment logs, interview recordings and transcripts, coding spreadsheets documenting analytical decisions, reflexive journal entries, and supervisory meeting notes.

Confirmability ensures that findings are shaped by participant data rather than researcher bias; it is achieved through reflexive journalling, regular supervisory feedback, transparent reporting of analytic decisions, and clear separation between participant voices and researcher interpretations (Korstjens & Moser, 2018; Smith & McGannon, 2017). Confirmability was enhanced through maintaining a reflexive journal documenting assumptions and interpretive choices, engaging in regular supervisory consultation to interrogate emerging interpretations, and presenting the findings with extensive verbatim quotations, allowing readers to evaluate interpretive

coherence. By systematically applying these four criteria throughout the research design and analysis, this study upholds rigorous qualitative standards and contributes trustworthy insights to sport psychology and disability research.

Data Analysis

Data analysis followed Braun and Clarke's (2021) reflexive thematic analysis (RTA) framework, selected for its epistemological flexibility, compatibility with social constructivist positioning and explicit incorporation of researcher reflexivity as an analytical resource rather than a limitation. RTA is defined as "a method for developing, analysing and interpreting patterns (themes) across a qualitative dataset, that involves the researcher as actively engaged in knowledge production" (Braun & Clarke, 2021, p. 4). RTA differs fundamentally from other forms of thematic analysis because it positions the researcher as an active agent in knowledge construction, requiring ongoing reflexive engagement with data interpretation processes rather than treating themes as passively "emerging" from data (Braun & Clarke, 2019, 2021). This approach aligns with social constructivist epistemology by embracing researcher positionality while maintaining analytical rigour through systematic procedures and transparent documentation of interpretive choices (Braun & Clarke, 2021; Smith & McGannon, 2017).

My analysis proceeded through six iterative phases, as outlined by Braun and Clarke (2021). Phase 1: Familiarisation involved immersive engagement with data through listening to interviews and reading the AI-generated transcripts while manually conducting verbatim transcription editing, correcting, highlighting and note-taking. Non-verbal cues and tones were noted during interviews, as were preliminary observations or patterns relevant to research questions.

Phase 2: Systematic coding encompassed line-by-line analysis, generating initial codes capturing meaning units relevant to psychological outcomes and coping

strategies, using both inductive (data-driven) and deductive (theory-informed) approaches guided by Lazarus and Folkman's (1984) transactional stress and coping framework. Codes were documented in multiple Excel spreadsheets with separate columns for raw data extracts, initial codes, and researcher interpretive reflections to maintain reflexive awareness and prevent premature interpretation (Braun & Clarke, 2021).

Phase 3: Initial theme generation involved analysing data for patterns, clustering codes into provisional themes reflecting the study's aims and research questions, and generating tables on Microsoft Word and Excel, with raw data/verbatim quotations focusing on both the disability experience and performance-failure experience domains.

Phase 4: Theme development and review required iterative refinement ensuring internal coherence (all data within themes cohered meaningfully) and clear distinctions between themes, with regular supervisory consultation providing critical feedback on thematic structures and interpretive decisions (Braun & Clarke, 2021; Smith & McGannon, 2017). This phase involved stripping back initial interpretations to core data patterns, resulting in the identification of three overarching themes and five interrelated key themes.

Phase 5: Theme definition and naming involved developing precise definitions and scopes for each overarching and key theme while staying true to participant voices and considering relationships with the research aims. Thematic titles were refined to accurately capture conceptual essence while remaining representative of participant voices and accessible to both academic and practitioner audiences.

Phase 6: Final analysis and write-up encompassed refining the selection of compelling raw data extracts and developing analytical narratives addressing the research questions (Braun & Clarke, 2021).

This analytic process laid the foundation for presenting the key patterns identified in participants' accounts of performance failure and coping. In the Findings and Discussion section, these overarching and key themes are introduced and illustrated using verbatim participant quotations. Interpretive commentary then connects the thematic analysis back to the research questions, theoretical framework and existing sport psychology literature. Together, the findings and discussion extend this analytic work by showing how elite athletes with APD construct meaning around performance failure, and how their coping strategies shape psychological outcomes over time.

Findings and Discussion

Due to the qualitative nature of the study, and for ease of understanding for the reader, I decided to integrate the results of the interviews with the discussion of the findings together. The aim of the present study was to explore and understand how elite athletes with acquired physical disability (APD) experience, cope with, and psychologically respond to performance failure. This study is guided by a central research question: How do elite athletes with APD experience and psychologically respond to performance failure? To deepen understandings of this phenomenon, three sub-questions further guided the inquiry: (i) What coping strategies do elite athletes with APD develop and employ when confronting performance failure?, (ii) How might coping strategies be influenced by their experiences of disability? and (iii) How do these athletes perceive and interpret their psychological outcomes following performance failure, including the impacts on their mental health and overall wellbeing?

After conducting RTA (Braun & Clarke, 2021) on each interview transcript, three overarching themes and five interrelated key themes were developed and derived from the data that captured the complex psychological processes underpinning participants' experiences of, and responses to, performance failure. The three

overarching themes were: (1) Motivational Disposition, (2) Coping Strategies, and (3) Psychological Outcomes. Within these overarching themes, five interconnected key themes were revealed: (1) “I didn’t come this far to give up”- Adaptive striving (Motivational Disposition); (2) “It is what it is”- Accepting what you can’t change (Coping Strategies); (3) “What’s next?”- Figuring out the plan (Coping Strategies); (4) “Speed bumps, not roadblocks”- Learning from failure (Coping Strategies); and (5) “You just keep going”- Building “unbreakable” resilience (Psychological Outcomes).

These themes are all interconnected, reflecting dynamic psychological processes rather than discrete, isolated phenomena (see appendix G for the thematic map showing how all these themes interrelate). The first overarching theme, characterised by participants as motivational dispositions, is defined by me in this context as the persistent, adaptive striving developed through navigating disability adaptation. This initial overarching theme appeared to serve as a foundational psychological pattern that may have influenced subsequent responses to adversity. This dispositional foundation seemed to proceed to influence the coping strategies that participants employed when confronting performance failure, including acceptance of uncontrollable circumstances, problem-focused planning and action, and cognitive reframing of failure as a learning opportunity. It then seems that the coping strategies, in turn, may have contributed to the psychological outcomes of resilience and the sustained capacity to persist through repeated setbacks and performance failure. Critically, participants’ experiences and responses manifested across two distinct yet profoundly connected contexts: the disability experience, which encompassed the lived adaptation, identity reconstruction, and meaning-making following APD, and the performance failure experience, which referred to memorable, significant moments of athletic underperformance during high-stakes competition and the subsequent psychological impact. Participants’ narratives about psychological skills, cognitive patterns, and coping strategies used throughout

disability adaptation seemed to be later applied to managing performance failure in elite sport, suggesting a process of psychological transfer wherein adversity-forged resilience became a resource for athletic contexts.

The layout of the current findings and discussion section is presented in an inter-woven yet sequential format, addressing each overarching theme and its related key theme(s) through each participant's personal narratives. Consistent with the idiographic commitments of reflexive thematic analysis and narrative approaches, the analysis prioritises depth of engagement with individual cases before moving to patterns across the data set. For each theme, findings are presented by describing what developed from participant narratives, illustrated with relevant verbatim quotes from both the disability experience and the performance failure experience context. Within each subtheme, one participant's account is deliberately foregrounded as an illustrative case to preserve the coherence of their story and to convey the contextual complexity of their meaning-making, while additional participants' voices are woven through the analytic narrative to demonstrate that the subtheme reflects a shared pattern rather than a single, idiosyncratic experience. Following this, findings are discussed within relevant theoretical frameworks and existing empirical literature, exploring how the present findings extend, challenge, or align with current understandings of motivation, coping, resilience, and performance failure in sport psychology and disability literature. Finally, at the end of the discussion of each overarching theme, I conclude with a synthesis of the key findings relating to the interrelated key theme/s, which includes discussion about participants' collective similarities in each synthesis section. This structure acknowledges both commonalities and differences between participants, allowing points of convergence with existing relevant literature to be highlighted, while also attending to the specific ways that athletes with APD may experience and respond to failure. This

integrated approach enables readers to capture the depth and essence of each participant's profound experience in both theme and participant order (PO1-PO6).

Overarching Theme 1: Motivational Disposition

In sport psychology literature, motivational dispositions are defined as relatively stable achievement-related tendencies, such as hope for success or fear of failure, that shape how athletes interpret performance situations and regulate their motivated behaviour (Brinkmöller et al., 2024). Motivational disposition was identified as a foundational psychological pattern that shaped how these elite athletes with APD interpreted adversity, set goals, and responded to setbacks- both in navigating life with disability and in confronting performance failure in sport. This theme captures the persistent, relentless drive to keep moving forward that permeated each participants' narrative. This elite-level achievement orientation may not have existed prior to the disability; but may have been developed after acquiring their impairments. Only Anne (PO3) had competed at the youth representative level pre-disability. This pattern may suggest that the very experience of adapting to APD may have catalysed the development of these performance-focused mindsets, with characteristics such as self-referenced goal pursuit, mastery striving, and unwavering determination discussed in the interviews. Traditional (non-disability inclusive) sport psychology literature examining achievement motivation and resilience indicates that athletes' sporting identities develop linearly from youth through talent development pathways (Côté et al., 2007). This overarching theme may directly challenge this idea. What participants learned about setting goals, persisting through seemingly impossible challenges, and redefining what success meant while navigating disability was likely the psychological foundation that later shaped how they responded to performance failure in elite sport.

Key Theme 1: "I didn't come this far to give up"- Adaptive striving

Adaptive striving captures the persistent, relentless drive characterised by task-oriented goal pursuit, self-referenced standards of excellence, and unwavering determination that participants demonstrated across both disability adaptation and sport performance contexts. This key theme identifies how navigating adaptation to APD cultivated motivational dispositions, incremental goal setting, mastery focus, and problem-solving persistence that later shaped responses to performance failure.

Nina (PO1): "What I can tackle now"- Present-Focused Striving Forged Through Late-Life Disability. Nina, who acquired complete T6 paraplegia at age 31 from a hiking accident, after three decades of able-bodied life, developed a radically present-focused approach to achievement. She explained: "I don't think too far ahead, so I try and be very present and in the moment... I don't tend to think big picture. I tend to think what I can tackle now." This wasn't just a preference; it was a survival strategy. Nina described how waking up one day at 31 years old and your entire physical reality has been shattered, thinking about the "big picture" becomes overwhelming, even paralysing. Therefore, Nina learned to narrow her focus to what was immediately in front of her: what single task could she master today? This incremental, step-by-step approach became her way of navigating rehabilitation's crushing demands without drowning in the enormity of permanent paralysis.

This orientation toward proximal, controllable goals reflects task (mastery) orientation within achievement goal orientation theory (Nicholls, 1989). Nina seemed to define competence through self-referenced improvement, rather than comparing herself to others. Past researchers state that task-oriented athletes persist longer, cope more adaptively, and sustain motivation better when facing challenges, because their sense of success is not dependent on external benchmarks (Kalinowski et al., 2022; Roberts et al., 2007). For Nina, disability adaptation likely demanded this shift as she could not

measure herself against her able-bodied past or compare her progress to the recovery timelines of others. Achievement meant "what I can tackle now", representing, a philosophical reframing that prioritised mastery of present tasks over distant outcomes.

This same philosophy seemed to transfer well into Nina's sport performance context. When describing how she manages and sustains elite performance in her sport (para-shooting), she stated:

> I have goals, but mine are much more short-term, tangible, smart, because I feel like that will get me to my goal. But if I just aim for a big goal, but I don't have smaller ones like to get me there, I'm not going to get there.

Notice the pragmatic logic: big goals without smaller stepping stones may be functionally ineffective for Nina. This structured, process-oriented approach, cultivated through breaking down overwhelming disability challenges, may have enabled her to deconstruct performance failure into manageable components, identify specific improvement areas, and re-engage with training without catastrophising outcomes. Self-regulation frameworks (Ceccarelli et al., 2019) support this: hierarchical goal systems wherein distal goals are scaffolded by proximal subgoals enhance persistence when obstacles arise. Nina's disability experience may have taught her this adaptive goal structure, allowing her to sustain elite participation into her 50s, a remarkable achievement requiring not just physical capacity but profound psychological adaptability.

Harry (PO2): "What's next?"- Pragmatic Forward Focus Despite Recent Trauma. Harry demonstrated that, despite being the least experienced interviewee (with only three years elite competition experience), his achievement orientation already reflected considerable and profound maturity. After acquiring incomplete T11-T12 paraplegia plus acquired brain injury at age 19 from a workplace accident, Harry described his thinking immediately following his accident:

> I do remember thinking to myself, what's next? There's no alternative... so I can be the burden to not only my family and have them care for me for the rest of my life, or at least do what I can to make the most out of the situation that I'm in now. And, to me, that was the only option.

The phrase "what's next?" became a recurring motif throughout PO2's narrative, a forward-focused mantra that encapsulated an approach-oriented coping stance. Harry may be immediately identifying what remains controllable (i.e., his response, his effort), and so directs problem-solving energy there, rather than ruminating on what has been lost. Rather than clearly specifying the source of his motivation, Harry's account suggests that his efforts to "make the most" of the situation are organised around personally meaningful values and a strong sense of responsibility to others, which is consistent with more internalised forms of motivation described within self-determination theory (Deci & Ryan, 2000), such as identified or integrated regulation. Despite the negative circumstances, Harry framed his situation as a choice between becoming dependent or "making the most" of new realities, and for him, dependency was not an option. His insistent forward focus and refusal to dwell on past events may have accelerated his development of adaptive psychological skills.

This same mindset was displayed powerfully when managing performance failure in wheelchair AFL. Harry described managing performance failure during competition:

> When you make a few errors, it's all on you. So you have to learn and to manage your mind to not be negative all the time. Because if you are negative, the errors will keep snowballing. So you gotta get yourself out of that and think 'you know what, I'm going to win this point' and gain that momentum back on your terms.

This quote reflects Harry's adaptive mindset, emphasising the importance of internal control and self-referenced evaluation rather than external comparison. Rather than

ruminating on mistakes or spiralling into self-blame (patterns associated with ego orientation and helpless responses; Dweck, 2006), Harry seems to have actively redirected his attention to the immediate, controllable goal: winning this point. This sophisticated emotional regulation may reflect psychological flexibility (i.e., the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends; Moore, 2009). What results is the capacity to connect with and accept the circumstances of the present moment and persist in adaptive behaviour despite difficult internal experiences (Hayes et al., 2006).

Building upon Harry's demonstration of adaptive coping strategies; qualitative research with Paralympians has shown that repeatedly managing the demands of acquired disability and high-performance sport can foster mental toughness and context-specific coping strategies. Such strategies include rational thinking, goal setting and pain management, which athletes then apply in competition (Powell & Myers, 2017). Disability sport studies have similarly reported that athletes often attribute their resilience and ability to cope with sporting challenges to the psychological skills developed through living with disability and overcoming associated barriers (Goodwin et al., 2009; Martin, 2017). That fact that this capacity developed so quickly in Harry (only 3 years elite competition experience) may indicate that the disability experience itself might function as a type of accelerated training ground for adaptive psychological skills. Harry later articulated his ambitions in sport and how gaining perspective helped him overcome a challenging season:

> I came to a realisation that everyone who plays, not just wheelchair AFL, but sport in general, have their own reasons why. For me, I want to be the best. I want to be the face of the sport.

While this contains ego-oriented elements (wanting recognition), it may be grounded in deeper mastery striving shown by a commitment to excellence cultivated through surviving and adapting to APD.

Anne (PO3): "Getting Out of Bed Is an Achievement"- Redefining Competence Through Disability. Anne, who acquired complete T7 paraplegia at age 15 in a car accident, offered perhaps one of the richest insights into how disability fundamentally reshaped what achievement meant. She described herself as inherently "driven", but says disability forced a radical reconceptualisation: "sometimes striving is getting out of bed and getting what you need done for somebody with a disability, and that's an achievement". In other words, activities able-bodied people take for granted as accomplishments, such as getting out of bed or completing basic self-care, become genuine markers of competence when you are navigating life with paraplegia. This was not a lowering of standards; it was reconstructing them around new physical realities.

Acquiring paraplegia at age 15, in the midst of adolescent identity formation (Erikson, 1968), meant Anne's sense of who she was and what she was capable of, had to be completely rebuilt. Anne continued: "So for me, it was always like, okay, what do we need to do? What do we have to do? How do we get her home?". This problem-focused, solution-oriented mindset may have become her default mode. Notice the cognitive pattern: immediate pivot to problem-solving ("what do we need to do?") rather than dwelling on unfairness or loss. This may reflect the essence of task orientation: a focus on controllable processes and mastery of immediate challenges rather than normative comparisons or uncontrollable outcomes.

This achievement orientation seemed to transfer powerfully into elite sport. She reflected on her motivational style and psychological response to performance failure: "I'm never content... at a little individual kind of level, but in my career, it's like, right, What's next?... It's always how can we make it better". That same forward-focused

questioning (i.e., “what’s next?”) shows up again. This relentless pursuit of continuous improvement is classic task orientation, though it also hints at potential psychological costs of never experiencing satisfaction or contentment. This pattern hints at potential maladaptive perfectionism (often termed perfectionistic concerns), which is associated with significant psychological costs such as burnout and distress. Researchers distinguish between adaptive striving (high standards balanced with flexibility) and maladaptive perfectionism, which is defined by excessive concern over mistakes, rigid standards, and critical self-evaluation (Hill et al., 2011). Anne’s “never content” disposition could therefore slide into maladaptive territory without the protective functions of self-compassion and psychological flexibility.

Anne continued to articulate how sport provided something disability often took away: complete personal agency. “[Sport is] something I could do that was purely reliant on me. That its success or failure was completely reliant on me. And that responsibility is empowering.” In daily life with paraplegia, Anne navigated environmental barriers, relied on assistive technologies, and faced societal limitations. However, in wheelchair table tennis, success and failure flowed directly from her effort and strategy, rather than being reliant on others. This sense of empowerment may have reinforced her task orientation because outcomes were perceived as direct consequences of controllable factors (effort, tactics) rather than external, uncontrollable variables. Attribution theory (Weiner, 1985) supports this: individuals attributing outcomes to internal, controllable causes demonstrate greater motivation and persistence than those attributing outcomes to external factors like luck or task difficulty.

Notably, Anne was the only participant who had competed at the youth representative level pre-disability, which may suggest that her achievement orientation was adapted and deepened, not newly constructed, following her acquiring physical disability. Research indicates conscientiousness, characterised by self-discipline,

dutifulness, achievement striving, predicts sustained goal pursuit and athletic performance (McCrae & Costa, 2008). It may be plausible that Anne possessed high conscientiousness prior to disability, facilitating both adaptive adjustment and elite sport success. Her pre-existing psychological strategies were reinforced through adversity, creating a particularly robust motivational disposition.

John (PO4): "It's you. you're the one that has to decide"- Personal Agency Forged Through Repeated Trauma. John acquired incomplete T10-T12 paraplegia at age 11 from bombing shrapnel, then survived an additional hit-and-run car incident in 2018 (at age 33). His narrative seemed to emphasise radical personal agency and self-reliance:

> But in the end of the day, it's you. It's you, you're the one that has to decide. No one else... it's you that will have to make the decision. If you don't make that decision, it's not going to go any further.

This quote represents and solidifies a core belief his: ultimate responsibility rests with the individual. This internal locus of control, forged through navigating life-threatening traumas, may have been the foundation of his achievement orientation.

John also reflected on how acquiring his disability may have reshaped his entire perspective on life including his response to performance failure:

> It made me look at life in a different way, having more gratitude, having more kind of acceptance, not worrying about simplest issues, making sure that I'm putting everyone in the same shoes, empathising, and also being not too hard on myself and just telling myself you are human too. You have issues. You go through phases. It's all part of your life.

It seems from this quote that, for John, gratitude, acceptance, empathy, and self-compassion were all cultivated through surviving life-altering events. This is not toxic positivity; it is a genuine perspective gained through adversity. When you have survived

bombing shrapnel and a hit-and-run, performance failure in sport genuinely feels less threatening. This aligns with stress inoculation principles (Meichenbaum, 2007)- exposure to manageable stressors enhances resilience for subsequent challenges (Seery et al., 2010).

When explaining his achievement orientation in sport, John emphasised process over outcome:

> In my mindset it is not about winning or losing, [it] is all about performing. So in my mind, yes, I love winning, yes, I hate losing. But more than anything, I'll come to a conclusion, let me perform. Let me keep performing.

This philosophy appears to foreground the core of task orientation (Nicholls, 1989), which involves prioritising self-referenced standards of excellence (performance quality) over normative comparisons (winning versus losing). At the same time, John's explicit statements that he 'loves winning' and 'hates losing' indicate that outcome-focused concerns remain important for him personally, which is consistent with achievement-goal research showing that many competitive athletes endorse profiles characterised by relatively high task and high ego orientations rather than a purely task-focused style (Kuan & Roy, 2007).He continued: "I wouldn't go into another game with this last game mindset", illustrating his capacity to compartmentalise failures and maintain a forward-looking focus. This quotation may reflect problem-focused coping (Lazarus & Folkman, 1984) and psychological flexibility (Hayes et al., 2006), by engaging with controllable, forward-looking processes rather than ruminating on past disappointments. This orientation, seemingly cultivated through disability adaptation, may protect John against performance-related distress. Research on mental toughness identifies there are three key protective factors that are likely evident in John's narrative: emotional control, commitment to goals, and challenge appraisal (Nicholls & Polman, 2007).

Adam (PO5): "Watch me"- Oppositional Motivation and Fearless Engagement.

Adam, who acquired incomplete C6-C7 quadriplegia at age 17 from a cliff-jumping accident, seemingly demonstrated a defiant, psychologically reactive motivational disposition. Perceived societal limitations and ableist assumptions may have functioned as a primary source of motivational energy for his adaptive striving. Adam appeared to transform external judgements into personally meaningful challenges that were aligned with his values and sense of identity. This reframing process, wherein constraints are reconstrued as catalysts for demonstrating competence, may have supported his psychological resilience in navigating both performance failure and the physical and psychosocial consequences of spinal cord injury.

Self-Determination Theory (SDT; Ryan & Deci, 2000) distinguishes between autonomous motivation (driven by intrinsic interest or integrated values) and controlled motivation (driven by external pressures or contingent self-worth). Adam's defiant determination appears to represent integrated regulation strategies- internalising external challenges as opportunities to demonstrate capability, maintaining autonomous motivation despite the oppositional framing (Ryan & Deci, 2017). Research on Paralympic athletes' identity development supports this theory: sport participation can serve as a context for resisting ableist narratives and reconstructing positive self-concepts (Smith & Sparkes, 2008).

Interestingly, it also appears that Adam transformed his views on injury and physical risk prior to acquiring his physical disability through reappraisal (the process of changing the meaning or interpretation of a situation in order to feel differently about it; Gross, 2015). He admitted that pre-disability, "I was afraid of getting hurt", and he never wanted to play contact sports. However, post-disability, he embraced wheelchair rugby, one of the most physical, collision-intensive adapted sports, without fear of further injury. He reflected:

> I think that comes back to me just dealing with, you know, the downsides of my accident, but family life before the accident, stuff like that. Just small little things that have happened over my life. It's like, well, in the big scheme of things, it's not that bad.

Having survived quadriplegia, further injury lost its power to intimidate. This paradoxical psychological liberation (i.e., surviving the "worst" outcome, freeing him from fear-based inhibition), aligns with current posttraumatic growth literature. For example, Tedeschi and Calhoun (2004) suggested that individuals who overcome adversity often report reduced anxiety about future threats and increased willingness to take risks in service of valued goals. His achievement orientation in sport further reflected clarity and disciplined execution, demonstrated when he stated,

> I just know what I want and I will do and try to get whatever I can to get to that point... I think that probably comes from being an athlete.

The structured nature of elite sport training seemed to have reinforced his task-oriented disposition. Following training plans with fidelity mirrors the daily discipline required to manage quadriplegia, as coping with both disability and performance failure demands sustained effort toward incremental progress. When performance failure occurred, his commitment to "doing what you're asked" facilitated adherence to corrective protocols and feedback, which are critical for post-failure improvement and consistent with problem-focused coping (Lazarus & Folkman, 1984).

Jack (PO6): "I lost connection to the kid with the dream"- When Intrinsic Passion Becomes Instrumental Striving. Jack's experience provides crucial insight into achievement orientation's potential vulnerabilities. He acquired visual impairment/blindness at age 11 from illness and his motivational pathway differed markedly from other participants. Jack reflected: "No one had told me I couldn't do something, so I didn't have that chip on my shoulder". Unlike the other participants,

whose achievement motivation appeared to be, at least partially, fuelled by defiance of perceived limitations, Jack's motivation emerged within a psychological context free from significant stigmatising messages. Acquiring disability relatively young with a more known and gradual onset, rather than a sudden traumatic accident, may have allowed for more intrinsic, uncomplicated task orientation to develop. Jack began his elite disability sport pathway young (aged 13), which may have led to elite performance values being instilled into his core personality. Research indicates the timing, nature, and social context of disability acquisition shape identity integration trajectories (Martin, 2017; Shapiro & Martin, 2014).

Jack described setting ambitious goals from the outset, stating, "The goal from day one in the sport was to qualify for the games... I wrote down these, like goals on a whiteboard, and they're pretty lofty, ambitious goals". His disability experience did not impose psychological burdens related to stigma or lowered expectations; instead, his disability provided psychological freedom to pursue excellence. However, this pathway carried hidden vulnerabilities.

Despite winning three Paralympic medals, an extraordinary success by any standard, Jack described a profound psychological crisis: "I won three [Olympic] medals... but at the time, three was still a failure, because none of them were the colour gold. And I say that because I really struggled after that". To Jack, three Paralympic medals felt like failures because none of them were gold. This indicates the psychological vulnerability inherent in rigid, outcome-focused achievement goals characterised by conditional self-worth, even when outcomes represent elite-level success. Jack continued discussing this psychological dilemma,

> … those goals I wrote on the whiteboard were awesome because they were what got me up out of bed in the morning to go train, but then running went from this

> thing that I was very passionate about and, like, took the shackles off, to being something that was just a means to an end to achieve a goal.

This quote may indicate what began as intrinsic, autonomous motivation rooted in passion for running gradually, shifted toward controlled, outcome-contingent motivation characterised by instrumental striving.

Jack's perhaps most poignant insight was highlighted as he reflected among his athletic career and psychological responses and outcomes following performance failure,

> I lost connection to the kid that came up with a dream in the first place. It's good to have a dream, but like, some version of yourself came up with that dream at some point... you can't forget that kid. And if you do, it becomes hard.

This eloquently captures the psychological cost of excessive goal fixation divorced from process enjoyment and self-compassion. Research on achievement goal-orientations (Gillet et al., 2014) has indicated that while approach goals are generally associated with positive outcomes, exclusive focus on outcome attainment without integration of intrinsic enjoyment and self-acceptance undermines wellbeing and sustainable motivation. Jack's experience underscores the importance of maintaining balanced achievement orientations; honouring ambitious goals while preserving intrinsic love for the activity and flexibility in defining success. Jack further explained, "In this like, all in to win mentality that we were kind of brought up on, it didn't leave any protection for if that didn't happen". This quote may indicate that growing up as an elite athlete from a young age may facilitate high-achievement striving beneficial to performance, however, it lacks the adaptive, process-focused elements necessary for psychological resilience when outcomes fall short. This distinction highlights the importance of differentiating task-approach goals (focused on mastery, learning, improvement) from rigid outcome goals (focused exclusively on specific benchmarks; Nuetzel, 2023). Research shows

that both task-approach goals and outcome goals drive high performance, but task-approach goals are associated with greater psychological flexibility, adaptive coping, and sustained wellbeing (Martínez-González et al., 2021).

Synthesis: Disability as Catalyst for Adaptive Striving

In summary, the narratives of these six athletes reveal that adapting to APD functions as a catalyst for developing a distinct, robust motivational disposition characterised by ‘adaptive striving’. This manifested through outcomes such as Nina’s survival-based incrementalism ("what I can tackle now"), Harry’s pragmatic forward focus ("what’s next?"), John’s radical agency ("it’s you"), and Adam’s defiant engagement ("watch me"). Participants demonstrated that the psychological tools required to navigate adapting to APD, specifically the shift toward self-referenced mastery and persistent problem-solving, became the very engine of their athletic achievement. Even the cautionary experience of Jack serves to highlight that while high-achievement striving is powerful, it remains fragile without the protective balance of intrinsic connection.

This overarching theme of Motivational Disposition is not merely a descriptive characteristic; it functions as the psychological antecedent and foundation for the themes that follow. This deep-seated achievement orientation effectively primes these athletes to select specific, adaptive responses when they encounter failure. It provides the directional drive that leads directly into the next overarching theme, Coping Strategies. Specifically, an athlete with a disposition wired for "what’s next?" or "fixing it" may be naturally predisposed to employ problem-focused coping rather than avoidance. Similarly, a disposition grounded in internal agency and acceptance of reality (e.g., John’s narrative) may facilitate acceptance and meaning-focused coping strategies. Ultimately, this motivational disposition serves as the internal fuel that sustains effort and commitment, ensuring that when specific coping strategies are

enacted in the face of performance failure, the fundamental will to persist remains unbreakable.

Overarching Theme 2: Coping Strategies

The second overarching theme, coping strategies, was identified in this study as important internal processes necessary for athlete wellbeing. Coping strategies are defined as the constantly changing cognitive and behavioural efforts to manage specific external or internal demands appraised as taxing or exceeding one's resources (Lazarus & Folkman, 1984). Three of the five interrelated key themes identified in this study related to managing performance failure in sport: "It is what it is"- Accepting what you can't change; "What's next?"- Figuring out the plan; and "Speed bumps, not roadblocks"- Learning from failure. Critically, the degree of acceptance achieved following disability acquisition appeared to function as a psychological gateway, either enabling or constraining participants' ability to employ adaptive coping strategies when confronting performance failure in sport. Consistent with the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), participants' coping reflected dynamic appraisals. That is, acceptance-based strategies addressed uncontrollable elements of failure (past outcomes, others' performances), problem-focused strategies targeted modifiable factors (training deficits, tactical errors, preparation), and learning-oriented reframing transformed failures into growth opportunities sustaining motivation for future competition (Skinner et al., 2003).

Key Theme 2: "It is what it is"- Accepting what you can't change

Acceptance in performance failure involved acknowledging unchangeable aspects of competitive outcomes, such as matches already lost or podium finishes already determined, without rumination or catastrophising, thereby freeing psychological resources for forward-focused action (Lazarus & Folkman, 1984). However, as previously mentioned above, a key finding seemed to be that participants'

capacity to employ acceptance when confronting performance failure was profoundly shaped by whether they had achieved acceptance of their APD. Those who achieved fuller acceptance of disability seemed to demonstrate more flexible, rapid, and sophisticated coping responses to performance failure, while incomplete acceptance seemed to prolong emotional distress and delay recovery despite demonstrated problem-solving capacity.

Nina (PO1): Fragmented Acceptance- "My happiness is capped". Nina's experience indicated the profound distinction between cognitive acknowledgement (the recognition of something's existence; Hayes et al., 2006) and complete (or radical) acceptance (fully accepting reality as it is in the present moment, including painful or distressing aspects, without attempts to change, avoid, or judge the situation; Görg et al., 2017). Nina stated, when speaking about her disability experience:

> I have accepted it, but… I say, I feel like my happiness is capped. So everyone's like, you know, what's 10 out of 10 happy? Like, I could never get to 10 out of 10 happy ever again... there's a cap on it now.

In this quotation, Nina affirms that she feels she has accepted her disability, but, in the same breath, described persistent, irrevocable loss that she emotionally can't move past. This is likely not full acceptance, but cognitive acknowledgement without emotional integration. Although Nina is clearly able to acknowledge her new reality of living life with paraplegia, she seemingly has never been able to reach a level of complete acceptance where she could emotionally move forward. The metaphor of a "cap" on happiness reveals something deeper. Nina acknowledges a fixed, immutable belief that joy is now permanently limited and that some part of her capacity for wellbeing possibly died alongside her ability to walk at age 31.

Research on Acceptance and Commitment Therapy (ACT; Hayes et al., 1999) distinguishes between cognitive fusion, which is dominated by stubborn thoughts as

literal truths, and genuine acceptance, which involves willingness to experience difficult internal states without attempting to avoid, suppress, control or change them (Hayes et al., 2006). Nina's narrative may indicate that she remained cognitively fused with the belief that disability had irrevocably diminished her life's potential for happiness. Gillanders et al. (2014) found that cognitive fusion with negative self-beliefs predicts greater psychological distress and reduced behavioural flexibility when confronting setbacks. This cognitive rigidity likely hindered Nina's capacity to experience moments of genuine joy since acquiring paraplegia.

This incomplete acceptance manifested powerfully in her performance failure responses in para-shooting as she explained,

> Once I formulate a plan of how to move forward from the performance failure, then I feel okay... I'm at peace with that bit now, but it never goes away. It's tucked in that little vault, but it's there... until I get on the line [start competing].

The "little vault" metaphor seems devastating in its honesty, which may describe emotional material tucked away but never processed (similar to disability experience), accumulating weight, ready to resurface under competitive pressure. Unlike other participants who described relatively rapid psychological recovery from competitive disappointments, Nina appeared to experience delayed processing and persistent emotional residue. Performance failures were not processed and released; they seemed to be compartmentalised and stored, resurfacing precisely when she needed psychological freedom most, which was on the shooting "line" during competition.

Research on emotional regulation distinguishes between adaptive strategies involving emotional acknowledgement with behavioural engagement, and maladaptive strategies involving suppression or avoidance, with the former predicting superior wellbeing and performance outcomes (Gross, 2015). Nina's "little vault" may indicate suppression rather than processing; a strategy that, while enabling continued

participation, may have contributed ongoing psychological costs. Moreover, being the only participant to express facing significant ongoing systemic pressures and organisational dysfunction within her sport likely compounded acceptance difficulties. For athletes, when structural support is absent and organisational barriers proliferate, accepting performance failure becomes exponentially harder because setbacks occur within a context that feels fundamentally unjust (Dehghansai et al., 2017).

Harry (PO2): Pragmatic Acceptance- "What's next? There's no alternative". Harry's acceptance took an entirely different form: immediate, pragmatic, relentlessly forward-focused. When describing acquiring his APD at age 19, Harry stated,

> I would say I have accepted my disability... I do remember thinking to myself, what's next? There's no alternative... so I can be the burden to not only my family and have them care for me for the rest of my life, or, … do what I can to make the most out of the situation that I'm in now. And, to me, that was the only option.

Harry pivoted from the reality of his serious accident, which resulted in paraplegia and acquired brain injury, to forward-focused problem-solving. "What's next?" became his mantra, which involved not dwelling on what had been lost and immediately identifying what remains controllable. It seems that he framed his situation as a binary choice: become dependent or "make the most" of new realities. For him, dependency was not an option. This reflects pragmatic acceptance involving, acknowledging reality's immutability while committing to optimal functioning within new constraints.

Harry's acceptance pattern aligns with ACT's core principle: acceptance involves a willingness to experience difficult internal states without struggle, thereby fostering psychological flexibility, which is the capacity to remain present and engaged with valued pursuits despite discomfort (Hayes et al., 1999, 2006; Kashdan &

Rottenberg, 2010). It seems that Harry did not wait for emotional peace before taking action; he accepted reality and redirected his energy toward controllable factors. The acceptance of his disability likely facilitated his psychological maturity, despite his being the least experienced participant (only three years of elite competing experience following disability acquisition).

Harry's acceptance pattern seemed to transfer powerfully to sporting performance failure contexts. Reflecting on his challenging 2024 wheelchair AFL season and facing repeated team losses and defensive targeting, he stated:

> Looking back even now today, having that challenging year of 24. I learned new skills. It made me learn how to deal with being tagged [strongly defended]. It made me try different positions in the field that I probably would never have the opportunity to. It made me just think differently and how to adjust but also it made me think that you just got to keep trying.

It seems that Harry accepted the struggle (a "challenging year") without dwelling, instead reframing it as opportunity for skill development such as managing intense defensive pressure, positional flexibility, and enhanced tactical thinking. This cognitive reappraisal, transforming failure into a growth opportunity, may also exemplify meaning-focused coping, wherein stressful experiences are reinterpreted through growth frameworks that preserve motivation and wellbeing (Folkman, 1997, 2008). His conclusion, "you just got to keep trying", seems to reflect persistence sustained through acceptance rather than denial of difficulty.

Anne (PO3): Disconnection as Adaptive Distancing: , "Looking at it as a third person". Anne seemed to view herself from a "third-person" perspective, describing how she coped with her APD following a car accident at age 15,

> I think acceptance comes with disconnection... So what I mean by that is, instead of going, Oh, that's my bladder leaking... it was back into, okay. Why is the

> body doing that?... So I was looking at it as a third person... because my love language is service. So for me, it was okay. I'm looking at this person and unpacking it, how can I help them?

Anne actively disconnecting may have created psychological space between her sense of self (internal judgment) and potentially overwhelming bodily experiences, thereby reducing emotional flooding while maintaining problem-solving engagement. Research on self-distancing demonstrates this strategy's effectiveness. Adopting psychological distance from stressful experiences (i.e., viewing them from an observer perspective rather than an immersed first-person perspective), reduces emotional reactivity, decreases rumination, facilitates adaptive meaning-making, and promotes wiser reasoning about challenges (Kross & Ayduk, 2017). Her framing through "service", asking "how can I help?", transformed potentially humiliating bodily failures into clinical problems requiring compassionate solutions. This strategy bears conceptual similarity to the personality trait of self-compassion, wherein individuals relate to their suffering with kindness and perspective rather than harsh self-criticism or over-identification (Neff & Germer, 2013). Research on self-compassion in sporting contexts has demonstrated that athletes who possess high self-compassion exhibit greater resilience following failure, as well as reduced performance anxiety and superior psychological wellbeing compared to those with low self-compassion (Mosewich et al., 2013; Reis et al., 2015).

Crucially, Anne retrospectively reframed what observers might have perceived as denial as adaptive coping, when she stated,

> And if you were looking at me at that age, you would see it as denial, whereas the older I've become and the more I reflect on it, it's no, that was actually the coping strategy of disconnecting

This highlights the importance of subjective meaning-making in understanding psychological processes; what looks like denial externally may be conscious and sophisticated distancing, enabling continued functioning. Her insight that this process became clearer "the older I've become" may indicate that acceptance processes can deepen over time through reflection and maturity.

> This translated powerfully to sporting contexts through team-based acceptance: The whole team having a disability and all those quirks, like, I'm not the only one that has those issues... So nothing was ever embarrassing. Everything was normalised... that's a whole other level of acceptance, another level where you feel more empowered to be better.

Being surrounded by teammates who shared disability experiences created psychological safety, reducing shame around both bodily failures and performance failures. This social dimension of acceptance appears critical. When you are in a community with others who understand both disability and elite sport's demands, individual failures feel less isolating and catastrophic. Research on Paralympic athletes' identity development supports this, showing that acceptance provides a normalising contexts, collective identity resources, and social support which buffer against stigma and enable positive disability identity formation (Smith & Sparkes, 2008). Moreover, perceived social support from teammates and coaches predicts adaptive coping with competitive setbacks and sustained motivation following failure (Dehghansai et al., 2017).

John (PO4): Metaphorical Reframing- "1000 people accept you". John employed vivid metaphorical reframing to facilitate acceptance following his traumatic APD experiences. For example, John stated,

> "You don't know how strong you are until being strong is the only option you have... So it made me look at life in a different way, having more gratitude, having more, kind of, acceptance".

This reframing of adversity as revealer of inner strength, transformed oppression into empowerment. He continued discussing his cognitive reorientation by saying,

> If two people say no, there's five people say yes, if 10 people reject you, the 1000 people are there to accept you. So I started looking at that 1000 people rather than that one person... all of that just transforms me. Keeps shaping me.

This selective attention strategy, deliberately focusing on acceptance rather than rejection, may preserve agency and social connection despite disability-related stigma and performance setbacks. The metaphor's numerical progression (two vs. five, 10 vs. 1000) mathematically reinforces the message: acceptance vastly outweighs rejection. By deliberately orienting toward the "1000 people", John maintained belonging and future orientation, which are critical for sustained confidence and engagement. Research on attentional deployment as an emotional regulation strategy has demonstrated that selectively attending to positive information while acknowledging negative realities reduces distress, enhances wellbeing, and facilitates adaptive coping without requiring cognitive distortion (Gross, 2015).

In elite sporting contexts, this may have manifested for John (who plays wheelchair AFL) as radical self-acceptance and identity embracing. This was exemplified when he stated,

> It's all about mindset. So I started seeing that as, okay, there are people that can do a lot more than what they can't do. So why should I be worried about things I can't do? Why don't I just consider things I can do?

This capabilities-focused reframing transferred from disability acceptance to performance-failure acceptance. Following performance failure, John seemed to orient

toward existing strengths, controllable factors, and future improvement opportunities. Athletes who maintain awareness of strengths while addressing weaknesses demonstrate superior resilience following setbacks compared to those fixated exclusively on deficits (Gordon & Gucciardi, 2011). John continued to discuss this by stating,

> Thousands of you look the same. I'm an independent person. I look solo. I like being the one person. It's nothing hotter than having an independent identity... my arms started getting bigger... I was one of the strongest ones there.

It seems that he transformed differences from a liability to an asset; his uniqueness became a source of pride rather than shame. This identity affirmation reflects posttraumatic growth literature's emphasis on enhanced self-perception following adversity, wherein individuals who successfully navigate trauma often report a strengthened sense of self, recognise personal strengths, and reconstruct their identity in a manner that incorporates adversity as a formative rather than diminishing experience (Tedeschi & Calhoun, 2004).

Adam (PO5): Identity Release- "Giving up being the person I used to be".

Adam articulated acceptance through profound identity reconstruction following acquiring quadriplegia at age 17 when he stated, "Acceptance came for me after I started trying to give up being the person I used to be". This captures the heart of acceptance when navigating APD since athletes with APD cannot move forward while they are still clinging to who they were prior to acquiring their disability. For Adam, it is not cognitive acknowledgement; it is active letting go, a deliberate psychological movement away from a pre-injury identity toward emergent, disability-integrated selfhood. Acceptance often requires mourning the pre-disability self and constructing a new, integrated identity incorporating disability as one aspect of multifaceted selfhood rather than its defining characteristic (Smith & Sparkes, 2008). Adam explained this by stating,

> Once I had the accident, I wasn't really sure on where life was going and what was going to happen. And that's when I was introduced to sport. And I think that was probably one of the best things that could have happened.

It appears that wheelchair rugby provided Adam a critical outlet for reconstructing identity and experiencing competence within a new embodied reality. Sport became the vehicle through which acceptance was practised and consolidated, offering Adam opportunities for mastery, social connection, and valued identity construction that facilitated broader acceptance processes.

Translating this acceptance into elite wheelchair rugby sporting contexts, Adam was able to recognise identity continuity despite acquiring his APD, stating "I've been able to come back to that point where I am doing the stuff that I was doing before my accident, but just in a different capacity". It seems that acceptance did not mean abandoning valued activities but adapting them. This adaptive continuity seemed to preserve identity threads while accommodating new realities. Applied to performance failure, disappointing competitive results or mistakes did not seem to threaten Adam's core identity as a capable, determined athlete. Instead, they were viewed as temporary setbacks within his ongoing athletic journey. Individuals who maintain a sense of core identity continuity while accommodating significant physical or circumstantial changes demonstrate superior psychological adjustment and wellbeing compared to those experiencing identity disruption (Brewer et al., 2010).

Jack (PO6): Developmental Acceptance- "Embracing who you are". Jack framed acceptance for him following his vision impairment as a developmental process of embracing difference. For example, he stated, "It's kind of learning to embrace who you are and being proud of who you are, and realising that the differences that you have are actually maybe a strength. It's kind of getting over that self-conscious phase of life". Jack's acceptance trajectory seemed to evolve from initial self-consciousness about

disability, towards pride and recognition of disability-derived strengths. This aligns with posttraumatic growth models positing that adversity can catalyse positive psychological change, including enhanced self-perception and recognition of personal strengths (Tedeschi & Calhoun, 2004). His capacity to reframe visual impairment from a deficit to a potential strength exemplifies the cognitive restructuring central to acceptance and growth processes.

In Paralympic running contexts, this embracement of identity manifested into Jack finding an accessible, passionate community to reinforce that acceptance:

> Being good at something 100% helps... I hate to say that, because it's not like something you can prescribe… I think the watered down version of that is like finding something that you're passionate about, or a community like you feel like you fit into. And for me that was running after trying a bunch of sports... because I found it was quite accessible.

From this, we can see that competence and belonging within disability sport community may facilitate deeper overall internal acceptance and wellbeing. Sport participation provides opportunities for mastery experiences, social connection, and valued identity construction, which can significantly facilitate disability acceptance and psychological adjustment (Gordon & Gucciardi, 2011).

Key Theme 3: "What's next?"- Figuring out the plan

Participants in this study universally discussed the theme of problem-focused coping strategies (i.e., "what's next?": figuring out the plan) when confronting both disability and sport-related setbacks. Problem-focused coping strategies involve direct action targeting modifiable factors, such as training deficits, tactical errors, technical flaws, and preparation strategies (Lazarus & Folkman, 1984). All six participants mentioned robust problem-focused capacity when confronting performance failure, though sophistication, speed, and emotional integration varied with the degree of

acceptance achieved. Importantly, the problem-focused coping that participants discussed may have been forged through years of navigating disability-related challenges, transferred to powerful effect in elite sporting contexts.

Nina (PO1): Structured Problem-Solving Under Anxiety- "One problem at a time". Nina demonstrated a strong problem-focused capacity, despite having incomplete emotional acceptance that caused prolonged distress. She explained her approach to managing overwhelming emotional responses by stating,

> It's about learning how to deal with the way you feel things... Not pretending [negative feelings] don't exist, but learning how to manage them, ...learning that not being okay is okay, as long as you don't dwell in that forever.

This seems to demonstrate psychological sophistication, where emotions are not suppressed but managed (i.e., acknowledged without indefinite rumination). She described her coping strategies by stating, "I have to really come back and just ground myself and go, one problem at a time, one step at a time... and that's a really good technique for people with anxiety." By narrowing her focus to immediate, controllable elements ("one problem at a time"), she may have maintained forward momentum despite experiencing anxiety. Nina's explicit recognition that this technique "helps people with anxiety" may indicate that she consciously refined this strategy through her lived experience and recognised its broader applicability.

This decomposition strategy, breaking overwhelming challenges into discrete, manageable problems, may have prevented cognitive overload while also sustaining problem-solving momentum. Self-regulation frameworks support this process, showing that hierarchical goal systems wherein distal goals are scaffolded by proximal subgoals enhance persistence when obstacles arise (Carver et al., 1989).

In the context of para-shooting, the process manifested for Nina as diagnostic precision following disappointing performances. This was illustrated when she stated,

> I'm really good at pinpointing an issue and then that gives me the opportunity to go right. I need to work on this. I need to do this. Gives me a plan, gives me a direction. And with that direction I can go, I can run with it. I can fix it.

Her language may indicate active, agentic (intentional and self-directed) problem-solving; especially when discussing *pinpoint* the specific issue, *formulate* concrete plan, *execute* direction, and *fix* the problem. This structured, systematic approach, which consists of identifying a deficit, generating a solution, and implementing a correction, exemplifies the core elements of problem-focused coping (Lazarus & Folkman, 1984; Skinner et al., 2003).

Prior literature suggests that problem-focused coping predicts superior performance outcomes and psychological adjustment in sporting contexts, particularly when stressors are appraised as controllable (Nicholls et al., 2016). When experiencing disappointment caused by performance failure, Nina's problem-focused mastery approach may have allowed her to precisely diagnose technical errors, enabling targeted interventions when she experienced disappointment caused by performance failure. Her statement that it "gives me a plan, gives me a direction" reveals the psychological effect, as having a clear direction may have restored her sense of following performance failure. Problem-focused coping, in this sense, may not just have been about fixing performance deficits, but reclaiming psychological agency when threatened by uncontrollable competitive outcomes.

Harry (PO2): Optimistic Persistence- "How can I make the most of it?". Harry's problem-focused coping was characterised by discussions of relentless optimism, learning orientation, and rapid re-engagement following setbacks. He described his mindset during rehabilitation plateaus following acquiring his APD by saying "I was still always trying to be optimistic at this time, even when I was plateauing... What's next? ... How can I make the most of it?... To me, that was the only

option". His insistence on maintaining optimism, even when his progress stalled, reflects a deliberate cognitive reorientation toward possibility rather than limitation. "What's next?" and "How can I make the most of it?" seemed to have become his mantra throughout life and sport, directing his attention toward controllable opportunities rather than uncontrollable losses. This future-focused, opportunity-seeking orientation seemed to sustain problem-solving engagement despite setbacks and performance failure.

Dispositional optimism predicts greater use of problem-focused coping strategies and superior adjustment following stressful life events (Carver et al., 1989). Harry's optimism was seemingly not naïve positivity but a strategic cognitive orientation enabling sustained problem-focused engagement. When rehabilitation progress stalled, pessimistic appraisal ("I'll never improve") likely prompted disengagement, but optimistic appraisal ("What's next? How can I make the most?") seemed to encourage sustained problem-solving ability.

Within elite sport, this may have translated to a tactical ability to learn from challenges. Reflecting on his difficult 2024 Wheelchair AFL season, Harry stated, "It's those little one-percenters that I could have done that made me learn how to do things that other players couldn't because they weren't challenged in that way". Harry reframed adversity, such as being repeatedly targeted defensively and struggling with team dysfunction, as providing unique learning opportunities that were unavailable to unchallenged competitors. Being "tagged" (a term used in wheelchair AFL to mean intensely defended) forced him to develop greater evasion techniques, positional flexibility, and enhanced communication strategies than his teammates who faced less pressure. This cognitive reappraisal, which may have transformed frustration into a growth opportunity, allowed motivation to be sustained despite repeated failures. This may also exemplify meaning-focused coping, wherein stressful experiences are

reinterpreted through frameworks that extract positive meaning, thereby preserving motivation and wellbeing under constrained conditions (Folkman, 1997). Harry's optimistic, learning-oriented problem-focused approach, cultivated through disability adaptation, may have enabled him to extract maximum developmental value from inevitable performance failure experiences despite being the least experienced participant.

Anne (PO3): Analytical Mastery-Seeking- "Gave me control". Anne's problem-focused coping was characterised by deep analytical engagement, knowledge-seeking, and metacognitive sophistication, enabling real-time tactical adaptation. She initially described her approach to disability adaptation as one of anger and self-consciousness, but explained how she coped and moved past that:

> I then switched my thinking... and then became invested in myself, because it was a passion... Okay, why am I doing this? What part of the shoulder and the back for this transfer? Talk to me... what do I need to do?... So I was unpacking the human body and learning as I was in there [rehab/hospital]. So that gave me control.

It seems that Anne was incorporating psychological transformation into her recovery, which may have converted what could have been feelings of helplessness into a passionate analytical means of solving this life problem. By understanding the biomechanical and physiological underlying challenges of her new reality (e.g., which muscles engage during wheelchair transfers), she may have reclaimed agency. This information-seeking, mastery-oriented learning exemplifies a form of problem-focused coping characterised by reclaiming competence and control through knowledge acquisition (Skinner et al., 2003). The phrase, "So that gave me control", may have revealed the psychological benefit, which was to transform overwhelming disability-related challenges into solvable, controllable problems.

In elite sporting contexts, this analytical capacity seemed to manifest for Anne as sophisticated real-time tactical analysis and self-regulation during para-table tennis competitions:

> Being present on the court, and going... what works? And unpacking it, which makes you more present on the table... Being present and being able to self-analyse... you need to be able to self-analyse and self-regulate a lot quicker. And I think that's a skill that has helped me in life... I think sometimes that can get rid of the fluff.

Her capacity for rapid in-competition analysis, simultaneously performing while assessing what is working, identifying ineffective patterns, and adjusting tactics in real-time, demonstrates advanced metacognitive monitoring that enables adaptive performance regulation (Zimmerman, 2002). In table tennis, rapid exchanges require split-second decisions, so this capacity for concurrent performance and analysis represents an elite psychological skill rarely achieved.

The "fluff" she referenced may mean the emotional reactivity, catastrophic thinking, and outcome-focused anxiety that interferes with clear tactical analysis during competition. By maintaining disciplined focus on the present and undertaking rapid self-analysis, she may have eliminated psychological interference, enabling optimal information processing and decision-making, even when performance does not meet expectations. Anne may have been using mindfulness, which is defined as paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Zhang et al., 2025). Prior research suggests that athletes who use mindfulness are capable of present-focused, non-judgmental attention during competition and demonstrate superior performance and faster recovery from errors (Gardner & Moore, 2004). For Anne, this skill, cultivated through analytical "unpacking" of disability challenges, may have transferred powerfully to elite sporting contexts that require rapid

problem-solving under pressure. When performances disappointed, Anne's immediate response was analytical investigation, which may have enabled concrete adjustments that transformed uncontrollable outcomes (match already lost) into controllable learning (preparation for next match improved).

Jack (PO4): Positive Cognitive Override- Positives override my negative". Jack seemed to employ deliberate cognitive reframing to maintain adaptive emotional states, enabling continued problem-focused engagement despite setbacks in life and sport. He explained his core emotional regulation strategy when growing up differently abled when he mentioned,

> Even though I was down... I didn't carry that for long period of time. I started finding something interesting, or I started finding that happy Mojo. I started looking at the positive stuff... So whenever there's a negative that happens, I look at the positive things that happen, so that positives override my negative.

In the phrase "finding that happy Mojo", Jack seemed to actively search for positive aspects of situations, which reflects sophisticated emotional regulation directed at internal states rather than external circumstances alone. Researchers have found that selectively attending to positive aspects while acknowledging negative realities reduces distress, sustains wellbeing, and maintains capacity for continued problem-focused action (Gross, 2015). The notion of "positives override my negative" may indicate deliberate cognitive balancing and strategic attention deployment, ensuring emotional states do not paralyse his problem-solving capacity. This acknowledgement of negative events while maintaining attention to positive elements predicts superior psychological adjustment and sustained goal pursuit (Folkman & Moskowitz, 2000).

Within the elite sport context of wheelchair AFL, this seemed to manifest for him as rapid re-engagement following performance failure:

> As soon as I play the next game, I get into the game and start again, so one game doesn't affect the next game. It's the only way to fix that is play the game again... I won't give up.

His solution to the problem of performance failure, immediate re-engagement, is a pragmatic solution with the potential to minimise psychological impact and facilitate better performance. Rumination cannot rebuild confidence or correct errors, but competent actions and concentrated focus will. He illustrated this by stating "Have that [mastery] mindset, so the only way for you to feel better is to play the game again and do that thing right. Then, you'll get your confidence. And then, in the meantime, do more practice."

This reveals a sophisticated understanding of confidence as a state-dependent phenomenon rebuilt through behavioural evidence of capability rather than cognitive exercises (Hill, 2009). Following poor performances, John's two-pronged problem-focused approach was to combine immediate re-engagement (play again soon, providing opportunities for competent execution) with deliberate practice (targeted skill refinement addressing identified deficits). This active, approach-orientated coping contrasts sharply with avoidant coping (withdrawing from competition, reducing training), which researchers have found predicts prolonged distress and performance decline (Skinner et al., 2003). His capacity for rapid re-engagement, without emotional carryover, may exemplify the effectiveness of problem-focused coping following performance failure.

Adam (PO5): Comparative Appraisal- "You've had that major thing".

Adam articulated how prior adversity may have recalibrated threat appraisal, enabling rapid problem-focused engagement with subsequent challenges including performance failure when he explained:

> So when you have failures in your sporting career or in your life, you're able to come back to that moment and go, this is how I handled that situation. How can I handle this situation and have the same or similar outcomes?... major loss, heartbreak, identity sort of thing, and now when you go through other hard circumstances, you kind of appraise that as less stressful, in a way, because you've had that major thing.

This reveals a sophisticated metacognitive process for Adam when confronted with performance failure in wheelchair rugby. He explicitly referenced his APD experience as being the ultimate adversity which he successfully navigated through persistent problem-solving. This comparative reference provided dual benefits. Firstly, it may have recalibrated the threat perception: 'is this sport setback worse than quadriplegia? No'. Secondly, it may have activated coping resources, because knowing he can successfully adapt to quadriplegia through problem-focused persistence means knowing he can apply identical strategies to sport challenges. This is problem-focused persistence in action; having weathered life-altering injury, subsequent performance failure during competition genuinely felt less threatening, enabling maximal problem-focused engagement without being emotionally overwhelmed. Researchers have found that individuals who have experienced and successfully coped with moderate-to-high levels of lifetime adversity demonstrate superior resilience, enhanced problem-focused coping, and better outcomes when confronting subsequent stressors compared to those with minimal experience of adversity (Seery et al., 2010).

This problem-focused persistence translated seamlessly in sport, Adam's unwavering belief in solutions and adaptive, multidimensional problem-solving clearly demonstrated when he stated:

> Shit happens. You know things get in the way, but there's always a way around that situation, whether that's your mindset, what you do physically, or the way

> you handle the situation, … there's always something different that you can do to make that situation better.

His nonchalant acknowledgement that "shit happens", coupled with the unwavering belief that "there's always a way around", may exemplify an adaptive problem-focused orientation in which maintaining agency is maintained despite setbacks. His core belief that problems have solutions sustained his problem-focused engagement, despite any failures he may have experienced. This was not blind optimism but may have been an adaptive perspective earned through lived experience. Acquiring quadriplegia at 17 required Adam to solve seemingly impossible problems, yet solutions emerged through persistent problem-solving. His problem-focused approach emphasised multiple solution pathways within sport ("whether that's your mindset, what you do physically or the way you handle the situation") and seemed to enable comprehensive solutions that allowed him to adjust, both in sport and in life more generally.

Jack (PO6): Process Over Outcome- "Fall back in love with the process".

Jack, having experienced great sporting success at a young age, initially discussed having learned painful lessons from being rigidly outcome focused. Following three Paralympic medals experienced as failures, Jack expressed the importance of coping in a way that avoids shaming yourself for not winning: "Getting rid of outcome-based thinking and going into process-based thinking... each week is you putting one more page to get to that unbreakableness... You've got to fall back in love with the process". This reflects his experiential understanding that sustainable achievement requires process focus, not outcome fixation. His metaphor of "putting one more page" each week emphasises incremental progress. Psychological "unbreakableness" is constructed gradually through consistent, process-focused effort rather than hinging on distant, uncontrollable competition outcomes.

Researchers have found that process-focused (task-orientated) goals predict superior persistence, intrinsic motivation, and wellbeing compared to outcome-focused (ego-orientated) goals, particularly following setbacks (Deci & Ryan, 2000; Nicholls, 1989). Jack's process-focused problem-solving was potentially more psychologically sustainable because progress occurred incrementally through weekly improvements. This approach offered psychological rewards sustaining motivation, whereas the outcome-focused approach offered no reward until the ultimate goal was achieved, setting up for inevitable disappointment if the outcome fell short.

Following Jack's rock-bottom Paris experience (as explained in the previous Key Theme for this participant), this manifested once he integrated acceptance-based action with problem-focused coping:

> You can either dwell and feel sorry for yourself and just be mopey, or you can go, well, you know, I can't change this. This is the cards that have been dealt how, what are we going to do with it?

His framing of the issue of "cards that have been dealt" may indicate that he accepts reality's immutability (past performance is unchangeable) while maintaining agency over his response (future actions are controllable). This exemplifies an advanced integration of acceptance-based and problem-focused coping whereby Jack accepts what was unchangeable and acted decisively on what was controllable (Hayes et al., 2006; Lazarus & Folkman, 1984). His question of "what are we going to do with it?" may be response-focused and empowering rather than dwelling on an unchangeable past. This integration of a process focus with acceptance-based action represents a mature problem-focused approach that balances ambitious performance goals with self-compassion, enjoyment, and psychological wellbeing.

Key Theme 4: "Speed bumps, not roadblocks"- Learning from failure

The final coping strategy theme was learning from failure, which involved cognitive reframing of performance failure. This reframing focused on restructuring instances of performance failure as temporary obstacles that represented valuable learning and growth opportunities rather than devastating, identity-threatening events. This meaning-focused coping, wherein stressful experiences are reinterpreted through frameworks that preserve motivation and positive wellbeing, may have enabled participants to sustain their competitive participation and high performance, despite inevitable setbacks and failure (Folkman, 1997; Papathomas & Smith, 2019). Participants' capacity for learning-orientated reframing when confronting performance failure was likely shaped through their success in reframing disability through growth narratives. Those who achieved initial positive disability identity reconstruction demonstrated more educated benefit-finding and posttraumatic growth interpretations when facing performance failure.

Nina (PO1): Permission to Fail- "It's okay to have bad days". Nina's reflections suggest that one of the central lessons she learned, initially through therapeutic support following her disability acquisition and later applied to sport, was to extend compassion and acceptance to herself during difficult moments. She described how receiving validation from others about the legitimacy of her struggles may have shaped this learning:

> Someone just agreeing with me that, yeah, this is shit... but you're coping and you're doing, and that's all you can ask... And so (it's the) same, like with the performance values, it's okay to fail... you don't have to be the best every time. Learning that it's okay to fail... okay to have bad days... Learning that personally has actually helped with sport too.

Nina appeared to have learned the importance of acknowledging difficulty without minimising it ("yeah, this is shit"), while simultaneously recognising continued effort and functioning ("you're coping and you're doing"). The lesson that "it's okay to fail... you don't have to be the best every time" seems to represent a shift away from rigid performance standards and toward greater psychological flexibility and self-acceptance following setbacks. This interpretation aligns with research on self-compassion, defined as treating oneself with kindness and understanding during moments of failure or inadequacy rather than harsh self-criticism (Neff & Germer, 2013). Evidence indicates that self-compassion reduces negative affect, decreases rumination, and facilitates faster psychological recovery while maintaining motivation for improvement (Neff & Germer, 2013). Furthermore, athletes with high self-compassion demonstrate greater resilience following failure, sustained intrinsic motivation, reduced fear of failure, and superior psychological wellbeing compared to those with low self-compassion (Mosewich et al., 2013).

Nina also reflected on a broader transformation in how she learned to interpret and respond to failure over time. She stated:

> I'm taking away becoming a better person... I'm really enjoying the opportunities to grow from the failures, whereas before, I would sort of hate them and just be like, oh, this is my life ending... I'm actually really looking forward to working through it and making it better.

This suggests that Nina may have learned to shift from catastrophising failure ("Oh, this is my life ending") to viewing it as an opportunity for growth and development. The phrase "I'm actually really looking forward to working through it" appears to indicate that failure no longer triggered avoidance or despair for Nina, but instead evoked anticipation and engagement. This cognitive shift is consistent with frameworks of posttraumatic growth, wherein adversity is reinterpreted as a catalyst for positive

personal development rather than solely as loss or trauma (Tedeschi & Calhoun, 2004). For Nina, this lesson about reframing failure as a growth opportunity may have sustained her continued participation and psychological wellbeing in elite sport despite facing many barriers and setbacks.

Harry (PO2): Character Building- "It built a lot of character". Harry, who had just finished year 12 and was in his first year working as an apprentice carpenter when his accident happened, had an entire future planned for himself that he could no longer physically achieve. Instead of dwelling and giving up, Harry had the strength to re-plan what his future living with APD could now look like and the possibilities that it could bring, despite feeling like his crucial first year of recovery was "wasted" due to a number of missed milestones during rehab. Harry learned to reframe repeated rehabilitation setbacks as character development that subsequently enabled leadership and perseverance in wheelchair AFL:

> There was a lot of time frames that was going to be met, and they just didn't happen. And from experiencing that over and over and over again, doing the things I'm told, and still not getting results, it definitely built a lot of character for me and patience. Which, in the end, did carry on through me leading the team and getting through hardship, my sporting career... made me very disciplined and made me try to see things from a different lens and learn from different perspectives.

Repeated failure to meet specific disability-related initial rehabilitation goals and timelines, despite compliance with prescribed interventions, may have bred helplessness, confirming that outcomes may be uncontrollable. Instead, it seems that Harry actively reframed these frustrating experiences as building character, patience, discipline, and perspective-taking capacity that later enabled him better team leadership and perseverance skills through his challenging 2024 season. By identifying positive

outcomes embedded within adversity, Harry was using meaning-focused coping, which likely sustained motivation and wellbeing despite results that failed to match expectations (Folkman & Moskowitz, 2000). Individuals who identify positive consequences following adversity, such as personal growth, strengthened relationships, and enhanced appreciation, show superior psychological adjustment, reduced distress, and sustained goal pursuit compared to those unable to extract positive meaning (Papathomas & Smith, 2019).

In sport, Harry's accumulated struggles culminated in a significant realisation during a championship performance:

> Because of the struggles that I had throughout the season... I learned how to overcome those obstacles and when I had a team who supported me, I thrived and excelled and shined... it obviously gave me that validation I needed and proved that all that hard work throughout the season paid off in the end.

This adversity narrative reinforced his growth mindset; failure did not represent permanent verdicts on capability, but temporary obstacles to overcome through persistence and skill development (Dweck, 2006). Harry's capacity to maintain this learning-orientated cognitive mentality throughout prolonged and compiled adversity, when many athletes would have disengaged, likely stems from his years navigating disability-related setbacks requiring identical cognitive orientation. Researchers have found that early adversity successfully navigated through active coping builds psychological resilience, enhancing the capacity to reframe subsequent failures as growth opportunities rather than threats (Seery et al., 2010).

Anne (PO3): Radical Acceptance Catalysing Change- "It is what it is... change it for the next time". Anne articulated perhaps one of the most powerful syntheses of acceptance and growth-oriented learning following her lowest competitive point. She reflected:

> After the lowest point where I had this identity crisis. And you wanted to blame your disability or because I can't because I've got kids or because I've got this or I've got that, but at end of the day, it's me. You can come up with all the excuses in the world, but it is what it is. You can't change it, but what you can do is change it for the next time. And that's what I did.

Anne's account suggests that one of the central lessons she took from her lowest competitive point was a shift from excuse-making to personal responsibility and forward-focused change. After describing "this identity crisis" and the temptation to "blame your disability or because I can't because I've got kids", she concluded, "but at end of the day, it's me. You can come up with all the excuses in the world, but it is what it is. You can't change it, but what you can do is change it for the next time. And that's what I did." This quotation indicates that Anne may have learned to treat the performance itself as fixed and unchangeable, while viewing her future responses as open to modification. Rather than remaining caught in why the failure happened, she appears to have drawn the lesson that the most constructive response is to identify what she can "change… for the next time" and act on that insight.

Anne's reflections also point toward a lesson about returning to the fundamental reasons for participation when performance failure destabilises identity. She advised,

> Why did you get into the sport? Start there... Why are you here?... if you can understand why you're there, then it helps unpack everything else so much better... Just do what you loved or made you feel in control or powerful first. And then start to unpack the rest.

This suggests that, for Anne, one of the key things she learned was that reconnecting with her original "why" (the aspects of sport that made her "feel in control or powerful") could provide a starting point for making sense of failure and rebuilding motivation. In this way, the lesson seems to be that clarity about intrinsic reasons for

participation can function as a stabilising reference point when external outcomes are disappointing. This interpretation aligns with broader work indicating that athletes driven by intrinsic motives such as enjoyment, mastery, and personal meaning tend to show more adaptive responses and persistence following failure than those whose motivation is predominantly outcome- or recognition-based. (Deci & Ryan, 2000).

Finally, Anne appeared to distil a practical, future-oriented lesson from her experience, encapsulated in her statement: “It’s something you just can’t fix. All you can do is do better next time … I think that’s a lesson to learn there.” Here, she explicitly names the experience as a “lesson,” suggesting she came to view performance failure as informational rather than purely threatening. The emphasis on “you just can’t fix” the past but “do better next time” implies that learning, for Anne, involved accepting irreversibility while refusing to remain stuck in it. This forward-leaning stance is consistent with research that frames adaptive responses to performance failure as involving both acknowledgement of what has happened and commitment to future improvement, rather than rumination on unchangeable outcomes (Dehghansai et al., 2017)

John (PO4): Detours, Not Roadblocks- “Everything is temporary”. John, although having experienced two life-threatening APD experiences, seemingly showed one of the most adaptive and positive mindsets towards performance failure. He employed profound metaphorical reframing, which refers to the use of metaphor to reconceptualise a problem or experience by viewing it through a different interpretive lens, thereby changing its meaning and emotional impact (Thibodeau & Boroditsky, 2011). John's reflections suggest that one of the key lessons he drew from navigating performance failure was to reframe setbacks as temporary redirections rather than permanent obstacles. He explained:

> It’s a detour not a roadblock... (you) have to have self-confidence and accepting and then moving and taking day by day and keep telling yourself, nothing is permanent. Everything is temporary. Everything has an end. Every problem has an end, and this problem will have an end too. It’s not going to go for your entire life, unless you want it to, unless you don’t want to let it go. If you keep holding on to it, it’s not gonna go away.

His central metaphor “detour not a roadblock” appears to reflect a lesson learned about how to interpret failure: that obstacles in sport may require adjustment, patience, and modified routes, but they do not necessarily block the path to one's goals entirely. For John, this seems to represent a shift in how he makes meaning from disappointing performances, viewing them not as career-ending events but as temporary challenges requiring tactical or strategic recalibration.

John's emphasis on impermanence ("nothing is permanent. Everything is temporary") suggests he may have learned that treating setbacks as fixed or enduring amplifies their psychological impact, whereas recognising them as transient allows for emotional recovery and forward movement. This temporal framing is consistent with research indicating that individuals who view negative events as temporary rather than permanent tend to experience less emotional distress, avoid helplessness, and maintain more adaptive coping strategies oriented toward future action (Kross & Ayduk, 2017). For John, this lesson appears to have been reinforced through his experiences of surviving life-threatening trauma, which may have provided him with a reference point for distinguishing between genuinely catastrophic events and temporary performance failure in sport.

John also appeared to learn that holding onto failure narratives is a choice, as reflected in his statement: "It's not going to go for your entire life, unless you want it to, unless you don't want to let it go. If you keep holding on to it, it's not gonna go away."

This point carries profound psychological insight, suggesting that John learned to view psychological recovery as requiring active release rather than passive waiting. In other words, the central lesson learned by John appeared to be that athletes retain agency over how long they carry the weight of failure; a realisation that may empower continued/sustained engagement rather than withdrawal. He further elaborated on this sense of personal responsibility, stating:

> It's you. If you don't do anything from here onwards, all the blames on you. All this time, you have people to blame. You have society to blame. You have country to blame. You have a disability to blame. But now you have everything that you need for you to go A to B. Now who you to blame is you.

This indicates that John may have learned to shift away from narratives in which external factors (i.e., disability, society, or circumstances) are held responsible for outcomes and instead move toward a perspective in which he sees himself as the primary agent of change. This internal locus of control, in which outcomes are understood to be influenced by one's own actions and decisions, has been associated with greater resilience and more adaptive responses to failure in sport contexts (Bryan et al., 2019).

Adam (PO5): "Yes, I've had my accident. I'm still the same person" - Continuity Despite Disruption. Adam's reflections suggest he too learned to interpret setbacks, both disability-related and performance-related, as temporary disruptions rather than identity-altering events. He also used an automotive metaphor to articulate this lesson:

> As much as you know, there's speed humps along the way in life … You can always keep the car going straight. Yes, sometimes you might have to swerve a little bit off where you think you're going, but you can always get back on that straight line and keep driving straight. So I think that's when something like this

> happens. Yes, the accidents, speed bump. But that doesn't stop you from getting out there and doing exactly what you're doing beforehand.

The framing of obstacles as "speed humps" rather than crashes or roadblocks appears to reflect a lesson about continuity: that his core identity and direction remain intact despite temporary adjustments. Applied to performance failure in wheelchair rugby, Adam seems to have learned that disappointing performances do require tactical recalibration but do not fundamentally alter his athletic trajectory or sense of self. This interpretation is consistent with research on identity continuity, which indicates that maintaining a sense of 'core self' despite significant life changes is associated with more adaptive psychological adjustment and wellbeing (Brewer et al., 2010).

Adam also appears to have learned to recontextualise performance failure in sport by comparing them to the magnitude of his disability acquisition. He advised others: "Don't let this small little disappointment let you down when you can pick yourself back up again, you can push yourself twice as hard next time and see where it goes from there". His use of minimising language ("small little disappointment") may indicate that one lesson he drew from acquiring quadriplegia was a recalibrated sense of what constitutes a genuinely threatening event. Performance failure, when placed alongside permanent physical trauma, may have come to seem more manageable and less psychologically overwhelming. This comparative appraisal appears to have shaped how Adam learned to respond to performance failure in sport: by recognising them as temporary and surmountable rather than catastrophic.

Perhaps most strikingly, Adam articulated a lesson about fear and risk-taking that seems to have emerged directly from surviving his worst-case scenario. His radical reframing of APD consequences seems to liberate him from fear, he reflected:

> Yes, I've had my accident. I'm still the same person. I've broken my neck. It's not like I can do any worse. So that's how I kind of was like, well, beforehand I

> was worried about getting hurt, yeah, now I've gone and actually really hurt myself. What could be worse? I can't do any worse. I'm in the chair, so go out, live life to the best that I can and just do everything that I want to do.

This suggests Adam may have learned that having already experienced and survived what he previously feared most (severe physical injury), subsequent threats, including performance failure, no longer carry the same psychological weight. This paradoxical sense of freedom, in which surviving a catastrophic event reduces anticipatory anxiety about lesser setbacks, aligns with stress inoculation frameworks suggesting that successfully navigating severe stressors can build psychological resilience for future challenges (Meichenbaum, 2007). For Adam, the lesson appears to be that life should be lived fully and without fear-based inhibition, a realisation that seems to have fundamentally reshaped how he engages with both sport and the possibility of failure

Jack (PO6): Legends Made in the Comeback- "Failure can be a chance to write a really good story". Jack, having experienced both extraordinary Paralympic success and devastating failure, reframed failure through narrative identity construction. His reflections suggest that one of the key lessons he learned from his experiences of disability acquisition and both Paralympic success and performance failure was to reframe setbacks as essential components of a compelling personal narrative rather than as endpoints or identity threats. He explained:

> Try [to] find me an athlete that is the best in the world of what they do that hasn't failed... Failure can be a chance for you to write a really good story... this is your chance now to show your true class, the legend gets made in how you bounce back from this, take it as an opportunity.

This framing appears to reflect a lesson about normalising failure as a universal aspect of elite sport rather than a personal inadequacy. By asserting that "the legend gets made in how you bounce back," Jack seems to have learned to view failure not as a shameful

conclusion but as a character-defining moment that reveals resilience and psychological strength. This interpretation aligns with research on narrative identity construction, which suggests that individuals who interpret life events as part of coherent, meaningful stories can integrate adversity into their sense of self in ways that promote growth rather than diminish identity (Dehghansai et al., 2017). Furthermore, evidence indicates that constructing redemptive narratives, wherein negative events are reinterpreted as catalysts for positive transformation, is associated with superior psychological wellbeing and adjustment compared to contamination narratives, in which positive experiences are undermined by subsequent suffering (Dehghansai et al., 2017).

Jack also articulated a lesson about balanced emotional processing following failure, reflecting on the importance of honouring difficult emotions while avoiding prolonged rumination:

> Whenever something's gone wrong, you take the lessons from it, but then I think you immediately put in front of you the building blocks to go forward, but not diving into them either. Like it's…respecting what you've just felt, but you still got to take the step forward, otherwise you'll just kind of be dwelling in that moment too much.

This suggests Jack may have learned that adaptive recovery involves both acknowledging and validating emotional responses ("respecting what you've just felt") and deliberately moving toward constructive action ("you still got to take the step forward"). The emphasis on not "dwelling in that moment too much" appears to reflect awareness that prolonged, passive focus on distress (commonly termed rumination), can prolong negative affect, impair problem-solving capacity, and increase vulnerability to depression and anxiety (Hawkins et al., 2014). Jack's approach of feeling emotions, extracting lessons, and then taking forward-oriented action seems to represent a lesson about integrating emotional processing with behavioural engagement, consistent with

acceptance-based frameworks that emphasise experiencing difficult emotions without becoming stuck in them (Hayes et al., 2006). This balanced stance may reflect hard-won wisdom about how to navigate performance failure in ways that support both psychological wellbeing and sustained athletic engagement.

Synthesis: Coping as Interconnected Psychological Flexibility

The three coping strategies that emerged from the participant data, acceptance ("It is what it is"), problem-focused action ("What's next?"), and learning-oriented reframing ("Speed bumps, not roadblocks"), functioned as an interconnected psychological flexibility toolkit rather than discrete, independent strategies. Participants seemed to move fluidly between approaches depending on situational demands and controllability appraisals. When circumstances were genuinely uncontrollable (e.g., a match already lost or selection already missed), acceptance enabled psychological peace and prevented rumination. When factors remained modifiable (e.g., technical errors, fitness deficits, and tactical understanding), problem-focused action seemed to restore agency and enabled concrete improvement. Across both contexts, meaning-focused reframing seemed to sustain motivation, extracted growth, and maintained positive identity (Hayes et al., 2006; Lazarus & Folkman, 1984).

Participants who achieved full acceptance following disability acquisition (PO2-PO6) seemed to demonstrate more sophisticated, rapid, and emotionally integrated problem-focused coping when confronting performance failures. Incomplete disability acceptance, which was likely found in PO1, constrained coping flexibility despite strong cognitive problem-solving capacity. This supports the Transactional Stress and Coping Model (Lazarus & Folkman, 1984) that emphasises the person-environment fit. Effective coping requires matching the strategy to the situational controllability, with psychological flexibility (the capacity to adaptively shift strategies based on contextual demands) predicting superior outcomes (Lazarus & Folkman, 1984). Moreover, these

coping patterns cultivated through years of navigating disability-related challenges seemed to transfer powerfully to performance failure contexts, suggesting adversity-forged coping strategies may be transferable psychological resources applicable across life domains. This has profound implications. That is, disability adaptation, while undeniably difficult, can build psychological capital, enhancing functioning in subsequent domains, including elite sport. This supports previous models of stress-related growth, wherein manageable adversity, if successfully navigated, enhances rather than diminishes subsequent resilience (Seery et al., 2010; Tedeschi & Calhoun, 2004), which is described in the last overarching theme below.

Overarching Theme 3: Psychological Outcomes

In sport psychology, psychological outcomes describe the emotional, cognitive, and psychosocial consequences that emerge from athletes' experiences within sport, including changes in wellbeing, identity, confidence, and emotional functioning (Lundqvist, 2011). Resilience emerged as the defining psychological outcome linking motivational disposition and coping strategies to sustained elite performance and wellbeing.

All six participants demonstrated remarkable resilience forged through their disability experiences, although the depth, quality, and psychological costs of this resilience varied considerably. Resilience in this study as defined as 'the role of mental processes and behaviour in promoting personal assets and protecting an individual from the potential negative effect of stressors' (Fletcher & Sarkar, 2012). This definition emerged from a grounded theory study with Olympic champions and conceptualises resilience as a dynamic process rather than a static trait, emphasising the protective psychological factors that enable athletes to withstand stressors and maintain optimal performance. For the elite athletes with APD in this study, resilience operated at two levels simultaneously. Firstly, foundational resilience which may have developed while

adapting to life-altering physical trauma and identity disruption. Secondly, sport/performance-specific resilience which may have enabled emotional recovery from performance failure. Nevertheless, these are not separate phenomena. The disability experience seemed to function as a formative and intensive training ground wherein participants learnt psychological skills, cognitive strategies, and emotional regulation capacities that could be later transferred into elite sporting contexts.

Interestingly, it seemed that surviving and adapting to APD did not just build resilience; it may have fundamentally recalibrated what counted as threatening. Performance failure, while emotionally painful, seemed to be appraised through the lens of survival. When individuals have lived through paraplegia, quadriplegia, blindness, or a traumatic brain injury, losing a match genuinely feels less existentially threatening. This process is called recalibrated threat perception (Seery et al., 2010). Recalibrated threat perception enabled a fairly rapid psychological recovery from performance failure that might otherwise devastate athletes without comparable adversity histories (e.g., able-bodied athletes). However, this was not universal or cost-free. Some participants (i.e., PO6) carried psychological scars from repeated failures, while incomplete acceptance of disability (i.e., PO1) constrained resilience despite demonstrated persistence. Participant narratives in this study presented resilience not as invulnerability, but as the hard-won capacity to keep moving forward despite pain, doubt, and vulnerability. This perspective ultimately allowed for a more honest, nuanced understanding of resilience than triumphalist narratives often allow.

Key Theme 5: "You just keep going"- Building "unbreakable" resilience

The key theme of resilience, as defined in the previous section (Fletcher & Sarkar, 2012), was demonstrated by participants in this study through: consistent sustained competitive engagement despite setbacks, rapid psychological recovery following disappointment/failure, and the capacity to maintain motivation across

difficult seasons (Fletcher & Sarkar, 2013; Luthar & Cicchetti, 2000). Reflecting contemporary perspectives that resilience involves both relatively stable dispositions and capacities that are shaped and strengthened through experience (Fletcher & Sarkar, 2012; Gonzalez et al., 2020), participants in this study described resilience as something they built over time through disability adaptation and elite sport involvement, rather than as a purely fixed, pre-existing trait.. Adapting to APD requires fundamental life reconstruction, including navigating mobility changes, managing new bodily realities, and rebuilding identity and future possibilities. For each participant, their disability experience likely functioned as intensive resilience training that seamlessly transferred to elite sporting contexts (Seery et al., 2010). Participants who achieved fuller acceptance and successfully reframed disability through growth narratives seemed to demonstrate more robust resilience when confronting performance failures. Incomplete acceptance seemed to lead to retriggering vulnerability and sustained distress when performance failure occurred.

Nina (PO1): Persistence Despite Incomplete Acceptance-"You just keep going". Nina's account suggests that her resilience may be characterised by sustained persistence despite ongoing psychological struggle. She articulated a philosophy of self-acceptance and flexible standards, stating: "You don't have to do more. You don't have to be the perfect housewife, the perfect mother... just learning that not being okay is okay, as long as you don't dwell in that forever". The phrase "not being okay is okay" appears to grant permission for vulnerability and difficulty without requiring immediate resolution, while the qualifier "as long as you don't dwell" emphasises forward movement rather than prolonged rumination. This tension between acknowledging distress and continuing to move forward seems central to how Nina managed to sustain her engagement and performance in elite.

As discussed previously, Nina appeared to experience partial acceptance of her disability, describing her happiness as "capped" and her grief as unresolved. This incomplete acceptance may have constrained her resilience in specific domains, particularly her emotional recovery from performance failure. She described failures getting "tucked in that little vault," which could indicate unprocessed emotional material that resurfaces under pressure. Paradoxically, however, at 50 years old, Nina demonstrated extraordinary resilience in sustaining an elite athletic career (still currently competing) despite facing systemic barriers that might have led others to withdraw. This suggests that her resilience involved ongoing engagement with valued pursuits even in the presence of considerable distress and structural barriers, persistence despite adversity.

In the sporting context, Nina appeared to employ deliberate cognitive strategies to protect her sense of self-worth from being undermined by performance outcomes. She described her internal dialogue following failure: “Don’t let it beat you. Don’t let it change you... Don’t let it make you doubt yourself. You know who you are. You are good. You’ve got everything you need. Don’t let this something define you”. This self-affirmation seems to reflect an effort to maintain a stable self-concept independent of situational failures, with the phrase "You know who you are" suggesting continuity of identity and "Don't let this something define you" explicitly rejecting the idea that performance outcomes should determine self-worth. This may be a critical take away for athletes whose identities risk becoming overly fused with achievement.

Nina also normalised failure as an inherent aspect of her sport, stating: "You just keep going, essentially... sometimes you get kicked in the guts, and the next shot's not so good, but that's shooting." This acceptance of failure as inevitable may have reduced its psychological threat, enabling her to continue engaging despite setbacks and performance failure. Nina's resilience appears to combine self-compassion, deliberate

cognitive reframing, and acceptance of failure as part of her coping repertoire formulating her psychological outcomes to performance failure. Her experience suggests that resilience is not monolithic; persistence can coexist with unresolved emotional pain, and athletes may demonstrate remarkable endurance in some domains (continued elite participation) while continuing to struggle in others (emotional processing). Her story honours the reality that resilience may coexist with unresolved pain.

Harry (PO2): Perspective, Gratitude, and Rapid Forward Focus- "It's only temporary". Harry's account suggests his resilience may be characterised by perspective-taking, gratitude, and a consistent forward-focused orientation. Reflecting on his psychological outcomes following disability acquisition and performance failure, he stated:

> Despite how bad what's happened to me, the result that I'm in today is probably the best outcome that could have come out of it... It's just perspective, I have learned that no matter how bad you may think things are, there's always someone out there who has it worse and be thankful for what you have and not what you don't have.

This reflection appears to employ multiple cognitive strategies that may support resilient adaptation. First, Harry seemed to engage in positive reframing by construing his current state as "the best outcome" given the severity of his workplace accident. Second, his acknowledgement that "there's always someone out there who has it worse" suggests a form of comparative perspective-taking that may provide psychological relief. Third, his emphasis on being "thankful for what you have and not what you don't have" indicates a gratitude orientation focused on what he retained rather than what was lost. Research on resilience in elite athletes identifies optimistic appraisal of stressors and the capacity to reframe adversity as meaningful challenges as hallmarks of resilient

adaptation (Fletcher & Sarkar, 2016). Harry's ability to extract positive meaning from acquiring paraplegia and a brain injury at age 19, a developmentally critical period, within relatively short timeframes may reflect psychological processes consistent with posttraumatic growth (Tedeschi & Calhoun, 2004).

In the sporting context, Harry's resilience appeared to manifest through a temporal perspective during periods of adversity. He reflected: “There was times where I wanted to quit, or maybe not quit, but maybe move teams... it was very hard, and I think my patience helped me in the way that you know what, this is only temporary”. His phrase "this is only temporary" seems to provide temporal distancing, recognising that adversity is transient rather than permanent, which may reduce emotional intensity and sustain forward momentum (Kross & Ayduk, 2017). Rather than interpreting ongoing struggles as fixed or enduring, Harry appeared to maintain confidence that circumstances would improve with time and persistence.

Harry also demonstrated self-awareness about cognitive threats to performance and wellbeing, stating: "You are your worst enemy... you have to learn... to manage your mind to not be negative all the time." This metacognitive insight (recognising that internal dialogue may pose a greater threat than external circumstances), appears to reflect sophisticated psychological understanding. His emphasis on managing the mind rather than external outcomes aligns with frameworks of mental toughness that prioritise cognitive control and adaptive self-talk (Gucciardi et al., 2015). Despite being the least experienced elite athlete interviewed (only three years competing), Harry's resilience already appeared to reflect considerable psychological maturity, which may suggest that the process of adapting to disability itself accelerated the development of these psychological skills.

Anne (PO3): Disciplined Emotional Regulation- “Grief isn’t a habit, it’s a feeling”. Anne's narrative suggests her resilience may be characterised by cognitive

discipline, growth orientation, and sophisticated emotional regulation (Fletcher & Sakar, 2013). She articulated a philosophical stance toward adversity, stating: "Because you can only grow from it... you can't change it, you can only learn from it." This statement appears to embody both acceptance (acknowledging unchangeable reality) and agency (commitment to learning and growth). These elements are central to psychological flexibility frameworks, which emphasise willingness to experience difficult realities while pursuing valued actions (Hayes et al., 2006). Anne's words may reflect decades of practice navigating paraplegia acquired at age 15, during a developmentally critical period of identity formation. She also described active regulation of her internal dialogue, stating: "I don't often let myself be weak in negative thoughts to myself or negative language to myself." This suggests deliberate cognitive control that may protect against rumination and negative cognitive spirals. Research on mental toughness indicates that resilient elite athletes actively manage self-talk, maintain optimistic yet realistic beliefs about their capabilities, and persist through adversity (Gucciardi et al., 2015; Powell & Myers, 2017). Disability sport research extends this point, showing that structured self-talk interventions can enhance performance and help wheelchair basketball and Paralympic table tennis athletes regulate negative thoughts and maintain task focus under pressure (Harbalis et al., 2008; Lim et al., 2018). Anne's emphasis on deliberately restraining "negative thoughts" and "negative language" appears consistent with these patterns and may have been cultivated through decades of managing challenges associated with APD.

In the sporting context, Anne's resilience appeared to manifest through sophisticated emotional regulation following what she described as her lowest competitive point. Reflecting on her Commonwealth Games experience, she stated: "The lowest point being Comm Games. You can grieve. But you can only grieve for a certain period of time, because then it becomes a habit. Grief isn't a habit, it's a feeling.

But you have other feelings." This quotation seems psychologically profound and insightful in that Anne appeared to grant herself permission to experience grief (emotional validation that is considered critical for processing loss), while simultaneously establishing temporal boundaries to prevent grief from solidifying into a maladaptive identity. Her distinction between grief as a temporary "feeling" versus a destructive "habit" may reflect sophisticated understanding of emotional experiences as requiring acknowledgement without permanent residence.

This capacity for time-limited emotional processing followed by deliberate re-engagement appears consistent with adaptive emotional regulation frameworks (Gross, 2015). Rather than suppressing grief (which would represent avoidant coping) or becoming consumed by it (which would represent rumination), Anne seemed to honour the emotion while maintaining agency over its duration. Her phrase "you have other feelings" suggests recognition of emotional multiplicity; that grief can exist alongside hope, determination, and possibility. This psychological flexibility may have enabled Anne to experience profound disappointment without it defining her identity or derailing her athletic career. Research supports this interpretation, indicating that athletes capable of experiencing negative emotions without over-identifying with them demonstrate superior performance resilience (Galli & Vealey, 2008).

John (PO4): Gratitude, Empathy, and Self-Compassion- “You are human too”. John articulated his resilience through describing a philosophical transformation that he attributed to his disability experience, stating:

> It made me look at life in a different way, having more gratitude, having more kind of acceptance, not worrying about simplest issues, making sure that I’m putting everyone in the same shoes, empathising, and also being not too hard on myself and just telling myself you are human too. You have issues. You go through phases. It’s all part of your life.

His narrative appeared to encompass multiple dimensions of resilience and psychological growth, including enhanced appreciation for life ("more gratitude"), deepened acceptance, recalibrated priorities ("not worrying about simplest issues"), increased empathy and perspective-taking ("putting everyone in the same shoes"), and, critically, self-compassion ("you are human too"). These domains align closely with Tedeschi and Calhoun's (2004) model of posttraumatic growth, which identifies enhanced life appreciation, deeper relationships, recognised personal strength, and revised life philosophy as hallmarks of growth following trauma. John's experience suggests that acquiring paraplegia at age 11 from bombing shrapnel, while profoundly disruptive, may have catalysed psychological and philosophical maturation that enhanced his capacity to navigate subsequent challenges. His additional survival of a hit-and-run incident in 2018 may have further reinforced these lessons, as navigating multiple life-threatening traumas appears to have fundamentally shaped his perspective on adversity and therefore his psychological outcomes following performance failure.

John's self-compassion may have granted permission for imperfection and struggle, which he demonstrated by saying, "you are human too. You have issues. You go through phases,". Self-compassion has been associated with increased persistence following failure and enhanced wellbeing (Neff & Germer, 2013) and may support athletes to maintain engagement in their sport while experiencing fewer negative emotional consequences after setbacks.. For athletes who often internalise demanding standards and conditional self-worth, self-compassion can be psychologically protective despite sometimes feeling counterintuitive (Mosewich et al., 2013).

In the sporting context, John's resilience appeared to manifest as forward-focused optimism following performance failure. He described his internal dialogue:

> I’m always telling myself, this is not the last game you’re going to play. You are always going to have more opportunities to fix all these things... Next game,

> make sure that you remind yourself not to do these things... whatever happened, remember you can be sad and stuff. Next game, fix this and feel better.

This self-talk suggests a balance between emotional validation ("you can be sad") and action-focused problem-solving ("next game, fix this"), which may represent an integration of emotion-focused and problem-focused coping strategies. These strategies combined may have enabled fairly rapid psychological processing of performance failure for John, while also avoiding becoming stuck in distress. His phrase "you are always going to have more opportunities" appeared to reflect an optimistic, resilient, growth-orientated mindset that prevented single failures from being interpreted as catastrophic verdicts on ability or worth.

Adam (PO5): Comparative Appraisal and Temporal Perspective- “In the big scheme of things”. Adam's account suggests his resilience may be characterised by comparative appraisal and temporal perspective, which appeared to have been shaped by surviving a serious spinal injury at the pivotal age of 17. He reflected:

> I think that comes back to me just being dealing with, you know, the downsides of one my accident, but family life before the accident, stuff like that. Just small little things that have happened over my life. It's like, well, in the big scheme of things, it's not that bad. So just kind of picking it up, keep your chin up and move on.

Adam's narrative suggests that his disability experience may have established a psychological reference point that recalibrated how he appraised subsequent stressors. When confronting challenges, he appeared to engage in comparative evaluation ("in the big scheme of things, it's not that bad"), which may have reduced the perceived severity and emotional impact of setbacks. This aligns with stress inoculation theory, which posits that exposure to adversity can enhance resilience to future stressors by building coping efficacy and reducing threat appraisal (Meichenbaum, 2007). His phrase "keep

your chin up and move on" seems to encapsulate a resilience philosophy characterised by emotional regulation, forward focus, and persistence.

In the sporting context, Adam's comparative appraisal appeared to enable relatively rapid emotional recovery from performance failure. He described his mindset behind his psychological outcomes and how he coped with performance failure:

> At the time, it's always the worst bit. Because you're in the moment, it's front and centre, and it's gut-wrenching, but once you've had a few days to kind of digest it and think about it and look at it... In the big scheme of things, it's not something that defined me or that team... the world goes on... let's move on. Let's not have the same result, and let's really push it.

This quote suggests a progression from immediate emotional intensity ("gut wrenching") through to temporal distancing ("once you've had a few days") to comparative reappraisal ("in the big scheme of things"), culminating in forward-focused action ("let's move on... let's really push it"). This process of experiencing, processing, contextualising, and then acting may reflect a sophisticated emotional regulation strategy that enabled Adam's resilience and ability to sustain elite performance despite experiences of failure.

Jack (PO6): Scarred but Courageous- "Rock bottom is where you start building". Jack offered perhaps the most psychologically nuanced portrait of resilience, acknowledging both wisdom gained and lasting wounds. He reflected: "I see some people learning lessons that I've had to learn already, and I'm going, Oh, thank god I don't have to learn that again. But I've also now been scarred, like many times from failures." This statement suggests an important complexity: Although prior adversity may have equipped him with coping skills and wisdom, it also appeared to leave psychological scars. This candid recognition challenges simplistic resilience narratives that emphasise only strength and growth. Research on repeated failure in elite sport

documents cumulative psychological costs, noting that each failure, while potentially strengthening certain capacities, can also erode confidence, increase fear of failure, and contribute to burnout (Sarkar et al., 2015). Jack's experience appears to embody this duality- resilient yet scarred, stronger yet wounded. He continued with insight into how experiencing failure repeatedly may have paradoxically reduced its psychological threat:

> There was, like, a fear of failure. But now I've failed, and then I failed even harder, and I'm still sitting here, I'm okay, like I'm fine. And I think there's a lot of, there's a lot of, like, courage that you can take from knowing that failure is okay.

This quotation may illustrate an experiential desensitisation to failure. Overcoming repeated performance failure experiences, including devastating public setbacks at a Paralympic level, may have provided embodied evidence that failure, while painful, is not catastrophic. This realisation appeared to foster courage, a willingness to engage despite risk of failure, and psychological flexibility, including acceptance that failure is "okay." Jack's narrative suggests resilience not as invulnerability but as the capacity to engage with valued pursuits despite vulnerability and risk. This aligns with contemporary resilience frameworks that emphasise resilience as a dynamic process rather than a fixed trait, involving the capacity for positive adaptation despite significant adversity (Sarkar & Fletcher, 2014). Courage, in this context, is not the absence of fear but, rather, an action taken despite fear, which is precisely what Jack discussed when he described engaging in continued elite sport participation despite psychological scars from prior failures.

In the sporting context, Jack's resilience appeared to manifest most powerfully in his response to his greatest disappointment at the Paris Paralympics. He reflected:

> I think having to experience one failure or one setback makes you potentially stronger for the next one... After Paris, like, I was excited to build back from that, because I knew it felt like rock bottom. And sometimes rock bottom feels like you can start building from rock bottom... It was like, alright, here's my opportunity to start again and fresh slate, fresh page... In a way, I was almost relieved that cycle was over.

This quotation appears to demonstrate extraordinary psychological resilience. Rather than being crushed by "rock bottom," Jack appeared to experience it as liberating, clearing space for reconstruction. His excitement to "build back" may reflect a growth mindset (Dweck, 2006), wherein performance failure is understood not as a permanent verdict but as an opportunity for development. The metaphor "rock bottom is where you start building" powerfully captures how reaching the lowest point can paradoxically enable forward movement by removing the fear of falling further. Jack's relief that the cycle ended suggests he may have been carrying enormous pressure from the psychological burden of outcome-focused goals. Rock bottom may have released him from that burden, enabling reconnection with the intrinsic motivation and process focus he had previously lost (recall his earlier insight about losing "connection to the kid that came up with a dream").

This transformation from devastation to excited rebuilding appears to represent resilient adaptation, converting adversity into a catalyst for positive change. Research on adversarial growth, or psychological strengthening through adversity, documents this pattern, wherein individuals who actively engage with failure, extract learning, and commit to improvement demonstrate enhanced subsequent performance and wellbeing compared to those who avoid or deny failure (Howells & Fletcher, 2016). Jack's capacity to transform Paralympic disappointment into a "fresh slate" exemplifies this resilient, growth-oriented response pattern.

Synthesis: Resilience Forged Through Adversity, Transferred to Performance

The findings reveal resilience in elite athletes with APD as a dynamic, multifaceted psychological outcome shaped by the interplay between motivational disposition, coping strategies, and disability experience. The participants demonstrated resilience characterised by cognitive strategies protecting self-worth (PO1), perspective-taking and gratitude (PO2), disciplined emotional regulation (PO3), self-compassion and understanding (PO4), comparative appraisal recalibrating threat perception (PO5), and courage to re-engage despite scars (PO6). These capacities did not appear to be innate traits, but rather hard-won skills cultivated through navigating APD and sustained adaptation to permanent disability.

Disability-forged resilience seemed to transfer powerfully to elite sporting contexts, enabling relatively rapid psychological recovery from performance failure that might devastate athletes without comparable adversity histories. The comparative appraisal process (evaluating performance failure against survival of paraplegia, quadriplegia, or blindness), may have functioned as a psychological buffer, reducing the perceived threat and emotional intensity of performance failure. This supports the stress inoculation principle that prior adversity, when successfully navigated, builds psychological immunity, enhancing resilience for subsequent stressors (Seery et al., 2010).

However, the findings also revealed the complexity and costs of resilience. PO1's persistence despite incomplete acceptance demonstrated that resilience can coexist with unresolved pain. PO6's acknowledgment of psychological scars honoured the reality that repeated adversity, while strengthening certain capacities, can also wound. This nuanced understanding challenges triumphalist narratives portraying resilience as a purely positive outcome. Instead, resilience emerges as the capacity to

continue moving forward despite pain, doubt and vulnerability. It is not invulnerability, but sustained engagement with valued pursuits amidst ongoing struggle.

These findings extend Fletcher and Sarkar's (2012, 2016) resilience frameworks by demonstrating how catastrophic life disruptions outside of sport can forge psychological capacities that enhance sport performance resilience. Traditional sport psychology examines resilience development within athletic contexts, yet this research indicates that profound adversity in other life domains may catalyse transferable resilience capacities. Practitioners working with elite athletes with APD should recognise disability adaptation as a source of psychological strength while remaining attuned to the potential costs and supporting ongoing emotional processing. Fostering resilience may require balancing validation of struggle with cultivation of adaptive coping strategies, self-compassion, and growth-orientated meaning-making.

The three overarching themes identified in this study (motivational disposition, coping strategies, and psychological outcomes) appeared to function as interconnected psychological architecture through which elite athletes with APD navigate both disability adaptation and performance failure. Motivational disposition may serve as the foundational engine, providing the directional drive, goal orientation, and persistent "what's next?" mentality that propels athletes forward. This disposition, characterised by task-oriented achievement striving, self-referenced mastery focus, and unwavering determination ("I didn't come this far to give up"), appeared to create the psychological conditions under which adaptive coping strategies could be selected and deployed when performance failure occurred.

Coping strategies, in turn, may function as the translational mechanism- the practical psychological tools through which motivational disposition is enacted in response to specific stressors. When participants encountered performance failure, their task-orientated, forward-focused disposition appeared to naturally prime problem-

focused coping responses (analysing errors, seeking feedback, refining tactics) rather than avoidance or rumination. Similarly, participants whose motivational disposition included acceptance of reality ("it is what it is") appeared predisposed toward acceptance-based and meaning-focused coping strategies that facilitated psychological processing without getting stuck in distress. These coping strategies (acceptance, problem-focused action, and learning-oriented reframing) seemed to bridge the gap between the drive to persist (motivational disposition) and the capacity to actually do so effectively (psychological outcome of resilience).

Resilience emerged as the cumulative psychological outcome; the sustained capacity to engage with valued athletic pursuits despite adversity, performance failure experiences, and ongoing challenges inherent to elite competition. This resilience appeared to be both fed by and reinforced by the motivational disposition and coping strategies that preceded it. In other words, adaptive coping responses to failure may have strengthened resilience, which in turn may have validated and reinforced the motivational disposition to keep striving. This dynamic, reciprocal relationship suggests that these themes do not operate in linear sequence but rather as an integrated, self-reinforcing psychological system. Together, these themes illuminate the remarkable psychological fortitude characterising these athletes and offer insights for supporting performance and wellbeing in this unique population.

Theoretical Contributions and Practical Implications

This research makes several theoretical contributions. Firstly, it demonstrates that disability adaptation can function as the formative developmental context catalysing elite-level psychological capacities, challenging sport psychology’s predominant focus on linear talent developmental pathways (Côté et al., 2007). Secondly, it reveals the transferability of adversity-forged psychological skills across life domains, supporting

stress inoculation principles while documenting the specific mechanisms (recalibrated threat appraisal, comparative evaluation and enhanced emotional regulation). Thirdly, it extends achievement motivation, stress and coping, and post-traumatic growth frameworks by demonstrating their interconnected operation in this unique population, identifying acceptance as the critical gateway for enabling adaptive coping flexibility.

The practical implications of the present study are that practitioners supporting elite athletes with APD should approach the task through a lens of ACT (Hayes et al., 2006), recognising that disability adaptation can forge psychological strength while remaining attuned to the significant associated costs. Not all athletes achieve full acceptance; incomplete acceptance warrants compassionate support and validation rather than pathologisation. Achievement orientations require careful scaffolding, fostering ambitious goal pursuit while preserving intrinsic motivation, process focus, self-compassion and connection to "the kid with the dream". Performance failure interventions might explicitly leverage disability-forged coping capacities, helping athletes recognise the transferability of skills cultivated through trauma and adversity. However, comparative appraisal ("this isn't as bad as acquiring disability") should not minimise legitimate emotional responses to performance failure. Athletes deserve validation alongside perspective. Disability sport organisations bear the responsibility for creating environments that enable athletes to thrive; structural support is not a luxury but a necessity.

Limitations

Several methodological limitations to this study warrant acknowledgment, in accordance with transparent reporting standards for qualitative research (Smith & McGannon, 2017). The cross-sectional interview design provides a temporal snapshot of psychological responses and coping strategies rather than longitudinal insight into

how these processes evolve following performance failure. While appropriate for the study's exploratory aims, longitudinal designs tracking athletes across multiple competitive seasons could yield a richer understanding of dynamic coping trajectories (Bundon et al., 2018; Cheung et al., 2023). Participant self-selection may introduce bias towards athletes willing to discuss sensitive experiences, potentially excluding the perspectives of those experiencing more severe or unresolved psychological distress. This limitation is inherent to voluntary participation in sensitive research, although trauma-informed interviewing was used, aiming to minimise participation barriers. A further limitation relates to the mixed-mode interview approach, in which five interviews were conducted online via videoconferencing and one was conducted face to face. Methodological work on virtual qualitative interviewing indicates that, although video platforms increase accessibility and enable geographically dispersed samples, they may reduce opportunities to observe full-body nonverbal behaviour, constrain the development of interpersonal rapport and be vulnerable to technical disruptions (Janghorban et al., 2014; Stephens et al., 2021). In the present study, these factors may have subtly shaped interactional dynamics and the depth of disclosure compared with an entirely in-person design, and this should be borne in mind when interpreting the findings.

The researcher's positioning as a former elite athlete with a career-ending injury investigating the experiences of athletes with APD required ongoing reflexive consideration of positionality dynamics (Smith & McGannon, 2017). While the researcher's athletic background facilitated rapport, the absence of lived disability experience created an insider-outsider tension requiring sustained reflexive engagement through journalling, supervisory consultation and member-checking to ensure participants' distinct experiences remained in the foreground. Additionally, the study's geographic focus within Australian sporting contexts may limit the transferability of the

results to different cultural contexts where disability and elite sport are constructed differently. However, the use of thick contextual descriptions aimed to enable readers to assess the applicability to their settings. Similarly, the predominance of online interviews, while practically necessary to include interstate participants and accommodate accessibility preferences, means that the study's knowledge claims emerge from interactions largely mediated through digital platforms. This may limit direct comparability with qualitative sport psychology studies relying exclusively on in-person interviews (Sparkes & Smith, 2014).

It is also important to note that retrospective performance failure recollection may be subject to memory reconstruction, though this limitation is mitigated by the study's focus on constructed meaning rather than objective event accuracy (Braun & Clarke, 2021). Finally, the study's exploratory qualitative design with a fairly low number of participants precludes causal inference, with findings representing contextually grounded insights rather than generalisable predictive relationships. This is an inherent characteristic of qualitative inquiry; prioritising depth over breadth (Smith & McGannon, 2017).

Future Research Recommendations

This qualitative investigation establishes foundational directions for future research, advancing theoretical understanding and practical support within disability sport psychology. Future qualitative research should expand geographical and cultural diversity, examining how cultural narratives around disability and sport excellence influence performance failure interpretation across national contexts (Dehghansai et al., 2017; Smith & Sparkes, 2008). Cross-cultural investigations exploring how divergent frameworks shape athletes' meaning-making processes would advance theoretical understandings while informing culturally responsive support practices. Research

examining performance failure experiences within low- and middle-income countries, where Paralympic infrastructure differs substantially from high-income contexts, represents a critical gap.

Longitudinal qualitative investigations following elite athletes with APD across multiple competitive seasons would address the current study's cross-sectional limitation. It would be beneficial to explore over time how initial coping strategies evolve, whether psychological outcomes shift and how disability-related identity negotiations interact with athletic identity across career trajectories (Bundon et al., 2018; Cheung et al., 2023). Retrospective life-history approaches exploring athletes' entire career trajectories could illuminate how cumulative adversity experiences interact to shape psychological resilience profiles over their lifespan (Dehghansai et al., 2017).

Future research should examine the experiences of support personnel, such as coaches, sport psychologists, physiotherapists and family members, to understand how their perspectives and practices influence athletes' responses to performance failure (Henriksen et al., 2024). Multi-perspective qualitative research could illuminate systemic factors affecting performance failure trajectories and inform coach education programs, sport psychology training and organisational policy development aimed at creating disability-affirming, psychologically supportive elite sport environments.

Intersectional research examining how gender, race, ethnicity, socioeconomic status, sexuality and disability type interact with performance failure experiences represents a critical future direction (Smith & Sparkes, 2008). Female athletes with disabilities navigate gendered expectations that may shape performance failure responses differently than male athletes. Athletes from racialised minority backgrounds may contend with compounded stereotypes influencing how failure is interpreted. Future qualitative investigations employing intersectional frameworks should explore

how different identity configurations shape performance failure interpretation, coping development and access to support resources.

Finally, intervention research grounded in qualitative insights represents an essential translational step. Future studies should develop and evaluate evidence-based interventions specifically designed for elite athletes with APD experiencing performance failure, informed by psychological processes and coping strategies identified through qualitative inquiry (Henriksen et al., 2024; Nuetzel, 2023). This includes developing disability-affirming therapeutic approaches, peer support programs and psychoeducational resources for coaches. Implementation research examining how qualitative findings translate into institutional policy changes, coach education curricula and athlete mental health screening protocols would advance practical application, ensuring research knowledge translates into meaningful improvements in athletes' wellbeing and performance sustainability.

Conclusion

This qualitative study rigorously addressed its core aim of exploring and understanding how elite athletes with APD experience, cope with and respond to performance failure; including how their disability experiences shape these processes. Using RTA (Braun & Clarke, 2021) and semi-structured interviews with six elite Australian athletes, the study investigated the interplay between disability experience, coping and psychological outcomes in elite sport following performance failure.

The analysis showed that the three overarching themes (Motivational Disposition, Coping Strategies and Psychological Outcomes) operate as a dynamically connected system rather than isolated elements. The participants' experiences of adapting to APD contributed to a task-focused, persistence-based motivational orientation that then transferred into elite sport, supporting incremental goal setting,

self-referenced standards and sustained engagement after performance failure. The acceptance of disability emerged as a central pivot: the participants who described fuller acceptance demonstrated more flexible use of adaptive coping strategies (acceptance, problem-focused action and learning-orientated reframing) in response to performance failure, while incomplete acceptance was associated with narrowed coping options and heavier emotional load, even when effort levels and commitment remained high.

Across each participant's narrative, the athletes described a marked recalibration of threat. When set alongside major life disruptions and long-term adaptation, sport failures were appraised as difficult but manageable rather than overwhelming. This "you just keep going" stance reflected resilience as an ongoing, lived process built through the repeated negotiation of challenges, rather than a fixed trait. At the same time, the participants were clear that resilience coexisted with pain, fatigue and vulnerability; persistence did not erase the emotional and embodied costs of living and competing with impairment. Overall, the findings indicate that the research questions were well addressed by presenting how disability experiences informed athletes' motivational orientations, shaped the flexibility and focus of their coping strategies, and determined their psychological responses to performance failure.

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Appendices

Appendix A- Ethics Declaration

Your ethics application has been formally reviewed and finalised.

» Application ID: HRE25-082
» Chief Investigator: Christopher Mesagno
» Other Investigators: DR PETER GILL, Ms Grace Watson
» Application Title: Exploring Psychological Outcomes and Coping Strategies After Performance Failure of Elite Athletes with Acquired Physical Disabilities
» Form Version: 13-07

The application has been accepted and deemed to meet the requirements of the National Health and Medical Research Council (NHMRC) 'National Statement on Ethical Conduct in Human Research (2023) by the Victoria University Human Research Ethics Committee. Please log into Quest to view your application approval period, it is the responsibility of the Chief Investigator to ensure approval is current.

Continued approval of this research project by the Victoria University Human Research Ethics Committee (VUHREC) is conditional upon the provision of a report within 12 months of the above approval date or upon the completion of the project (if earlier). A report proforma may be downloaded from the Victoria University website at: https://www.vu.edu.au/researchers/research-lifecycle/conducting-research/human-research-ethics/hrec-post-approval-reporting-procedures

Please note that the Human Research Ethics Committee must be informed of the following: any changes to the approved research protocol, project timelines, any serious events or adverse and/or unforeseen events that may affect continued ethical acceptability of the project. In these unlikely events, researchers must immediately cease all data collection until the Committee has approved the changes. Researchers are also reminded of the need to notify the approving HREC of changes to personnel in research projects via a request for a minor amendment. It should also be noted that it is the Chief Investigators' responsibility to ensure the research project is conducted in line with the recommendations outlined in the National Health and Medical Research Council (NHMRC) 'National Statement on Ethical Conduct in Human Research (2023)'
Please note that it is the responsibility of the principal supervisor to ensure the ethics declaration is included in the candidate's thesis at the time of submission.

On behalf of the Committee, I wish you all the best for the conduct of the project.

Secretary, Human Research Ethics Committee
Phone: 9919 4781 or 9919 4461
Email: researchethics@vu.edu.au

This is an automated email from an unattended email address. Do not reply to this address.

Appendix B- Qualtrics Pre-Screening and Demographic Form Questions

Pre-Screening (EOI) Form:

Research Study- Psychological Responses to Performance Failure- VU- Initial Qualtrics EOI

Q1 - Contact full name

Q2 - Email address

Q3 - Mobile number

Q4 - Do you have an acquired physical disability (disability developed after birth)?

Q5 - Since acquiring your physical disability- What is the highest level of competition you have played in your sport?

Q6 - How many years have you competed in your sport at the elite level since acquiring your disability?

Q7 - If involved in the interview, you will be asked to recall a significant or memorable performance failure in your sporting career. Can you recall a significant/memorable performance failure within the past 12 months (if currently competing) or 24 (if recently retired) months?

Demographics Form:

Pre Screening & Demographic Questionnaire - Elite athletes with APD – VU Qualtrics

Q1 - Full Name?

Q2 - Age?

Q3 - Gender?

Q4 - What State do you currently live in?

Q5 - Please provide your contact information - Mobile number

Q6 - Please provide your contact information - Email address

Q7 - What is your preferred method of communication?

Q8 - How old were you when you first acquired (or began to acquire) your physical disability? (Please use text box to elaborate if necessary):

Q9 - What sport/s do you play at an elite level?

Q10 - Did you play sport before acquiring your disability?

Q11 - Are you a current competitor? Or have you retired within the last 2 years?

Q12 - If selected, would you prefer the interview to take place online (Zoom) or in person (Vic residents only)?

Q13 - Are you currently experiencing significant emotional distress or a mental health crisis that would make it difficult or unsafe for you to participate in this interview?

Q14 - During the interview, you must have your camera on the entire time, and (if asked) be able to verify your Australian Identity. This is for verification purposes in order to be eligible to receive the $100 visa gift card. Do you consent and agree?

Appendix C- Information to Participants Form

VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

INFORMATION TO PARTICIPANTS INVOLVED IN RESEARCH

You are invited to participate

You are invited to take part in an Australian research project entitled 'Exploring Psychological Outcomes and Coping Strategies After Performance Failure of Elite Athletes with Acquired Physical Disability'. This study is being conducted by Grace Watson (student researcher) as part of her Masters by Research degree at Victoria University, under the supervision of Dr. Christopher Mesagno and Associate Professor Peter Gill.

Project explanation

This project aims to better understand how elite athletes with acquired physical disability (APD) experience and respond to significant performance failures in their sporting careers. While many studies have explored how able-bodied athletes cope with setbacks, there is very little research focusing on the unique experiences and psychological strategies of elite athletes who have acquired a physical disability through injury, illness, or other life events. The goal of this research is to fill important gaps in our understanding and to help inform policies and better mental health support services for elite athletes with APD. Your insights will help amplify the voices of an underrepresented group in sport psychology research and contribute to more inclusive and effective support for elite athletes facing similar challenges.

Who is eligible to participate?
To be included in this study, you must:

- Be aged 18 years or older;
- Have an acquired physical disability (a disability that developed after birth, such as through injury, illness, or a medical condition);
- Have competed (either currently or previously) at an elite level (such as state, national, international, professional, or Paralympic competition);
- Have competed in your sport at the elite level for a minimum of 3 years after acquiring the disability,
- Be able to recall a significant or memorable performance failure in your sporting career within the past 12 months (if current athlete) or 24 months (if recently retired athlete);
- Be able to participate in an interview in English.

Who cannot participate?
You will not be eligible if:

- You are currently experiencing significant emotional distress or a mental health crisis that would make participation unsafe or unduly distressing.
- You do not have relevant playing experience at an elite level
- You do not have an acquired physical disability

What will I be asked to do?

If you agree to participate, you will be asked to take part in a one-on-one interview lasting about 60–90 minutes. The interview will be conducted either in person, or online (e.g., Zoom), depending on your preference and accessibility needs. Upon expression of interest, you will be emailed an online demographic pre-screening questionnaire to ensure you are eligible to participate in the study. At the end of that form, you will also be asked to provide informed consent. Upon gaining your informed consent, we will then arrange a date/time for your interview where you will be asked questions about a memorable recent performance failure, your psychological responses, and the strategies you used to cope. With your permission, the interview will be audio-recorded and later transcribed for analysis.

What will I gain from participating?

For participating in this study, you will receive a $100 gift voucher* for your time in completing the interview. During the interview, you will have the opportunity to share your experiences and insights in a confidential and supportive setting. Your contribution may help advance understanding of the unique psychological challenges faced by elite athletes with APD and may inform better mental health and support services for athletes in the future. Some participants may also find the reflective process personally meaningful.

**Please note that upon acceptance of a gift card – your name and participation in the project may be recorded and provided to VU Finance for financial auditing purposes.*

How will the information I give be used?

Your interview responses will be kept strictly confidential (subject to legal limitations). All identifying information will be removed, and you will be assigned a pseudonym (fake name) in any reports or publications. Data will be stored securely in password-protected files by the research team and kept for a minimum of five years after thesis publication.

Participation in this study is completely voluntary. Refusal to participate in this study requires no explanation to the researchers or Victoria University. You have the right to withdraw your consent from the study and discontinue your participation at any time. Please be aware, once your interview has been conducted, we are unable to withdraw it without your expressed written consent to do so.

What are the potential risks of participating in this project?

Some interview questions may prompt you to reflect on challenging or emotional experiences related to performance failure or disability. If you feel uncomfortable at any time, you may pause or stop the interview, or choose not to answer specific questions. Immediate support resources and referrals can be provided if needed. Every effort will be made to ensure your wellbeing and comfort throughout the research process.

If this study for any reasons raises concerns, please contact your General Practitioner for advice. Further, please feel free to contact Beyond Blue (1300 22 4636) or Lifeline (131114).

Who is conducting the study?

Student Researcher: Grace Watson (Masters by Research student, Victoria University) | grace.watson1@live.vu.edu.au

Primary Investigator/ Supervisors: Dr. Christopher Mesagno (Victoria University) | Chris.Mesagno@vu.edu.au | 03 9919 4142; Associate Professor Peter Gill (Victoria University) | Peter.Gill@vu.edu.au | 9919 5641

If you have any questions or concerns about the study, you may contact Grace Watson or Dr. Christopher Mesagno at Victoria University.

Any queries about your participation in this project may be directed to the Chief Investigator listed above.
If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.

Appendix D- Participant Demographics

Participant	Gender	Age	Type of APD	Sport	Playing Level	Current or Retired (athlete)	Age of disability aquisition	Years Playing elite sport since disability aquisition	Played sport at high-level pre-disability aquisition?	Played sport recreationally pre-disability acquisition?
PO1	Female	50	Complete T6 paraplegia resulting from a hiking accident/fall	Para- Shooting	International level (e.g., Paralympics, IPC-sanctioned events, Invictus Games)	Current	31	15	no	yes
PO2	Male	27	Incomplete Paraplegia T11-T12 + ABI resulting from workplace accident	Wheelchair AFL	National level (e.g., competing at the Australian Para Championships)	Current	19	3	no	yes
PO3	Female	44	Complete T7 paraplegia resulting from a car accident	Wheelchair Table Tennis	International level (e.g., Paralympics, IPC-sanctioned events, Invictus Games)	Retired	15	10	yes	yes
PO4	Male	40	Incomplete T10-T12 paraplegia resulting from bombing scratnel	Wheelchair AFL	International level (e.g., Paralympics, IPC-sanctioned events, Invictus Games)	Current	11	10	no	yes
PO5	Male	38	Incomplete C6-C7 Quadriplegic resulting from cliff jumping fall/accident	Wheelchair Rugby	International level (e.g., Paralympics, IPC-sanctioned events, Invictus Games)	Retired	17	16	no	yes
PO6	Male	26	Visual Impairment/Blindness resulting from disease/condition	Blind running/Athletics (long distance running)	International level (e.g., Paralympics, IPC-sanctioned events, Invictus Games)	Current	11	10	no	yes

Appendix E- Participant Flyer

Appendix F- Interview Guide

Conversation Map (60–90 mins)

1) **Warm-up & Safety (5–7 mins)**

- Welcome, reaffirm voluntary participation, right to skip/stop, confidentiality.
- Quick check-in: “How’s your energy today?”
- Plain-language consent recap; confirm audio-recording.

2) **Disability & Sport Journey (8–12 mins)**

Purpose: anchor context (timing of APD, entry to parasport, identity shifts).

Core openers:

- “In your own words, how did your disability come about, and what did sport look like before/after?”

  Probe ladder → timelines, turning points, supports/barriers.

3) **Target Event — Memorable Performance Failure (12–15 mins)**

Purpose: rich, situated account of *one* failure (non-injury-based).

Core openers:

- “Tell me the story of one performance that felt like a failure for you in the last 12 months.”
- “Why this one? What made it stand out?”

  Probe ladder → stakes, expectations, context (competition level, role, conditions).

4) **Immediate Responses (emotions/thoughts/behaviours) (10–12 mins)**

Purpose: acute appraisal + coping attempts.

Core openers:

- "Right after, what did you feel, think, and do?"
- "In the next 24–48 hours, what shifted?"

Probe ladder → self-talk, rumination, regulation strategies, social contact.

5) **Short–Longer Term Meaning-Making (10–12 mins)**

Purpose: cognitive processing → learning/PTG/identity.

Core openers:

- "Weeks and months later, how did you make sense of it?"
- "Did it change how you see yourself, your sport, or what matters?"

Probe ladder → re-appraisal, values, autonomy/competence/relatedness, routines.

6) **Role of Acquired Disability (8–10 mins)**

Purpose: connect APD biography to coping/interpretation.

Core openers:

- "In what ways did your disability journey shape how you handled this?"

Probe ladder → prior adversity, social narratives, accessibility, stigma/empowerment.

7) **Supports & Gaps (5–8 mins)**

Core openers:

- "Who/what helped—or didn't?"
- "What would have made the biggest difference?"

8) **Reflection & Advice (4–6 mins)**

Core openers:

- "What do you take forward from this?"
- "What would you tell a teammate facing a setback?"

Prompt Ladder (use as needed)

If vague: "Could you walk me through the moment from 10 minutes before to 2 days after the key point?"

If brief: "What was the *hardest* part? The *most unexpected* part?"

If evaluative, not descriptive: "What happened that makes you say it was 'bad'? What did you see/hear/do?"

If memory stalls: "If we watched a replay, what would we see? Who else was there?"

If emotion hard to name: "If that feeling had a colour or speed, what would it be?" then "What word fits closest?"

If cognition unclear: "What was the sentence running through your head?" "What story were you telling yourself?"

If coping unclear: "What did you try first, even if it didn't work?" "What did you stop doing?"

If meaning-making shallow: "How did this change what you aimed for, or how you trained/competed?"

If they don't understand the question:

- Rephrase to plain language → *"I'm asking about what you felt/thought/did right after that game—can you give me an example?"*
- Offer options → *"Some people text a coach, avoid social media, or double down at training—did any of these happen for you?"*
- Offer time anchor → *"Let's focus just on the bus ride home—what was happening then?"*

Ethically-Informed Micro-Scripts

Re-centering choice: "We can pause/skip this. What would feel comfortable now?"

Normalising distress: "It's common for people to feel wobbly talking about this. Take your time."

Check-in after heavy content: "On a 0–10 scale, where's your distress right now? What would help bring it down one point?"

Redirecting if retraumatisation risk: "Let's step back from details and talk about what helped you cope instead."

|Distress & Safety Flow (researcher cheat-sheet)

1. Notice signs (long pauses, tearfulness, shutdown).
2. Pause interview; validate; offer options (break/skip/stop).
3. Ground (5–4–3–2–1 senses; feet on floor; slow exhale).
4. Decide: resume (lighter topic) / reschedule / stop.
5. Provide supports (Lifeline 13 11 14; Beyond Blue 1300 22 4636; local contacts).
6. Document brief field note; notify supervisor per protocol.

Quality Signals

- **Alignment**: Each question traces to aims/RQs (map on page 2).
- **Depth**: Event → appraisal → coping → meaning → identity.
- **Variation**: Ask for *another example* if first is atypical.
- **Specificity**: Anchor in time/setting/interaction.
- **Reflexivity**: Note your prompts, emotions, assumptions.

Page 2 — Aims ↔ Question Map (tick as you go)

Central RQ: How do elite athletes with APD experience and psychologically respond to performance failure?
Sub-RQs: (I) Coping strategies and disability influence; (II) Psychological outcomes incl. mental health.

Section	Captures
2. Journey	APD timeline; identity shifts; sport entry context
3. Target Event	Situated failure; stakes & meaning
4. Immediate Responses	Emotions, thoughts, acute coping
5. Meaning-Making	Re-appraisal, PTG/OVTGTA processes
6. Role of APD	Disability-specific mechanisms/influences
7. Supports & Gaps	Social/environmental facilitators/barriers
8. Reflection	Practical learnings; advice

Theory prompts

- PTG: challenge to core beliefs → struggle → growth domains.

Use this as a live checklist; adapt order to keep it conversational.

Appendix G-Theme Map