



Article

Dynamics of courage: Personal learning processes in an adapted physical activity-based rehabilitation context, a single case study

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Abstract: Learning processes require individuals to find the courage to engage in challenging activities. While being highly personal, such processes always occur within a relational social system. Rehabilitation programs with adapted physical activity as the main intervention facilitate opportunities for young adults with the experience of living with a disability to explore their capacities and develop activity competence and agency. This study aims to explore the dynamic relationship between personal experiences and the social processes underpinning a learning process within a rehabilitation program based on adapted physical activity in groups. An ethnographic single case study generated in-depth descriptions illuminating personal experiences, as well as revealed insight into socio-cultural structures and interactional processes. Analysis of the single case demonstrated how the rehabilitation context was experienced as safe. However, the context also included sociocultural expectations guiding attention towards performance demands, limiting the sense of personal agency, and increasing the sense of risk. Trusting collaboration processes were essential in forming support and challenges sensitive to individual needs and sense of risk, and for translating activity experiences into personal learning and activity engagement outside the program context.

Keywords: agency; disability; expectations; qualitative research; social interactions; staff strategies; young adults

Introduction

For young adults with the experience of living with a disability, as for their peers not sharing this experience, engaging in physical and recreational activities is important in supporting optimal physical functioning, health, and wellbeing through meaningful experiences and developmental processes (Cussen et al., 2012; Pawlowski & Yun, 2019; Powrie et al., 2015; Williams et al., 2014). However, many young adults with the experience of living with a disability struggle in finding appropriate and meaningful activity settings suited to their needs (Hammel et al., 2008; Kramer et al., 2012; Williams et al., 2014). A sense of alienation, limitations, and feelings of being different are common experiences for young people with the experience of living with a disability when engaging in social, recreational, and physical activities together with their peers not sharing the experience of living with a disability (Goffman, 1963; King et al., 2000; Kramer et al., 2012). The lack of opportunities for engaging in activities may limit their chances to explore their capacities,

build resilience, and gain important resources for navigating and negotiating social environments (Hammel et al., 2008; Kramer et al., 2012; Pawlowski & Yun, 2019). Rehabilitation and specialized activity programs designed for people with the experience of living with a disability are identified as having a different set of social norms and reference points for activity engagement than the environment outside the programs (Miklos, Jahnsen, Nyquist, & Ullenhag, 2021; Pawlowski & Yun, 2019). These programs are therefore recognized as providing an understanding and safe arena for engaging in activities, facing challenges, practicing skills, and exploring own capacities without feeling over- or underestimated (Miklos, Jahnsen, Nyquist, & Ullenhag, 2021).

Multimodal person-centered rehabilitation programs aim to improve a person's capacity to interact with their environment and increase their opportunities to engage in activities outside the programs (Negrini et al., 2022; Vanlandewijck, 2021). Participation-based rehabilitation programs emphasize how participation should be understood as more than a desired outcome, but also as a means leading to a variety of capacity-developing processes (Imms et al., 2016). Rehabilitation and specialized programs underpinned by the principles of adapted physical activity (APA) are adopting a holistic approach to facilitate personal learning processes (Hutzler & Sherrill, 2007; Standal et al., 2018; Vanlandewijck, 2021). Through engagement in activities tailored to individual needs and preferences, rehabilitation programs seek to promote capacity development and autonomy, necessary for enabling participation in desired activities outside the programs (Imms et al., 2016; Vanlandewijck, 2021).

Personal development is recognized as resulting from the interplay between risk and resilience processes, formed as self-reflexive processes, where actions and attitudes are regulated based on contextualized participatory experiences (Giddens, 1991; Goud, 2005; King et al., 2018). Fundamentally, personal development depends on an individual's ability to find the courage to go beyond their comfort zone and actively engage in challenging participation processes (Goud, 2005; King et al., 2018). Therefore, even within supportive and safe contexts, such as rehabilitation or specialized programs, learning experiences can create feelings of vulnerability because of the challenges posed by self-perceived limits and the risks of failure (Majnemer et al., 2010; Williams et al., 2014). As with all human interactions, rehabilitation programs operate as reciprocal social systems, where socio-cultural structures embedded in the activity and situated context influence the experience of participation opportunities, support, social interactions, and collaboration processes (Giddens, 1991; Meyer et al., 2008). Due to the element of risk and vulnerability related to engaging in challenging learning processes, trusting relations between staff members and the attending individuals are required to secure efficient interactions, and for rehabilitation program to function in accordance with their purpose (Meyer et al., 2008; Williams et al., 2014).

With this study we aim to explore the dynamic and transactional relationships among socio-cultural structures, interactional processes, and personal processes underpinning a learning situation within a rehabilitation program for young adults. Drawing on data from a larger ethnographic project, this study presents a single case study of a young woman participating in a wall climbing activity during a rehabilitation stay. While the study mainly built upon the empirical foundation, the use of theoretical perspectives in the analysis provides an opportunity to go beyond the personal experiences in order to discover the influence of social structures (Timmermans & Tavory, 2012).

Theoretical Background: Courage and Developmental Processes in APA Rehabilitation Programs

The experiential learning processes fundamental to APA rehabilitation are constituted within the social systems of sports, physical activities, and rehabilitation traditions, all embedded with expectancies related to bodies in movement (Pawlowski & Yun, 2019; Standal et al., 2018). The nature of APA inherently presents challenges and therefore the risk of feeling unsuccessful or experiencing physical inadequacy, with the potential for the exposure of vulnerabilities and limitations to others (Williams et al., 2014). APA is a socio-pedagogical strategy that places great emphasis on learning as a value-laden and interactional process, requiring staff to be open and sensitive to the individual's needs, the ongoing process, and surrounding social context (Pawlowski & Yun, 2019; Standal et al., 2018). Because APA learning processes are highly person-centered and therefore unique, it is of great importance to understand how APA staff balance their professional knowledge with sensitivity to each learning situation (Pawlowski & Yun, 2019; Standal, 2008). In previous research courage is highlighted as a central personal attribute for engaging in challenging activities and learning processes (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021; Miklos, Jahnsen, Nyquist, & Ullenhag, 2021). Courage can therefore be understood as fundamental in APA based learning processes, promoting engagement and personal development by being the "energizing catalyst for choosing growth over safety needs" (Goud, 2005, p. 102). To explore the role of courage in rehabilitation-based learning processes we use N. Goud's (2005) model for a conceptualization of courage. Goud (2005) conceptualizes courage as a driving force, which is key in building the confidence necessary to challenge safety impulses while also downregulating the sense of potential negative outcomes. According to Goud (2005), courage is composed of three dimensions (Figure 1): 1) fear management, 2) appropriate actions, and 3) a sense of purpose. These three dimensions interact simultaneously with varying degrees of intensity, with courage emerging when these dimensions are in balance.



Figure 1: Goud's Dimensions of Courage adapted from "Courage: Its nature and development." By N. Goud (2005) in *Journal of Humanistic Counseling, Education and Development* 44: p. 104. Reproduced with permission by author. Copyright by www.onlinelibrary.wiley.com

The dynamic transactions between personal processes and the situated social context are essential in promoting courage, and the "point is to find the safest place when confronting fears" (Goud, 2005, p. 114).

Materials and Methods

Design

This study represents part of a larger project, based on ethnographic fieldwork. The maximum variation sample consisted of participatory observations of four groups with a total of 7 staff members and 54 young adults sharing the experience of living with various disabilities attending the APA program at Beitostølen Healthsports Center (BHC). More details can be found from Miklos, Jahnsen, Nyquist, Hanisch, and colleagues' paper (2021). Ethnographic research supports the exploration of cultural norms and values, along with perspectives, and practices of a particular context (Reeves et al., 2013). It is therefore, ideally suited for exploring the transactional relation between personal experiences, interactional relations, and contextual processes. To give a profound insight into the personal processes of learning, the present study focuses on a single case, theoretically and purposely sampled from the larger dataset (Stake, 2005), examining the experiences of a young woman working towards achieving her rehabilitation goal.

The ethnographic approach enabled a holistic and in-depth understanding of individual experiences and social interactions within a naturalistic rehabilitation context (Reeves et al., 2013). The opportunity for comparing findings and interpretations from the single case into a variety of other cases from the larger project (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021) ensured that while the young woman's experiences were highly individual, the dynamics of her learning process were comparable to those of others. An initial inductive analysis of the single case was followed by a deductive thematic analysis (Timmermans & Tavory, 2012) drawing on the conceptual model of courage (Goud, 2005). In combination, this forms an abductive analysis (Timmermans & Tavory, 2012), which was used in revisiting the findings to generate novel insights of the empirical findings.

The first author (MM) conducted the ethnographic data collection. MM is a trained ethnographer and APA professional with three years of work experience within the program at BHC. During data collection, MM adopted the role of researcher and trusted confidant for the young woman in the case study as well as the group members participating in the larger study (Abma & Stake, 2014). MM had no previous connections with the young woman. Tacit knowledge can be a challenge when engaging in research within one's own culture (Frank, 1997). The prolonged engagement with continuous contact with the participants provided opportunities for getting better insight and test initial analytical interpretations (Abma & Stake, 2014). During the analytical phase, ongoing dialogue with the research team (A.N, R.J, and H.H.) and journaling of personal views supported critical reflection on the impact of MM's previous experiences as an APA professional at BHC during the research process (Abma & Stake, 2014; Charmaz, 2014). The other members of the research team had no clinical connection to the rehabilitation program. One had an administrative position and the two others as researchers only, of whom one lived with a disability.

Context - Description of the Intervention

BHC is a Norwegian rehabilitation center providing residential four weeks group-based programs (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021; Røe et al., 2018) guided by the philosophy of APA for young adults with experience of living with a disability (Hutzler & Sherrill, 2007). The young adults program involved a variety of self-selected goal-directed activities with three to four sessions per day six days a week, carried out individually or in groups (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021). This provided an ideal opportunity to explore in vivo the complex learning processes underpinning a participation-focused rehabilitation intervention, (Atkinson & Pugsley, 2005; Imms et al., 2016; Reeves et al., 2013).

The Theoretically Sampled Case

Participants: Staff and Anne

Participants were provided with verbal and written information about the larger ethnographic study (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021), before consenting to participate. In the present case study, a total of five staff members instructed and supported the climbing wall activity. The young woman and staff in the single case were in addition informed about the theoretical sampling of the single case for this study. The young woman also engaged in a member checking process to secure the accuracy of the written representation of the case and analytical findings (Candela, 2019). To secure the anonymity of the staff members, they are presented as a unit under the term “staff member”. “Anne”, a pseudonym for the young woman, was a 25-year-old woman who had returned to BHC multiple times. She was a part-time wheelchair user. Anne had a goal to become an autonomous climber, and during her rehabilitation stay, she engaged in six sessions on the climbing wall. Climbing challenged Anne’s physical capacities and forced her to confront her fear of heights. Mastering climbing during her stay at BHC would enable Anne, to continue the activity at a climbing facility in her local community.

Activity Context: Climbing

Climbing at BHC was mostly performed in small groups of two to five participants, with one or two staff members leading the activity. The climbing wall was 7m high and positioned in a large multipurpose hall, with other activities often occurring simultaneously. Climbing was a popular activity among young adults and presented both physical and psychological challenges. Climbing was regularly scheduled across the rehabilitation stay, providing a unique opportunity to observe the learning processes as these evolved throughout the stay.

Ethics, data Collection and processing

Ethical approval for this study was obtained from the Regional Committee for Medical Research Ethics, South-East Norway (REK-South-East-B No.:2014/2055) and the Norwegian Data Inspectorate (NSD No.:48117). Staff and young adults attending the BHC program were informed about the study, both verbally and in writing, before consenting to participate in the larger ethnographic study (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021). Ethnographic data collection methods included participant observations and infield conversations (Atkinson & Pugsley, 2005; Reeves et al., 2013). The theoretically sampled case was pulled from the larger dataset after the data collection had reached saturation. The single case was purposely chosen (Stake, 2005) for its ability to give profound insight to rehabilitation-based learning processes. The single case consisted of observations interspersed with in-field conversations made during Anne’s six sessions in the climbing wall. No formal interviews were conducted, due to the risk of influencing the naturally occurring interactions and relations among the participants. Detailed field notes and written summaries of the infield conversations were made immediately following each period of observations (Abma & Stake, 2014). Anne’s experiences and perceptions provided insights into the staff practices and culture of BHC as well as the dynamic social transactions and interactions of the learning processes (Stake, 2005). These sources, together with a research log, enabled an iterative approach to validate emerging interpretations as they arose during data collection and analysis (Charmaz, 2014; Stake, 2005).

Data Analysis

A preliminary data analysis in the larger ethnographic study was undertaken by the first author iteratively, through an ongoing process of comparing data as it was collected, coded, and analyzed (Charmaz, 2014). In this way, data from participant observation and infield

conversation sources were triangulated, analyzed and re-analyzed, supporting an in-depth knowledge of the young adults' program at BHC with comparison securing consistency (Reeves et al., 2013). The findings drawn from observational field notes and the written records of the infield conversations relating to this case study, are presented in a narrative structure, as an ethnographic tale aligned with the timeline of the rehabilitation stay (Smith & Sparkes, 2008).

Following data collection, the first author performed an initial inductive analytical approach of the single case. The analysis followed the constructivist assumptions that aim to develop an in-depth and holistic understanding of the complexity of a rehabilitation-based learning process (Stake, 2005). The analysis involved interpreting patterns across codes into broader categories, detailing the core aspects of the socio-cultural structures, the situated and interactional context, and Anne's personal processes (Abma & Stake, 2014). This provided us with an opportunity to explore the transactional relationship between the contextual "rules and resources" of the social system, interactional relations, and individual experiences within rehabilitation-based learning processes. The constructivist approach emphasizes the exploration of the uniqueness of the case and did not strive to generalize (Abma & Stake, 2014). Applying an abductive analytical approach using the concept of courage (Goud, 2005) opened for reframing the empirical findings (Timmermans & Tavory, 2012).

Trustworthiness

The trustworthiness of the methods and analysis was ensured through several procedures. The credibility of the data interpretations was strengthened by persistent observation in the field, and ongoing dialogue with Anne to validate interpretations iteratively during data collection (Abma & Stake, 2014). Triangulating observations and conversational interviews enabled in-depth understanding of the case and established consistency of the findings (Curtin & Fossey, 2007; Krefting, 1991). A detailed description of the participants' and the social interactional processes arising during the climbing sessions further acted to enhance understanding of the potential transferability of findings (Abma & Stake, 2014; Krefting, 1991). Dependability of the findings was strengthened by the researcher's consistent documentation of reflections in a memo log, establishing an audit trail of the research methods (Curtin & Fossey, 2007; Krefting, 1991). To secure the accuracy and credibility of the written case report of the result and analysis a member checking process with Anne was completed (Abma & Stake, 2014; Candela, 2019). Findings and the methodological choices related to data collection and analysis were discussed with the research team, enhancing the confirmability of the study (Abma & Stake, 2014; Curtin & Fossey, 2007).

Results

An Ethnographic Tale of the Relationship between Social Interactions and Personal Courage in a Learning Process

Anne's Goal for Climbing at BHC:

Prior to her stay Anne had visited the climbing facility in her local community, encountering instructors who lacked understanding of her needs and how to support her. Given Anne's previous stays at BHC, she recognized that her stay provided opportunities to learn to climb in a safe and supportive environment. Anne acknowledged that reaching her goal depended on learning both, the necessary skills and how to handle her fear of heights. Anne hoped that by the end of her stay, she would be an autonomous climber with both the technical skills to climb and an understanding of how to guide the instructors at the local climbing facility in supporting her.

‘You Can Do It If You Want To’

During the first session on the climbing wall, Anne was with two other young women and a member of the BHC staff. Anne volunteered to go first, stating with a tiny smile “I’ve got a fear of heights”. The staff member replied “We’ll take it easy. I’m sure it will be alright”. Initially, Anne struggled, but when she hesitated and asked to be lowered down, the staff member and the two other young women cheered her on, “You’re doing so well [...] Try to reach the one at your left”. Anne’s movements became frantic and uncontrolled. At the four-meter line, Anne’s body began to shake, and her hands turned white from tightly gripping the wall. She quietly asked to be lowered down. The staff member responded by encouraging “You can do it, if you want to”. Eyes watering and with a determined voice Anne insisted on being lowered down. Back on the ground, the group attempted to comfort Anne “You did so well ... you will manage it next time”. With tears in her eyes, Anne smiled in response, unable to speak, she moved to the edge of the group.

‘I Want to Conquer My Fear’

Two days later, in discussing her experiences, Anne shared her frustration. Despite being able to reach the top of the climbing wall during a previous stay, she now found climbing difficult. While Anne understood that the cheering and support from the group was intended to be encouraging, she explained, “It kind of made me feel like, I was being pushed to cross my boundaries, instead of gradually moving them”. Anne hoped to get an opportunity to climb the wall alone with only a staff member, with the goal of regaining some calmness and finding the courage to confront her fear of heights in her own time.

“I Know It Is Meant as Encouragement, But It Feels Like Expectations”

Anne was sitting next to the climbing wall having just finished climbing alone with a staff member. When asked how it went, Anne responded with tears in her eyes, “Not so well, I didn’t reach the top”. I (MM) asked her whether reaching the top was her goal, or if it was to work towards managing her fear, Anne wiped her eyes, agreeing that reaching the top probably was not the best measure of success. Climbing on her own helped her to gain confidence. After the climbing session, the staff member supported her commented that she was “well on her way”. Although, understanding that this comment was intended to be encouraging, that she was physically capable, Anne experienced it as an expectation that she had to push herself to the top of the wall to reach the goal “and when I don’t succeed, I feel weak”.

“Stop! Just Leave Me Hanging, I Want to Try Again”

A week later, Anne was back at the climbing wall together with a group of three. Focused, Anne moved slowly upwards. The group watched silently, no one cheered. Only the staff spoke occasionally to Anne, guiding her when she hesitated. At the four-meter line Anne’s hand slipped. Startled she asked to be let down. “Ok! Let go of the wall”, the staff member responded. Anne calmly put her weight into the harness, waiting to be lowered down. This time there were no tears, but an empty look on Anne’s face. Intentionally, the staff member took some time to prepare the decent. This allowed Anne time to regain control over her fear and body. Suddenly Anne’s body language changed, her focus moving from the floor to the top of the wall, and she stated “Stop, just leave me hanging, I want to try again”. With efficient and controlled movements, Anne quickly covered the last three meters of the wall, reaching the top. On returning to the floor Anne was shaky, tears flowing freely from her eyes. She showed the staff member that she had been wearing a heart rate monitor revealing her increased heart rate. “Can you see how much I have been struggling?” The group calmly congratulated Anne on reaching the top.

“Why Can’t I Do It Like Yesterday?”

At her request, Anne returned to climb the wall again the next day. It was the end of the session, and time was limited. On the wall, Anne’s movements lacked control and focus, and she quickly was stuck, requesting to be lowered down. A member of the staff suggested that Anne should stay behind after the session and have another go on the wall. A staff member climbed alongside Anne intending to motivate and encourage, however, it seemed to have the opposite effect. Appearing stressed Anne looked down and asked, “Why can’t I just do it like yesterday?” Then she took a deep breath, rolled her shoulders, and reminded herself the handles were better past the four-meter line. Slowly, with focus, Anne reached the top, however she seemed unsatisfied saying, “I expected it would have been easier today”.

“They Don’t Know How to Help Me”

The next day Anne was alone on the wall with a staff member. Her movements and emotions appeared controlled. During her climb to the top of the wall Anne asked the staff member for advice on climbing techniques, adjusting her body accordingly. Following her climb, Anne questioned the staff member further, intending to gain the knowledge she needed to guide her instructors at home, explaining “I need to know everything! The local instructors – they don’t know how to help me, so I must tell them what to do”.

“Today Is Not My Day”

During the last group session of Anne’s stay many of the other members of her group had finished their activities in the multipurpose hall, standing around the climbing wall watching her and several others climbing. Those who watched were impressed by the climbers’ performances on the wall and were cheering loudly. Anne climbed the wall eagerly but appeared tired and somewhat unfocused. Following a short break at the four-meter line, Anne attempted to resume her climb without success, requesting to be lowered, “I guess today is not my day”.

Initial Inductive Analysis

Through the results, we wanted to explore the intertwined relationships between a) embedded socio-cultural expectations relating to the culture of rehabilitation and APA, b) the interactional relation between staff strategies and Anne’s personal engagement, and c) Anne’s self-regulatory processes, including balancing actions, feelings, focus, and interpretations of the situated context. Table 1 illustrates an example from the initial inductive analysis of the results outlining the emerging concepts underpinning the levels of the learning process during one session in the climbing wall.

Table 1: Example from the initial inductive analysis from session 2, “I know it is meant as encouragement, but it feels like expectations”.

Level	Concept	Example quote or note
a) Embedded socio-cultural expectations:	Mastery measure:	Did not reach the top; pushed herself to the top.
	Goal achievement:	Well on the way; being physically capable.
b) Staff strategies and interactional processes:	Individual adaptations:	Climbing alone with staff.
	Support and pressure:	It is meant as encouragement, felt like an expectation.
c) Anne’s self-regulatory processes:	Control and focus:	Climbing alone gave more focus; finding confidence; calms down, change of focus - agree the top isn’t the best measure.
	Self-perception and emotions:	Not so well, tears; when I don’t succeed, I feel weak.

From the findings we identified how the role of trust and social support played in increasing motivation, agency, and feelings of safety. Staff's understanding of and approach towards elements shaping the individual sense of risk related to engaging in activities and self-exploratory processes were key in Anne's learning processes. However, embedded expectations within the activity context had the power to guide the focus of those involved, influencing both the staff's choice of strategies and Anne's self-regulatory processes related to management of fear, actions, focus, as well as self-understanding. The rehabilitation-based learning setting involved embedded socio-cultural expectations of climbing as a sporting activity, with reaching the top of the climbing wall representing a standardized measure for mastery and performance. For Anne, the experience of time was a crucial element in the learning process. When time felt limited, either due to social encouragement or an actual lack of it, it increased Anne's sense of pressure to perform instantly. As opposite to when the climbing session was calm and time felt plenty, Anne felt in control to develop skills on her own pace. The staff and peers observing and supporting Anne attempted to strike a delicate balance between encouragement, and providing her with personal space or challenges, with Anne responding by either losing control or finding courage to move on.

Mutual understanding and collaboration between Anne and BHC staff were essential in shaping the learning processes, with the potential to foster activity mastery, sustainable enough to be transferred across contexts back to Anne's local climbing facilities. Based on the initial analysis of this case, we emphasized how learning to master an activity is a complex process underpinned, by both the development of practical skills, and agency to regulate emotions and actions. In addition, learning to negotiate personal, social, and socio-cultural expectations, barriers and resources are central for transferring activity participation across contexts.

Theoretical Interpretations

In the following thematic analysis rehabilitation-based learning processes as a social system are explored. Transactional relationship between the socio-cultural structures, social interactions and personal processes of engagement and development is analyzed using the concept of courage (Goud, 2005).

Socio-cultural Structures Regulating and Influencing the Learning Process

The ethnographic tale of Anne's learning processes addressed the power of embedded expectations in guiding human interactions and impacts on self-reflexive processes (Giddens, 1991; Hammel et al., 2008; King et al., 2018). In the initial analysis we illustrated how the sense of *risk* in the learning process arose from more than Anne's fear of heights, namely also from experienced social expectations. This indicated a vulnerability arising from social and structural ambiguities related to perceived understandings of her physical performance and efforts. These structures became evident through comments such as 'you can do it, if you want to', which, while intended to be encouraging, were experienced by Anne as expectations to her performance and level of engagement. The small word "it" indicated that there exists a right way to perform the activity, to reach the top of the wall, and that Anne in the occurring moment was not performing in accordance with a standardized activity norm and did not put in the expected effort.

Traditionally, rehabilitation culture has largely focused on 'ameliorating impairments and promoting activity performance' (Imms et al., 2016, p. 16), emphasizing physical skill development and activity mastery (King et al., 2018; Negrini et al., 2022). The philosophy of APA is to adapt the activity to the individual and form supportive and safe activity processes (Hutzler & Sherrill, 2007), APA also sits within the field of sports, a social field valuing achievement, performance, and competition, in accordance with socio-normative standards

(Tangen, 2004; Williams et al., 2014). In focusing on demonstrating physical performance, Anne not only attempted to live up to her own expectations and the perceived expectations of others, she also delivered on her obligations under the “intervention contract” by actively engaging in the rehabilitation process (Palisano et al., 2012). The frustration of not feeling recognized for her efforts led Anne to wear a heart rate monitor to show increased heart rate, thus objectively validating her internal struggle, demonstrating how the social context influences on the balance of courage (Goud, 2005).

Anne sensed an implicit focus on performance and effort, which limited her opportunities to manage her fear of heights, and at the same time, increased the risk of experiencing failure (Figure 2). Anne’s experience of a social focus primarily directed at her physical performance may suggest that embedded socio-cultural structures within the APA rehabilitation context guide the attention of those involved towards objective measures of achievement. From the results we find how such a focus have the potential to limit the experience of personal agency and self-determination of activity purpose.

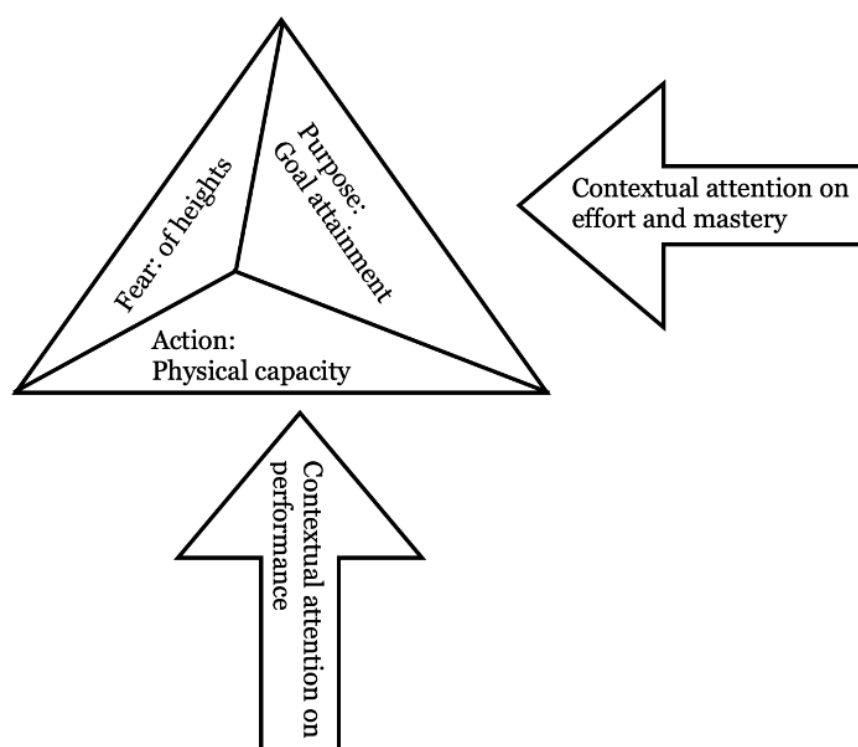


Figure 2: Embedded socio-cultural expectation structures regulating contextual attention and the dynamic formation of courage.

While skill development is essential for activity participation, Anne recognized a need to acquire knowledge on how to negotiate the activity context to align with her needs. To continue engaging in the activity outside the rehabilitation context, she must be able to self-advocate and coach the instructors in the local climbing facilities, because “they don’t know how to help”. The lack of knowledge on how to facilitate activities for people with disabilities among the local instructors, are identified as one of the most common barriers for activity participation in leisure programs (Pawlowski & Yun, 2019; Williams et al., 2014). Aligned with Anne’s experiences, King et al. (2018) highlighted the importance for rehabilitation programs to include attention towards experiences of self-regulation and the ability to navigate and negotiate one’s position within the situated activity context as part of the learning process. This will potentially enable individuals to cope, adjust, and modify rehabilitation outcomes to suit their “life situation” in the local community.

Interactional Relations between Social Support, Challenges and Personal Agency

Through this case study we show how personal processes of courage, self-regulation, and agency are closely intertwined with social interactions, such as staff strategies, mutual understandings, and collaboration. This aligns with what Goffman (1972) addressed as our other-consciousness, as described in how people always interpret a social version of themselves into their self-understanding and therefore act in accordance with experienced social expectations. Anne's opportunities for agency and personal development were enhanced by being met with emotional support and understanding of her needs and desires, as well as practical assistance, and well-adjusted challenges. However, with the socio-cultural structures guiding the focus of both Anne and the staff within the activity context, it became difficult for her to identify and regulate emotions and actions, and therefore feel agency and find courage. The risk of exposing vulnerabilities and not living up to own and others' expectations, was closely related to Anne's feeling of not being recognized for her effort and engagement in the activity. Goud (2005) has emphasized the key role of the social context, when it comes to balancing courage, and this case demonstrated how Anne's other-consciousness impacts on her ability to identify own needs and regulate her actions in accordance with them. As Anne expressed, she felt "pushed to cross my boundaries instead of gradually moving them".

Within the APA practice, it is recognized that the *teacher* and the *learner* are engaging in a hermeneutic process that is highly contextualized and in a constant state of change (Standal, 2008). Working from the periphery of the learning process, the APA practitioners' sensitivity in approaching the elements that create the learner's sense of risk is central when forming individualized challenges (Meyer et al., 2008). Here interpreting actions and emotions are key aspects. When Anne sensed a focus on performance, she increased her physical effort making it difficult for staff members to identify her actual amount of fear, demonstrating how actions not only reveal, but also conceal a fragile and potentially unbalanced courage. In Goud's (2005) terms, Anne became reckless or acted beyond her skill level. When staff members demonstrated an understanding of Anne's sense of risk, it became possible for them to provide her time and space to balance her courage. Hence, when Anne was calm, it became possible for the staff members to guide her focus towards problem solving and finding agency in the occurring moment. This became evident for instance, when staff facilitated Anne to climb alone, reduced the number of encouraging comments, and allowed her to take control in situations when fear was taking over. The reduction of social pressure in the critical moment opened for staff to engage in reflexive conversations with Anne, facilitating her to explore solutions and even dare to make "failed" attempts. Staff's facilitation of personal agency was fundamental in changing the focus from physical performance and achieving mastery in accordance with socio-normative standards, towards learning processes formed around guided self-exploration of needs, capacities, and navigation of the activity context (Standal, 2008).

Personal Learning a Balance between Risk and Control

Engagement can be seen as an internal state 'involving effort or focus' (Imms et al., 2016, p. 20) mediating the relationship between the social context and personal aspects of the participation process. The aspect of focus seemed to be key for Anne's ability to regulate and control her actions and emotions to mobilize courage to face challenges in an efficient way. Through the present case study, we demonstrate how mastery, disappointment, frustration, and feelings of vulnerability all played valuable roles in Anne's learning process.

When Anne first reached the top of the climbing wall, she experienced a sense of mastery for overcoming her fear, however, in her next encounter with the climbing wall she struggled

with both managing her fear and controlling actions, leaving her with feelings of frustration. Goud (2005) emphasizes how managing fear and expanding comfort zones is an ongoing process of gradual and repeated exposure to the element of risk, with controllability being the key factor. From this case study we emphasize that taking risks and even experiencing loss of control is essential for Anne to start the reflective processes related to her abilities, needs, and interactions with the social context. These reflections were important for Anne to explore and understand how to balance her focus and actions to get past the critical point, both related to finding the courage to face challenges and gaining agency by negotiating experienced social expectations. Hence, she developed both autonomy in the activity and gained valuable experiences on how to self-regulate when facing situations characterized by fear and insecurity. Both aspects are equally important when transferring her activity participation from the rehabilitation program to the context of her local climbing facility.

Discussion

The purpose of this study was to explore the dynamic relationship among the socio-cultural structures, interactional relations and personal processes of courage and learning within a rehabilitation program. Understanding how personalized learning is facilitated within the social system of rehabilitation, can be relevant for other programs wishing to facilitate and support activity promotion for people with experience of living with a disability (Pawlowski & Yun, 2019; Standal et al., 2018). In this case study we explored how socio-normative performance standard was incorporated in the culture of rehabilitation and APA. These socio-cultural structures had the power to guide the focus of those involved, and therefore influence interactional relations and personal experiences of meaning and risk. From the findings we identified how, due to perceived social expectations, individuals may experience difficulties in regulating personal needs and finding agency while engaging in challenging physical activities within a rehabilitation context. Time and collaboration between Anne and the staff members were essential in forming a mutual understanding of the experienced challenge, which was then essential in forming individually adapted learning processes.

Even with the known health benefit, overall wellbeing and quality of life, research continues to demonstrate a variety of barriers for people living with disabilities engagement in physical and leisure activities (Pawlowski & Yun, 2019; Williams et al., 2014). Although several environmental barriers are understood as being common, there also exist a number of individually differences influencing the accessibility and availability of activity opportunities, emphasizing the need for personalized approaches to facilitate activity engagement (Kramer et al., 2012; Pawlowski & Yun, 2019; Vanlandewijck, 2021; Williams et al., 2014). With their person-centered approach, rehabilitation programs have been introduced as one possible solution for increasing participation engagement and promoting activity related capacities for people with lived experiences of disabilities (Negrini et al., 2022; Pawlowski & Yun, 2019; Williams et al., 2014). Bridging the gap between engaging in activities within the context of rehabilitation programs and transferring them to activity facilities and programs in the local environments, has turned out to be an ongoing struggle (Vanlandewijck, 2021). Hence, rehabilitation staff experience difficulties in creating immediate changes to environmental factors outside the program (Negrini et al., 2022; Vanlandewijck, 2021). Environmental barriers are therefore mainly addressed through the development of personal capacities for engaging with dynamic and changing social environments and perceived barriers (King et al., 2018; Negrini et al., 2022). Understanding how individuals attending rehabilitation programs can be supported to develop capacities for transferring activity engagement from the safe context of the rehabilitation programs to their local environment is crucial.

Experiences of risk and learning processes are highly individual, which requires rehabilitation staff, and other APA practitioners wishing to enhance activity promotion, to combine their universal knowledge of activities, disabilities, equipment, with socio-pedagogical strategies and experience-based professional judgment of the particular situation (Standal et al., 2018). Based on the understanding that learning requires an individual to take chances (Goud, 2005; King et al., 2018), our analysis of this case study indicates that the concept of balanced courage as presented by Goud (2005), can capture essential aspects of personal learning processes. Although being a simplification and being person-centered, the conceptual model of courage (Goud, 2005) still appears to have the ability to capture the complexity of the relation between social contextual aspects and personal self-regulatory processes. APA practitioners' sensitivity towards the three dimensions of courage can be of assistance in identifying critical points in the learning process and find relevant strategies for assisting the learner to self-regulate in moments of fear. Therefore, support and attention can be directed towards the vulnerable or insecure dimensions. For example, lack of skills, experiences of fear or social pressure, instead of turning focus away from them (Goud, 2005).

Understanding risk and fear management as a natural part of activity participation can be of great importance in forming learning experiences related to self-regulation and engaging with the social context (King et al., 2018). This includes understanding the role of self-expectations and recognition of capacities and agency, as well as identifying resources and risks within the social context and understand how to navigate them. Being in a moment characterized by fear or feelings of inadequacy is potentially stressful, making it difficult to find sufficient solutions for moving beyond the critical point. From this case study we emphasize the importance for APA practitioners to balance between encouragement, stepping back to provide space for self-regulation, and engage in reflexive processes with the learner, to facilitate agency in learning processes. The model of courage has the potential to be applied as a tool for engaging in conversations between the teacher and the learner, and for breaking down the complexity of the situation by identifying the challenge in the occurring moment. Then, solutions for moving forward can be found. For example, is it a question on a misguided focus, lack of skills or self-efficacy, unwanted social attention, or is the challenge itself too great? In this way, APA practitioners can assist young adults with the experience of living with a disability in gaining important knowledge on how to self-regulate and self-advocate when facing social and personal barriers.

By exploring the role of courage in rehabilitation-based learning processes, it becomes clear that what promotes goal-attainment and outcomes in a rehabilitation context depends upon fragile social processes rather than predefined intentions (Miklos, Jahnsen, Nyquist, Hanisch, et al., 2021; Miklos, Jahnsen, Nyquist, & Ullenhag, 2021). From the results in this study, we find that there exists a difference between mastery experiences and activity mastery. Mastery experiences are important for creating motivation and self-efficacy to pursue further challenges and activity engagement (Majnemer et al., 2010). However, a focus on mastery experiences also holds the power to form a sense of vulnerability caused by expectations to socio-normative performance standards (Goud, 2005; Williams et al., 2014). The aspect of activity mastery appears to be complex and related to autonomy, consisting of a combination of activity skills, the ability to self-regulate and self-advocate in relation to contextual aspects when facing risks. Mastering an activity, includes understanding how to negotiate expectations embedded in the situated context, regulate social support, and navigate contextual resources and barriers. We suggest, how APA practitioners, by focusing on facilitating mastery experiences, not only risk increasing social performance pressure; they also risk negating the role of unsuccessful attempts as a natural and valuable part of the learning process. Although rehabilitation and other adapted

physical activity programs are recognized as safe contexts for engaging in challenging activities and self-exploring processes, these programs often stand in contrast to the experienced availability of local activity opportunities (Miklos, Jahnsen, Nyquist, & Ullenhag, 2021; Pawlowski & Yun, 2019). Rehabilitation stays are time limited in nature and focus on increasing individuals' capacity for participating in activities on their own terms in their local environment (Negrini et al., 2022). Hence, the opportunity for reaching a skill level allowing young adults with the experience of living with a disability to become completely independent or perform activities in accordance with the socio-normative standards may be limited. Engaging in activities outside the safety of rehabilitation or specialized programs may still enhance feelings of vulnerability and insecurity (Miklos, Jahnsen, Nyquist, & Ullenhag, 2021; Williams et al., 2014). It therefore appears to be beneficial for rehabilitation staff and APA practitioners to facilitate learning processes, which lead beyond mastery experiences. By paying attention to, and actively engage with the critical points in the learning process, staff can guide young adults with the experience of living with a disability in reflexive processes on how to self-regulate and negotiate social expectations. In this way, APA programs can assist young adults to increase their capacities for facing challenges and negotiating their position within changing activity contexts outside the program.

Strengths and Limitations

The findings in this study should be interpreted with some considerations. As this study is based on a single case from one Norwegian rehabilitation center, the transferability of the findings may be limited. However, this study provides important insights into the dynamics of social contexts and personal courage in facilitating enriched learning processes, activity participation and adaptive development, which may be relevant for other program or contexts (Abma & Stake, 2014). The thick descriptions of the rehabilitation-based learning process, provided by the narrative, allow the reader to engage with the case and the interpretations made by the authors. This opens for readers to translate their experience and understanding of the case into their own contexts, either as researchers or practitioners (Abma & Stake, 2014). The rich data generated during a prolonged engagement at the site, and the case serving as part of a larger set of data, which included several comparable learning processes emphasizing the role of courage, enhanced the credibility of the single case study and the potential relevance and transferability of the findings to other contexts.

Perspectives

In this study we explored, how the social context, in the form of culture and interpersonal interaction, influences the development of personal courage in a learning process. Personalized rehabilitation processes based on timely support, challenges, and encouragement over time may contribute to create robust activity mastery and important adaptive developmental strategies. The safety and time made available in the program were essential in forming trusting collaboration processes and translating participation experiences into personal developmental processes. This involved improved skills, capacity, and autonomy, relevant when activity engagement is to be transferred to contexts, which may be experienced as less safe. Based on the results from this study we emphasize the importance for health-care professionals, APA practitioners, and researchers in the fields of APA and rehabilitation to further develop and utilize participation-based approaches, which are sensitive to the elements of courage and vulnerabilities. This implies learning individuals to navigate and negotiate their positions in diverse activity contexts.

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