Special Olympic Involvement: Effects on Social Isolation, Sense of Community, and Health for Families and Caregivers of Athletes with Intellectual Disabilities

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Introduction
Special Olympics is a global movement concerned with providing physical activity outlets, social interaction, and healthcare to individuals with intellectual disabilities (ID; SpecialOlympics.org, 2016). The organization serves more than 4.7 million athletes around the world each year and is often lauded for its work empowering and making visible athletes with ID. Often forgotten in the narrative of Special Olympics, however, are the millions of family members, guardians, and caregivers who support these athletes day in and day out in their pursuit of athletic excellence.

Unfortunately, studies have indicated that caregiving for individuals with ID is related to a number of poor psychosocial and health related outcomes. (Al-Krenawi, Graham, & Al Gharaibeh, 2016; Chiu, Yang, Wong, & Li, 2012; Hayes, Hawthorne, Farhall, O’Hanlon, & Harvey, 2015). Thus, the current study seeks to examine involvement in Special Olympics as a way for caregivers to experience community, alleviate stress, and reduce feelings of social isolation. It further explores the relationships between involvement with Special Olympics and caregiver/ family member physical and psychological health.

Literature Review
Athletes participating in Special Olympics often experience a number of benefits, including improved physical and psychological health, as well as social interaction and relationship building (for a review, see Tint, Thomson, & Weiss, 2016). While a small body of literature has examined these effects for the athletes themselves, relatively little has been done to explore the benefits of participation for caregivers and families of Special Olympic athletes. This is problematic, as parents and families of individuals with ID often experience negative effects related to their roles as caregivers. These include lower reported quality of life, high levels of social isolation, and high incidence of psychiatric disorder symptomology (Hayes et al., 2015). Unfortunately, families of individuals with ID also have lower levels of family functioning, lower sense of coherence, and lower marital satisfaction relative to others, largely related to the burden of caregiving (Al-Krenawi, Graham, & Al Gharaibeh, 2016). Further, social stigma also leads to greater social isolation among families and caregivers (Chiu, Yang, Wong, & Li, 2012) and is related to a number of negative physical and psychological health outcomes (Abdollahpour, Nedjat, Noroozian, Salimi, & Majdzadeh, 2014; Chen, Chen, & Chu, 2014). Thus, methods for improving social cohesion and health of families and caregivers of those with ID should be explored.

Sense of community has been examined as a mechanism for improving social cohesion and psychological health in a number of contexts (Chavis & Wandersman, 1990; Cohen Underwood, & Gottlieb, 2000; Olds & Schwartz, 2009). Recent literature in sport and physical activity, suggests it is a context conducive to developing sense of community among both participants and those more distally involved (e.g., parents, spectators, fans; Clopton, 2008; Warner, 2012, Warner, Dixon, & Chalip, 2012). For example, one study found that individuals participating in fitness settings conducive to community building reported improved progress towards their health goals and increased satisfaction with the product (Pickett, Goldsmith, Damon, & Walker, 2016). Others have found that social ties among sport team fan groups create feelings of community (Fairley & Tyler, 2012; Swyers, 2010). Finally, and of particular interest to the current work, Warner, Dixon, and Leierer (2015) noted the importance of children’s’ sport participation in developing sense of community for their parents. They argued youth sport's impact on families and local communities necessitated a more holistic approach to policy, which was not exclusively focused on the young athlete’s experience. That is, the benefits of sport are not the exclusive domain of athletes on the field, but also occur for others as well- such as family members or supporters. Further, and importantly, it has been noted that the development of community through sport is mutable via specific management and design practices (Warner & Dixon, 2011).
Therefore, the current study seeks to examine the effects of Special Olympic involvement on sense of community for family members and caregivers of athletes. In particular, it is hypothesized that individuals who have been involved at higher levels (H1a) and for longer durations (H1b) will experience greater sense of community. Further, this study will examine several outcomes of community for families and caregivers. In particular, it hypothesized that higher perceived sense of community will be positively related to identification with Special Olympics (H2), reduced social isolation (H3), and improved physical (H4a) and psychological (H4b) health among caregivers and family members.

Method
The current research will employ a mixed methods approach, as called for by Rudd and Johnson (2010), combining qualitative interviews and quantitative survey research to triangulate findings related to the dynamics of community in this population. First, a series of semi-structured qualitative interviews will be conducted at local Special Olympic events, asking spectators who identify as family or caregivers to athletes, about the dynamics of isolation, community, and their participation. This data will be analyzed using the method laid out by Lincoln & Guba (1985), in which interview transcriptions will be coded in an iterative process, developing larger emergent themes. Following the recommendations of Creswell (1998), findings will be triangulated using reflexive journaling and direct observation.

Quantitative survey measures will further explore study hypotheses. The survey will use previously developed and validated measures of involvement, sense of community in sport, social isolation, and overall health (Kyle, et al. 2007; Ware & Sherbourne, 1992; Warner, Kerwin, & Walker, 2013). Surveys will be collected at Special Olympic local, regional, and statewide sporting events throughout the year and structural equation modeling (SEM) will be used to test each of the stated hypotheses.

Expected Findings and Discussion
Consistent with previously literature, it is expected that higher levels of involvement in Special Olympics by parents and caregivers will foster greater social ties. That is, those that are more regularly attend and are involved with Special Olympic events will develop their own sense of community in the space. Further, it is expected that increased social ties among these individuals will be related to a number of benefits, including: reduced social isolation, better health, and identification with Special Olympics as an organization. Following the logic of Warner, Dixon, and Leierer (2015), this study will explore experiences of families and spectators, not only sport participants, at the recreational sport level. It is expected that participation of a family member or person under care represents an opportunity for caregivers to engage in social activities which are often otherwise limited. These findings would have important implications for recreational sport managers in terms of developing community, not just among athletes, but among supporters and families. This is particularly important for certain individuals, such as caregivers of athletes with ID, who commonly face the negative effects of social isolation. Thus, the current research seeks to extend the literature surrounding the social and health benefits of sport—not just for athletes, but also for their supporters.