AGE AND ABILITY

Are They Barriers to Participation & Inclusion in Sports?

by

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. . . as a younger person I was never successful. I was never really good at something and when I discovered that at this age group I could win things and get recognition from it, it just really spurred me on.

—Marlene, a 66-year-old Masters swimmer (in Dionigi et al., 2013)

. . . we must demolish the false dividing line between ‘normal’ and ‘disabled’ [meaning impaired] and attack the whole concept of physical normality. We have to recognise that disablement [impairment] is not merely the physical state of a small minority of people. It is the normal condition of humanity.

—Allan Sutherland, British author, performer, and activist (1981)

I am a disabled woman interested in sport and I do not know of one disabled athlete who has made a difference in the lives of the people who are disabled in my circle of disabled friends.

—Esther, Disability Rights activist (in Braye et al., 2013)

We’re going to see a point in this century where the running times, the jumping heights, in the Paralympics, are all superior to the Olympics. The Paralympics won’t constrain technological development . . . [and] will be this exciting human-machine sport like race-car driving. It will make normal human bodies seem very boring.

—Hugh Herr, director, Biomechatronics Group, Massachusetts Institute of Technology (2012)
Learning Objectives

- Know the meaning and consequences of ableist ideology, ageism, and ableism.
- Explain the relationship between age and sport participation patterns and why older people are playing sports more frequently today.
- Distinguish between handicaps, physical impairments, and disabilities, and give examples of each.
- Understand the differences between the medical and social models of disability.
- Describe what it means to live in “the empire of the normal” for those who have a disability and want to play sports.
- Explain how the media and gender are involved in the social construction of disability.
- Identify the barriers that impact the sport participation of people with disabilities.
- Understand the dynamics of exclusion and inclusion processes involving sports and people with disabilities.
- Describe the major challenges facing disability sports, especially the Paralympics and Special Olympics.
- Explain the pros and cons associated with the use of new technologies in disability sports.

Table of Contents

What Counts as Ability? .......................................................... 4
Constructing the Meaning of Age ...........................................10
Constructing the Meaning of Ability ........................................22
Sport and Ability .................................................................39
Disability Sports .................................................................49
Technology and Ability .......................................................... 63
To “Dis” or Not to “Dis” .......................................................... 71
Summary: Are Age & Ability Barriers to Participation? .......... 74
Despite their desire to participate in sports, older people and people with a disability are frequently ignored when it comes to programs, policy decisions, and public funding.

Are you able-bodied? If so, what makes you so? If not, why not? Will you always be this way, regardless of your age or circumstances?

Trying to answer these questions helps us realize that abilities are variable and impermanent. They change over time, sometimes increasing, sometimes declining. Some abilities may be very important in some situations but irrelevant in others. This means that being able-bodied is a temporary and variable condition.

How able must you be to think of yourself as able-bodied? Which abilities matter the most? If you wear contacts to see more clearly, are you able-bodied or merely “passing” as such? Are you disabled if you have a prosthetic knee or hip replacement? What if your legs are amputated below the knees and you can use prosthetic legs to run faster than most of your peers with legs of flesh and bones?

Does age affect how you assess your ability? If at age twenty you are physically stronger, faster, and more coordinated than a four-year-old or a forty-four-year-old, would you consider them disabled? If strength, speed, and coordination have nothing to do with accomplishing a task, what does it mean to be able-bodied?

These questions force us to consider how ability is defined and who defines it. For example, we might ask a person born without sight to talk about ability and learn how she understands it from her perspective. We could compare her
ideas and perceptions with those who have 20/20 vision and with those who must wear glasses or contacts to see properly. Similarly, we could ask people who are eight, twenty-two, forty-five, and seventy-years-old to do the same. This would provide a good starting point for discussing the meaning of ability and the extent to which meanings vary from one perspective to another.

Fortunately, others have already done this and given us a basis for discussing how age and ability are linked with sport participation. We will use their research to explore four questions in this chapter:

1. What counts as ability, who decides this, and how do ideologies related to age and ability influence the meaning of disability in sports?
2. How do ideas and beliefs about age and ability influence physical activity and sport participation?
3. What issues do people who are defined as “disabled” face when they seek or take advantage of opportunities to play sports?
4. What are the connections between human beings, technology, and ability in sports?

**WHAT COUNTS AS ABILITY?**

A primary theme in sociology is that our lives and the social worlds in which we live are influenced by ideologies—the ideas and beliefs commonly used to give meaning to the world and make sense of experiences. In this monograph, we consider the ways that age and ability are related to sport participation. This is partly because the body is central to our sense of self and our social identity (Thualagant, 2012). From an early age we learn norms for evaluating and classifying bodies—whether they are tall, short, fit, frail, thin, fat, attractive, unattractive, young, old, athletic, awkward, disabled, and so on. As we learn these norms, most of us maintain, modify, and fashion our bodies as part of a self-identity project.

When sports were first organized during the late 1800s and early 1900s in Western Europe and North America, an emerging social psychological theory at that time stressed that proper physical and character development required young
people to participate in organized physical activities (Addams, 1909; Cavallo, 1981; Goodman, 1979; Mrozek, 1983). At the same time, it was widely believed that people older than forty should avoid vigorous activities, including strenuous sports, and not overexert themselves, because they had passed their prime and were facing inevitable and unavoidable physical decline.

Similarly, people with particular physical and intellectual impairments were denied access to sport participation because it was believed that vigorous activity would overexcite them and be dangerous for them and for others around them. As a result, persons defined as old or disabled according to standards used at the time were marginalized or excluded from physical activities and sports.

Unfortunately, the legacies of these historical practices and standards remain with us. They exist in the form of ableist ideology consisting of interrelated ideas and beliefs that are widely used to identify people as physically or intellectually disabled, to justify treating them as inferior, and to organize social worlds and physical spaces without taking them into account.

This ideology is common in meritocracies where people are frequently compared and ranked in terms of abilities, qualifications, and recognized achievements. As it informs everyday social interaction, people tend to patronize, pity, pathologize, demean, and sometimes dehumanize those perceived to be incapable of meeting particular standards of physical or intellectual performance. Over time, ableist ideology leads to forms of social organization in which older and disabled people are marginalized and segregated from mainstream settings and activities, especially organized, competitive sports.

Ableist ideology is based on a rejection of physical and intellectual variation as a natural and normal part of human existence. It also ignores the fact that the meanings given to different abilities change from one situation to another and that everyone’s abilities vary over time and can change suddenly as a result of injury or disease.

An irony associated with ableist ideology is that those who use it to categorize others as disabled overlook the temporary nature of their own abilities. When people use gender, racial, or class ideologies to claim superiority over others, they
usually escape being negatively evaluated by others who use them. But this is not the case with ableist ideology, because others will use it to negatively evaluate those who used it earlier in their lives (Harpur, 2012).

Ableist ideology is also based on the assumption that impairments are abnormalities, disregarding the fact that no mind or body works perfectly in all situations and at all times. We might have an ideal image of a human being without impairments, but such a person does not exist. Each of us is impaired in some way; none of us is perfect. This is simply part of the human condition. If we are lucky, we live our lives around our impairments without major inconvenience, we are appreciated for the abilities we have, and we avoid being labeled by others as subnormal and disabled. When we think of our future, we hope to avoid profound impairments that prevent us from being who we want to be and doing what we want to do.

So if none of us is perfect and everyone who lives long enough is limited by impairments at some point during the life-course, how is it possible to divide people into two categories: able-bodied and disabled? Who decides which impairments count when classifying people as disabled—a term that implies a condition worse than “unable.” For example, if a ten-year-old with an impaired left arm and hand uses an adapted ski pole and skis faster and with more control than her friends, should she be classified as disabled? Who makes that decision and for what reason? Likewise, if the same ten-year-old cannot do cartwheels and backflips like her best friend but can tie her shoes one-handed and run a 5-kilometer race faster than her friend, is it appropriate to say she is a disabled runner?

These questions are meant to encourage critical thinking about the meaning of ability and disability and how we distinguish between able-bodied and disabled. They are not meant to dismiss or understate the real challenges faced by people with impairments that force them to make substantial and often difficult adjustments in their lives. Some of these challenges may also influence their opportunities and choices, especially when others take a visible impairment to be a mark of general inability. But when and under what conditions does a particular impairment become a disability?
To answer these questions and understand the meaning of ability and disability in sports, it is important to know about the two “isms” that form the foundation for ableist ideology. These are ageism and ableism.

Ageism affects relationships in most countries today. This leads to age segregation, especially in physical activities and sports. As a result, older people, such as these soccer players, seldom engage in sports or physical activities with younger people.

Ageism

The term ageism was first used in 1969 by Robert Butler, a physician and psychiatrist who was inspired to study how older people were treated in society when his teachers in medical school rude and sarcastic terms as they talked about older patients and their medical conditions. He grew up with his grandparents, so he was angered by this. As he learned more about the negative attitudes and stereotypes that shaped the treatment of older people in the United States, he defined ageism as an evaluative perspective that favors one age group—usually younger people—over others and justifies discrimination against particular age groups that are assumed to be incapable of full participation in mainstream activities. According to Butler, this perspective distorted relationships with older people and denied their abilities, both physical and intellectual.

The perspective of ageism rests on the belief that younger people are more capable than and superior to those who have
passed through middle age and become old. This belief is so widespread in some cultures that most people take it for granted, joke about older people, and develop a general fear of their own aging. This belief also accounts for much of the age discrimination that has become one of the most frequently reported forms of workplace discrimination in many countries today. Reported cases of age discrimination in U.S. workplaces outnumber race or sex discrimination cases by three to one (Age Concern, 2006; EEOC, 2013). The irony of this in the United States is that when people in the baby-boom generation, born between 1946 and 1964, were young, they were guilty of negatively stereotyping older people, and now that they are in their fifties and sixties, they are fighting against ageism and age discrimination.

Although people in the baby-boom generation saw many of their parents passively accept age discrimination in employment and other spheres of life and even internalize aspects of ageism, many of them now defy ageist stereotypes and blur the normative boundaries that limited their parents’ lives. One strategy is to critique the words that others use to describe them. For example, “the elderly,” “golden agers,” “seniors,” “senior citizens,” “the aged,” and “dear” or “honey”—terms commonly used in the past and occasionally used today—are now seen as patronizing, inaccurate, or based on ageist stereotypes.

*Older people* is the age identification term preferred by older people today, because it locates age on a continuum along which people are simply identified as “younger” or “older,” depending on the point of reference. This approach challenges ability ideology and recognizes that aging is a natural process and that everyone remains a *person* at every point along the way. This and other strategies have been effective to the point that attitudes about aging and older people are changing.

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**Being active is no longer simply an option—it is essential if we are to live healthy and fulfilling lives into old age.**


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**Ableism**

The dominant form of ableist ideology today is also shaped by **ableism**, *an evaluative perspective in which the label of*
disability marks a person as inferior and incapable of full participation in mainstream activities. People using this perspective tend to patronize, pathologize, or pity those who cannot meet particular standards of physical or intellectual ability due to a visible or inferred impairment— which is a physical, sensory or intellectual condition that potentially limits a person’s full participation in social and/or physical environments.

Over time, ableism leads to forms of social organization in which people with disabilities are marginalized and segregated from settings and activities created by those who don’t currently have a visible impairment that could mark them as disabled, that is, as a person with an impairment that is determined to cause significant functional limitations.

Thomas Hehir, director of the School Leadership Program at Harvard University, explains that when ableism shapes our decisions, it usually leads us to make “the world unwelcoming and inaccessible for people with disabilities” (Hehir, 2002, p. 13). In the case of schools, says Hehir, ableism leads people, including parents and teachers, to assume that “it is preferable for a child to read print rather than Braille, walk rather than use a wheelchair, spell independently rather than use a spell-checker, read written text rather than listen to a book on tape, and hang out with non-disabled kids rather than with other disabled kids” (Hehir, 2005, p. 13).

In this way, ableism leads people to forget that variations in ability are a normal part of human existence, occur over time for each of us, and exist across multiple ability dimensions. Similarly, it leads people to overlook the possibility that able-bodied persons could become disabled tomorrow due to injury, disease, or other events in their lives. This means that being able-bodied is a temporary condition, and to classify people as disabled and able-bodied tells us little about people’s lives, even though it may be useful for political purposes and to identify special service and support needs for particular people. We know that there are many types of abilities used for many purposes, and even though it might be possible to rank people from low to high on a particular ability in a particular situation or in reference to a specific task, it is impossible to have one ability-based ranking system that is meaningful across all situations and tasks, or across all sports.
So how do we decide when to use a “disability vocabulary” and what are the implications of doing so? This question will be answered in the following sections.

CONSTRUCTING THE MEANING OF AGE

Ideas and beliefs about age vary over time and from one culture to another. They even vary from one situation to another, depending on the activities and attributes valued in particular social worlds. In societies characterized by high rates of change, youth is generally valued over age. Being “old” in such societies is associated with being inflexible, out of touch, resistant to change, and possessing outdated knowledge. When this view is combined with beliefs that aging involves physical and intellectual decline, many people develop negative attitudes about becoming older. These attitudes may then become stereotypes of the experience of being older. For example, children in North America often learn that ability is associated with youth and inability is associated with being old. Therefore, a five-year-old girl may describe her grandfather as old if he has health-related impairments and does not play with her in physically active ways. At the same time, she may describe her grandmother of the same age as young—or not old—because she enjoys physical activities and plays soccer with her in the park. Through her relationships and experiences, this five-year-old has learned to equate old age with inactivity and a lack of physical abilities. For her, being physically able and active is a sign of youth.

When this perception of age is widely accepted and incorporated into the general narratives and stories about aging in a culture, it perpetuates negative beliefs about becoming and being old (Pike, 2013). This leads people to reduce physical activity as they age, and it supports the notion that communities should not be concerned about providing publicly funded opportunities for older people to be active and play sports. Under these conditions, those who wish to be active have little social support and few opportunities to play active sports (Pike, 2012; Tulle, 2008a, 2008b, 2008c).

Until recently, older people in many parts of the world were expected to withdraw from everyday work routines due to their frailty and weakness, or as a reward for many years of
hard work. During most of the twentieth century, older people were often told to take it easy, preserve their energy and strength, and make sure they had enough rest on a daily basis. Even doctors in North America and much of Europe advised older patients, especially women, to avoid depleting their energy by “doing too much.” Therefore, older people have traditionally avoided strenuous physical activity and even feared it as a threat to their health and well-being. For them, playing sports was out of the question because it would put too much strain on their hearts and create shoulder, back, hip, and knee problems. “Acting your age” meant being inactive for people defined as old, although the age at which a person is defined as old varies widely by ethnicity, social class, and gender both within and between societies (Tulle, 2008a).

The legacy of this approach to aging remains influential, even in societies where research has shown that physical exercise will not harm older people unless they have certain chronic conditions or are not physically prepared to engage in activities requiring certain levels of strength and flexibility. But we may still hear an older person say, “I’m too old to do that”—when he really means that he is not physically prepared to do it, or he doesn’t want to show that he can’t do it as well as he did it in the past.

We don’t stop playing because we grow old; we grow old because we stop playing. —George Bernard Shaw

Aging as a Social and Political Issue

In most societies today, birthrates are declining and people are living longer, due to improved access to health care and rising literacy rates. In 2013, the average life expectancy worldwide was sixty-eight-years-old; for women it was seventy and for men it was sixty-six. Nearly thirty countries had an average life expectancy over eighty years old (WHO, 2013). While many people celebrate longer life expectancy, others are concerned that it will make health care and social services unsustainable at current levels of public funding.

These concerns are intensified by ageist assumptions that older people make no contributions to society and ultimately are a burden that younger people must bear (Pike, 2011). To make matters worse, these assumptions further marginalize older people, encourage them to be physically inactive,
separate them from contexts in which they can make contributions, and deny them opportunities to participate in continuing education and professional development needed to maintain their contributions. Also, when ageism and ableist ideology are pervasive in a society, older people often internalize these assumptions and voluntarily withdraw from activities, ceasing to be vital members of their communities and society. As a result, ageism becomes a self-fulfilling prophecy.

Another social and political issue that has emerged in recent years is grounded in the belief that rigorous exercise enables people to stay youthful because it delays and minimizes natural decremental changes that occur with aging. Although we still have much to learn about the effects of various forms and intensity of physical activity on the overall well-being of older people, there are sport scientists and medical practitioners who confidently assert that being physically active is always a good thing—that it will extend and improve the quality of people’s lives and help them avoid the illnesses and diseases that older people often experience [This is an important and complex issue. It is discussed directly and in detail by Emmanuelle Tulle, 2008a, 2008b, 2008c, and less directly by Elizabeth Pike, 2011 and 2012], and Brad Millington, 2012.] But they don’t talk about the frequency of sport injuries and the heavy dependence on health care among older athletes who need medical assistance to continue training and competing.

This leads people to believe that if older people do become ill or have a disease, it is due to their life choice not to take care of themselves properly. Evidence shows that this is not true (Tulle, 2008c). But if policy makers believe it, they are unlikely to recommend services and medical care for older people, because only “lazy and irresponsible” older people need them. This creates a political situation in which there is little concern about national and community-based programs for older people. In this way, people who think that physical activity and sports are the answer to numerous social and health problems provide support for a neoliberal political and cultural ideology stressing that when people take personal responsibility for their own lives, most problems will be solved (Collinet & Delalandre, 2015). In connection with aging, this is one way that sports and sport science can influence political decisions that impact people’s lives.
Age, Sports, and Ability

Societies in which more than 50 percent of the population live to at least seventy years old are becoming more numerous. Cambridge University historian Peter Laslett (1987, 1996) used the term *Third Age Societies* as he studied what occurs when entire populations become older. One thing that occurs is that the field of gerontology, which involves the study of aging and later life, becomes increasingly important.

Most social gerontologists today point out that while aging is an intrinsically physical process of irreversible decline, the social significance given to this process is important. In particular, their research seeks to address an imbalance in sociological research, which has been dominated by studies of youth as the future producers and consumers of society; at the same time, older people have been overlooked because they’ve been seen as having few productive and consumptive capacities. The research of social gerontologists also helps those of us in the sociology of sport to develop our own studies of age, sports, and ability, and the meanings given to sport participation at different points during the life span.

There are innumerable studies of the developmental implications of youth sport participation, and we have learned much about age-appropriate physical activity involvement from early childhood through adolescence (Balyi et al., 2013; CS4L, 2013). But studies of the implication and dynamics of sport participation among older people are rare. This is partly because older people are assumed to be “grown up”—that is, their growth and development are complete, so there is little reason to study physical activities and sports in their lives.

This approach is shortsighted and ignores demographic data indicating that people over the age of sixty are the fastest-growing segment of the population in many societies. Additionally, as the cohorts of people turning fifty years old and older now see themselves as capable of engaging in sports and related vigorous physical activities, there is a need to understand the full implications of their participation. Historically, public policies and private sector funding has focused on providing young people with opportunities and encouragement to participate in sport activities, but the provision of opportunities and encouragement for older people has largely been ignored (Pike, 2012; Tulle, 2008a).
Unsurprisingly, popular sports worldwide celebrate youth and youthfulness. They often are viewed as stages on which “the future” of societies is exhibited. Sports played by older people are given little attention. Apart from seniors golf tournaments used by corporate sponsors to market products and services to wealthy, influential older men who make product choices for large corporations, there is no consistent coverage of sports involving older athletes. The exception is coverage in which older people make the news as novelties by being the oldest person to run a marathon or the first eighty-year-old to climb a mountain or swim across the local lake.

With this said, many of us have noticed that some elite athletes now play to older ages than in the past (Tulle, 2014). Advances in sport science have improved nutrition and training so that athletes have shorter recovery time as they continue to train intensely. Commentators often refer to the longevity of older players, and sponsors that want to sell products to older consumers are now willing to support older athletes who retain their celebrity personas and their ability to sell products. For example, when David Beckham’s contract with the Los Angeles Galaxy in the Major Soccer League ended in 2013, most player personnel directors for elite soccer teams around the world felt that at age thirty-eight he was too old to be of any competitive value. However, several clubs did compete to have Beckham sign a contract with them because of his commercial value. For them, “Brand Beckham” was worth sustaining, even if Beckham himself had passed his prime as a player. But in the end, Beckham decided to retire.

Emerging Ideas About Aging and Sports

The baby-boom generation, born between 1946 and 1964, has until recently been the largest age-based segment of the population in the United States, the United Kingdom, and a few other countries where there was a strong sense of hope and possibility after World War II ended. This positive outlook led couples to have many children over that eighteen-year period, and demographers labeled them the Baby Boom Generation.

Over the years, baby boomers have had a strong influence on everything from the rise of popular culture to the expansion of science and higher education. They also grew up with more access to youth sports, and they attended high
school and college at higher rates than previous generations. Now they are in their fifties and sixties and are more physically active than people of that age were in the past. As a result, they are challenging ageist beliefs about older people. Now when active older people receive media attention, commentators are likely to describe them as part of a trend rather than novelties.

On average, baby boomers are healthier than previous generations of older people and they have more resources to continue their physical activities and sport participation. They also have been privileged to live during a period of economic expansion and were children during a time of widespread public support for sport programs. Additionally, the youngest women in this generation were the first in the United States to benefit from the opportunities created by Title IX and similar gender equity laws in other countries. As these factors merged together, many baby boomers made sport participation a total family activity—something that was rare in the past. As a result, they now have more support from family and friends for continuing or initiating sport participation than any previous older generation (Pike, 2012).

This generational shift in ideas and beliefs about age and physical activity does not mean that all older people today are physically active. In fact, the rates of physical inactivity, obesity, and related health problems are disappointingly high. Additionally, some baby boomers accept ableist ideology and deny their own aging, and some others succumb to ageist stereotypes and attempt to hide their aging with hair dye, diet regimes, cosmetic surgery, drugs, and other enhancement procedures. Some, of course, use sport participation and exercise routines in the hope of looking younger longer—hope fostered through billions of dollars of advertising by the appearance enhancement industry (Pike, 2010).

The point here is that the sheer size of the baby-boom generation, along with its access to resources, has enabled it to have a high degree of cultural clout. And many boomers approach older adulthood with the expectation that if they wish to be active, there should be opportunities for them to do so, or else they will create those opportunities on their own (Brown, 2013). In this sense they are challenging the prevailing ableist ideology and popular ideas about what is
natural and normal for older people (Collinet and Delalandre, 2015; Dionigi and O’Flynn, 2007).

At the same time, older people today are challenging the ways in which sports are organized. Many of them combine elements of high performance sports with elements of recreational sports. This provides space for people with differing interests: some focus on results, personal bests, and other aspects of achievement, and others seek social experiences in settings where people are interested in doing physical things for the joy of it.

**Older People Only: Age-Segregated Sports**

For various reasons, some older people prefer to participate in age-segregated sports. Long-time sport participants may seek events involving peers who share their age-related interests and experiences, whereas new participants often avoid events involving younger people, who may not be sensitive to the concerns of older athletes.

![This is one of many three-generation entries into the 5- and 10-Kilometer Human Race in Fort Collins, Colorado, during the summer of 2013. These family members—ages 69, 44, 16, and 14—regularly run races together. (Photo by Nancy Coakley)](image)

A number of individual sports now sponsor masters or veterans competitions. Cycling, dance, skiing, table tennis, tennis, and triathlon are examples. Swimming and track and field (athletics) have the longest histories of masters-level
events. The first World Masters Swimming Championships were held in Tokyo in 1986 (Weir et al., 2010), and the same event held in Italy in 2012 attracted nearly 10,000 competitors from seventy-seven affiliated national federations.

The World Masters Games is a multi-sport event held every four years since 1995 for competitors over thirty-five years old. It is recognized by the International Olympic Committee and partners with the International Paralympic Committee to support the Olympic Movement and the sport-for-all philosophy of the Olympic Charter. In 1995, the International Masters Games Association (IMGA) was officially organized with International Federations as its members. More than 8000 athletes participated in the 1983 Games, and the 2013 Games in Torino, Italy, brought together 50,000 athletes representing 100 nations to compete in thirty core sports; athletes at these events were even allowed to form multinational teams. This event attracted less media coverage and fewer spectators than the 2012 Olympic Games, but it had four times as many participants.

The World Masters Games present themselves as inclusive events that focus on the health advantages of lifelong sport participation. They include disability sports events within the regular program, and there are many events designed for athletes of all ages with various impairments. Although these and other veteran events are becoming more popular, they involve only a fraction of the older population worldwide.

Studies of middle-age and older people who participate in masters events are now helping us understand more about the role of sport participation in the aging process (Dionigi, 2006, 2010, 2011; Dionigi and O’Flynn, 2007; Dionigi et al., 2011, 2013; Pike, 2012; Pike and Weinstock, 2014; Tulle, 2007, 2008b). Data from these studies indicate that in most cases, continuing sport participation helps people negotiate the process of getting older. As they move from middle age to later life, they recognize and accept that the level of their performance in sports will decline, although competition remains exciting for them. Some constantly push themselves to excel; others might do so mostly when they enter a new age category and have a chance to place high in their age group in a particular event.

When these athletes talk about sports in their lives, it appears that they use them “to simultaneously resist and
accept the aging process” (Dionigi et al., 2013, p. 385). They experience stress, illness, and acute injuries, but staying in sports enables them to maintain their sense of physical competence, experience social and mental stimulation, and feel resilient in the face of advancing age. They don’t want age to define them and are pleased when others do not define them in terms of age or think they look younger than they are.

Unfortunately, most of the existing research focuses on white, middle-class people, who often use a particular fitness discourse when they talk about sport participation. At this time we know little about the participation of people of color or people who lack material resources. It is likely that their participation rates are relatively low, but for those who are involved in Masters and other events, it would be useful to know the meanings they give to their experiences and how those meanings change in connection with aging and shifting life circumstances.

There is little doubt that veterans and masters sport programs will increase as a growing population of older people demand them and as people see them as a way to create careers and make money (Brown, 2013; Weir et al., 2010). Economic development officials in cities worldwide now see sport events for older people as a way to increase tourism and bring into the city people who are likely to have money to spend on hotels, restaurants, and other local tourist attractions.

Active older people are also attracted to events in which they can compete without feeling the pressure to constantly improve their performance. Instead of focusing on progressive improvement, they emphasize maintaining their physical abilities so they can remain active as they become older. For this reason, older people often avoid sports with high injury rates. Research in Europe has recently found that the sport participation histories reported by 1739 people over fifty years old involved progressively less competition and more diversity in terms of how sports were organized (Klostermann and Nagel, 2012).

It is difficult to track changes in how people integrate sport participation into their lives as they age, but from what we know at this time it appears that as people age, they prefer modified versions of competitive activities that are organized to emphasize the pleasure of movement, social experiences,
and controlled challenges. Many older people also choose to engage in walking, swimming, strength training, yoga, tai chi, and similar activities that involve no competition or achievement tracking such as times and rankings. They take these activities seriously at the same time that they focus on health, fitness, social experiences, and the overall pleasure of participation. Evidence also indicates that some older people now choose to play physically active video games so they can exercise in the safety and comfort of their homes (Diaz-Orueta et al., 2012).

Overall it is likely that images of older people who are active, fit, healthy, and accomplished athletes will become more visible over time. This might inspire others to be active in ways that challenge the credibility of those who use ageism and ableism to mark older people as incapable and inferior (Pike, 2012). On the other hand, the images could be used by people with a political agenda based on ableist ideology to argue that older people who don’t meet exercise expectations should not receive public support because they lack moral worth. This means that as older people become more physically active, the meanings given to age and ability can vary significantly as people promote different social and economic policy agendas.

Age, Ability, and Context

As we grow older, our age intersects with other social factors such as gender, race/ethnicity, and socioeconomic status, and this influences our experiences of sports in later life. For example, older white men’s experiences and opportunities are very different from those of older black women; and wealthier people have more choices than people with few material resources. Additionally, the relationship between age and gender has been described as a “double jeopardy,” with older women being doubly constrained by age and gender. But this might more accurately be described as “multiple jeopardy” as we also consider the effects of race/ethnicity, socioeconomic status, and other variables (see Pike, 2010, 2012).

Women have longer life expectancies than men in all societies, a social condition described as the “feminization of aging” (Davidson et al., 2011). However, statistics indicate that women are less physically active than men throughout the life span and their activity levels decline significantly in later life.
Age & Ability in Sports

(Sport England, 2013; Wilinska, 2010). This is due to their continued domestic responsibilities in later life as they maintain their role as caregivers for grandchildren and their own parents (see Pike, 2010).

Although many sports remain male-dominated, an increasing number of women in some sectors of society see physical activity and sport participation as part of an overall program to maintain their health, strength, and flexibility as they age. The pace and extent of this trend varies greatly from one society and population to another, depending on patterns of gender relations, the popularity and accessibility of personal enhancement technologies, and the experiences and perspectives of older women (Pfister, 2012).

Women sometimes exercise to delay the appearance of aging, which reaffirms ageist ideology at the same time that it may support personal health (Tulle, 2008). Older women, particularly those with high socioeconomic status, can engage in sports activities and belong to leisure clubs as a way to embrace and negotiate the aging process or as a way to fight it (Dionigi et al., 2013). This raises interesting research questions: Do those who use physical activity to fight or “delay” the aging process benefit more or less, and do they drop out more or less often, than those who exercise or play sports for other reasons?

Age and gender also intersect with ethnicity and social class in connection with physical activity and sport participation. Ethnicity issues are complex in the United States and other countries where immigrants come from a wide array of cultures and have immigration patterns that span multiple generations. Patterns for first-generation immigrants from China are likely different than patterns among fifth-generation or later Chinese Americans who have ideas and beliefs about age and ability that are based on their experiences in the United States. Similarly, patterns among first- and later-generation people with Mexican ancestry will differ with their unique experiences. For the most part, research indicates that the longer an immigrant population lives in the United States, the more likely it is that their lifestyles will match those of their status peers in U.S. culture.

As research has found, socioeconomic status is strongly related to patterns of physical activity and sport participation in the United States. Participation is perceived as a personal
choice, but choices expand with a person’s financial resources. Therefore, older people who are able to maintain their lifestyles will continue with their previous physical activity habits to the extent that their health and general social situation permit.

Most U.S. media images of active older people portray those who are well-off and healthy (Marshall and Rahman, 2015). The images are primarily in commercial ads promoting the “ideal” way to live as retired people, and that life involves cruising and jetting off to attractive tourist destinations and joining friends engaged in never-ending consumption of goods, services and a combination of supplements and prescription drugs. However, more than 90 percent of older people cannot live such a consumption-oriented lifestyle. Their life choices are based on limited financial resources and the accessibility of opportunities to engage in physical activities with friends. Cost, accessibility, and sociability matter the most in their choices about physical activity participation (Pike, 2012). For most older people living primarily on social security and limited savings, choices outside the home are scarce or nonexistent. Research is sorely needed on this topic.

Participants in running and cycling races in Scottish Highland Games have “handicaps” based on past performances. This means that in the 100-meter sprint, the starting line for a sprinter who is sixty-eight years old might be 7 meters closer to the finish line than the starting line for the national Scottish high school champion in the event. This allows men and women of all ages to compete with each other in the same event. (Photo by Jay Coakley)
“Ability” is a loaded concept. Different people see various abilities as essential as they view the world from their vantage point. Ask an engineer about ability, and the response will be different from what an artist or auto mechanic might say. On average, men will describe ability in terms that don’t match up with what women say, and the same goes for older and younger people, African Americans and Euro-Americans, the wealthy and the poor. Variations also occur from one culture and situation to another (Spencer-Cavaliere and Peers, 2011).

You get the point: Ability is a complex phenomenon, and its meaning shifts depending on the situation and a person’s vantage point and experiences. To discuss ability, it is important that we choose our words carefully so we understand each other. In the case of science and research, words must be precisely defined, because they are used to identify the topics we study and the questions we pose. To that end we must also be sensitive to how others define and respond to particular words. Mistakes and oversights interfere with communication and obtaining valid information from others.

The same goes for ability’s often misunderstood sibling: disability. This point is emphasized by Damon Rose, the editor of the disability website Ouch! (http://www.bbc.co.uk/news/blogs/ouch/). Rose is registered as blind and understands how people with disabilities respond to the words used to identify them (Rose, 2004). For example, handicapped is an offensive designation. For most people with a disability, handicapped means being held back, weighed down, and marked as inferior due to perceived physical or intellectual impairments. The word is based on the perspective of non-disabled people who decided that particular impairments should define the identity of those who live with them.

Rose realizes that words have power and may be used to discredit people with certain attributes and perpetuate the barriers that disrupt and influence their lives. This means that as we work to understand the meaning of disability in sports, it is important that we use terminology that does not unwittingly disadvantage those who already face the
challenge of living with and around their physical or intellectual impairments.

The definition of the term “disability” has been debated for many years by health and medical professionals, government officials, school administrators, physiologists, psychologists, social scientists, and those who live with physical or intellectual impairments (Harpur, 2012). This is because official definitions are used to determine who qualifies for public assistance in schools and government programs, who is protected by antidiscrimination laws, who may park in reserved areas and use designated facilities, who may or may not participate in mainstream or “disability sports,” and so on.

According to the World Health Organization, definitions should be taken seriously because disability “is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives” (WHO, 2011). This is relevant in connection with sports, because disability is nearly a universal aspect of experience. With rare exceptions, each of us will be impaired at some point in time in a way that limits how we function in everyday life—and the likelihood of this being permanent rather than temporary increases with age. The challenges we face when this occurs are many, and often take the form of barriers that are common features of our everyday social and physical environments. This makes it a matter of self-interest to support interventions to remove barriers that limit and restrict activities and participation among people with varying abilities. These barriers are present in (a) physical environments designed solely for people without movement impairments; (b) social norms and organizational structures that ignore, marginalize, or exclude people with certain impairments; and (c) personal attitudes and vocabulary that link disability with inferiority.

None of us is physically or mentally perfect, and we regularly make personal adjustments to reduce the impact of our own lack of ability. If we are lucky, we have access to support systems and assistive devices that make those adjustments more effective and less disruptive. Those of us with corrective lenses, for instance, may take clear vision for granted, but only because an assistive device reduces the impact of our sight impairment in our lives.
It is also important to avoid arbitrary barriers that turn our impairments into disabilities. For example, prior to the late 1990s, if your leg was amputated below the knee, you could not have been a member of your national powerlifting team, because the rules of the International Powerlifting Federation (IPF) stated that to be eligible for official events, a competitor doing a bench press and other compulsory lifts must have two feet in contact with the floor—and a prosthetic foot did not qualify as a foot. This meant that you would have been “dis’d” by the IPF—that is, disqualified due to disability. After a few dis’d athletes legally challenged this rule, it was changed so that a prosthetic leg and foot were permitted as replacements for a flesh-and-bones leg and foot.

In this example, the original IPF rule had converted an impairment into disability. The revised rule eliminated disability by removing the barrier that restricted participation. However, the connection between impairments and abilities is often more complex than this. We saw this with Oscar Pistorius, the 100- and 200-meter sprinter from South Africa, who fought a long legal and scientific “classification” battle to qualify for participation in the 2012 Olympics as a runner with two below-the-knee prostheses. The prostheses that Pistorius wore were Flex-Foot Cheetah blades. As he set records in the Paralympics and won a world championship in track and field (athletics), Pistorius was nicknamed “the blade runner” and “the fastest man on no legs.” But he was “dis’d” when the IOC and the IAAF ruled that he could not participate in the Olympic Games because his prostheses gave him an “unfair advantage” over other Olympic runners in the 100- and 200-meter sprints. After reviewing considerable research evidence and deliberating for nearly a year, the Court of Arbitration for Sport concluded that the carbon-fiber devices used by Pistorius did not give him a net advantage in his events.

The Pistorius case attracted massive media coverage, and it raised many issues about the meaning of ability and disability in sports. These issues are important, but most people with physical impairments are concerned with more basic and practical matters, such as access to sport participation opportunities, adaptive sports equipment, knowledgeable coaches, barrier-free facilities, transportation to and from practice and competitions, and basic support for training.
The Emerging Meaning of Disability

The discussion of ability in this chapter is based on the hope that we will gradually replace the current language of disability with a new language of ability that focuses on making sure that no one is denied human rights due to their physical or intellectual abilities (Harpur, 2012). At the same time it also is important to know that the terms disability and disabled were first used by people who wanted to replace widely used negative terms such as freak, deformed, invalid, cripple, gimp, lame, spaz, spastic, and handicapped in reference to people with physical impairments, and imbecile, idiot, lunatic, demented, retarded, retard, and feebleminded in reference to people with intellectual impairments.

During most of the twentieth century people believed that impairment and disability were same thing. This belief was consistent with the medical approach used to understand physical and intellectual impairments and how to deal with them. This approach is represented by the medical model as illustrated in Figure 10.1. In this model it is assumed that the goal is to diagnose the origin of the impairment and then use medical strategies to fix, heal, cure, or correct it. If successful, the body or mind would be “normalized” and the person could

![Medical Model of Disability]

rejoin mainstream society. If not successful, the next alternative was a rehabilitation program to help the person overcome his or her flawed condition to an extent that would
permit at least partial participation in society. As these attempts were made to normalize the body or mind under the guidance of medical experts, people with disabilities were passive recipients of diagnoses and treatments.

The medical model of disability is based on the perspectives of those who are not impaired in ways that lead them to be classified as disabled. But it has remained popular for two reasons. First, many people continue to accept ableist ideology and see disability as an individual condition in need of expert diagnosis and treatment. Second, a massive industry has been built around this approach, and it prospers when the primary goal is to fix or rehabilitate bodies and minds. Both these reasons ignore the possibility that impairments are a normal part of the human condition and that they are converted into disabilities by a combination of negative attitudes, stereotypes, and barrier-filled social arrangements and built environments.

Disability rights activists in the 1960s rejected the passivity prescribed for them by the medical model. An alternative to this model was presented in 1983, when Mike Oliver, a disability studies scholar in England, introduced and advocated the use of a social model to conceptualize and understand disability (see Figure 10.2). Oliver argued that the experience of being disabled was actually a product of social oppression rather than the result of a personal defect requiring a medical “fix” to become “normal” (Oliver, 1983, 1990).

People with disabilities already considered themselves to be normal and resented being seen as flawed and inferior. From their perspective, impairment was a fact of life but their disability was caused by the social and cultural responses to various physical and intellectual impairments. Therefore, dis- ability became a social issue in need of a political solution rather than a personal trouble in need of medical treatment. The focus on treatment and rehabilitation shifted to a focus on political actions that confronted barriers created by negative attitudes, poorly organized and managed social arrangements, and thoughtlessly designed physical environments. The goal implied by the social model was cultural and environmental transformation instead of medical and pharmacological fixes.
Embracing the social model of disability did not mean that individuals no longer sought medical assistance and treatment to ameliorate the pain or inconvenience caused by impairments. But it did mean that problems caused by disability were most effectively solved through social and cultural change (Couer, 2009; Oliver, 1983, 1990).

The social model identified barriers as the problem and removing them as the goal. For over two decades, this approach unified people in the “disability community” who shared common experiences of oppression and misrepresentation across all disability categories (Beauchamp-Pryor, 2011; Shakespeare and Watson, 2002).

The social model inspired changes worldwide. Locating disability in culture and society rather than in the bodies and minds of individuals shifted the focus from rehabilitation to full access, from charity to opportunity, and from risky surgeries to dependable support systems.

As people learned more about disabling barriers built into the structure of everyday life, they called for changes that acknowledged normal variations in human abilities. They realized that they could not eliminate the paralysis caused by a spinal cord injury, but that it was possible to provide wheelchairs to people with those injuries and make sure that the physical environment was designed to accommodate wheelchairs.
The political activism fueled by the social model was liberating and empowering for people with impairments. To focus on social oppression rather than their own bodies as the problem served to legitimize previously repressed anger and boost their sense of self-worth. Fighting for rights rather than depending on charity was fulfilling. Most important, their actions led to the passage of new laws mandating accessibility and prohibiting ableism and discrimination. In the United States, the Americans with Disabilities Act (ADA) is a primary example of such a law.

The ADA was passed and signed into law by President George Bush in 1990. It stated that all programs and facilities that are open to everyone must also be open to people with disabilities unless such access creates direct threats to the health and safety of the people involved. When applied to sports this means that people with disabilities must be allowed to participate in programs open to everyone as long as they and the accommodations they require do not threaten the health and safety of other players, cause “undue burden” for the sponsoring organization, or fundamentally change the sport being played (Block, 1995).

Threats to health and safety must be real, based on objective information, and unavoidable, even after reasonable efforts have been made to eliminate them. For example, if a child wears a metal brace to stabilize a leg impaired by cerebral palsy, she must be allowed to play in a youth soccer league if the brace can be covered so it will not hurt anyone and if the league does not have to make burdensome changes or fundamentally alter its game rules to accommodate her participation. Additionally, if tryouts are required for everyone wanting to play in a program, the girl with the brace may not be prohibited from trying out because of her impairment. However, she may be cut if she does not meet the physical skills standards applied to everyone being assessed. The coach may not require that all players on the team must run without a limp, but she may say that being able and willing to run at a reasonable pace is a standard requirement for team membership.

Unfortunately, the fiscal austerity policy approach that has become common in many countries following the global economic crisis has undermined many of the hard-won changes inspired by the social model. This situation and
criticisms of the model have fragmented the disability community and enabled people with neoliberal political agendas to revive the medical model and its emphasis on the need for people to be personally responsible for keeping and making themselves well. As a result, programs for people with disabilities have seen their programs downsized or eliminated. Even military veterans with severe impairments caused by injuries sustained in recent wars have seen programs cut or eliminated. As this continues there are renewed calls for a revival of political action based on the social model (Oliver, 2013; Oliver and Barnes, 2012).

The Meaning of Ability Differences

Before reading this book, what would have happened if you had been asked to close your eyes and imagine five different sport scenes? Would one or more of those scenes have involved athletes with a disability? Unless you have played disability sports or seen them played by others, it is unlikely that any scene would have included athletes with a disability.

This imagination exercise is not meant to evoke guilt. Our views of the world are based on personal experiences; and our experiences are influenced by the meanings given to age, gender, race, ethnicity, social class, sexuality, disability, and other socially significant characteristics in our culture. Neither culture nor society forces us to think or do certain things, but the only way to mute their influence is to critically examine them and learn the ways in which cultural meanings and social organization create constraints and opportunities in people’s lives, including people with a disability. Once these things are known, strategies for disrupting them can be created.

Consider the case of Danny: At the age of twenty-one he was a popular and highly skilled rugby player. Then came the accident, the amputation of his right arm just below the shoulder, the therapy, and eventually, getting back with friends. But reconnecting with friends after suddenly becoming impaired was not easy. Danny described his experience with these words: “A lot of them found it very difficult... to come to terms with it... And they found it hard to be around me, friends that I’d had for years” (in Brittain, 2004b, p. 437; see also Smith, 2013).

Chris, an athlete with cerebral palsy and one of Danny’s teammates on the British Paralympic Team, explains why his
friends felt uncomfortable: “They have very little knowledge of people with a disability, and they think that if they leave me alone, don’t come in contact with me, and don’t get involved, it’s not their problem” (in Brittain, 2004b, p. 437). Chris raises a recurring issue in the history of disability: What happens when people define physical or intellectual impairments as “differences” and use them to create a category of “others” who are distinguished from “us normals” in social worlds?

Throughout history, people with disabilities have been described by words that connote revulsion, resentment, dread, shame, and limitations. In Europe and North America, it took World War II and thousands of returning soldiers impaired by injuries to raise widespread concerns about the words used to describe people with disabilities. Language changed. Today people with intellectual disabilities now have the Special Olympics as a participation option. Elite athletes with physical disabilities may qualify for the Paralympics (“para” meaning parallel with, not paraplegic). Words like retard, spaz (spastic), cripple, freak, deaf and dumb, handicapped, and deformed have been driven out of favor. But comments such as “She’s a quad,” “They’re amputees,” and “What a retard!” can still be heard on occasion.

Improvements have occurred, but when people with a disability are defined as “others,” encountering them often forces people to deal with personal vulnerability, aging, and mortality. And when it challenges their faulty assumptions about normalcy around which they have constructed their social worlds, it can be very upsetting. Therefore, those identified as physically and intellectually “normal” often ignore, avoid, or patronize people with a disability. This reproduces ableism and undermines the possibility of abandoning ableist ideology.

The fear of “otherness” is powerful, and people in many cultures traditionally restrict and manage their contact with “others” by enlisting the services of experts. These include doctors, mental health workers, psychiatrists, healers, shamans, witch doctors, priests, exorcists, and all professionals whose assumed competence gives them the right to examine, test, classify, and prescribe “normalizing treatments” for “impaired others.” Therefore, the history of disability is also the history of giving meaning to difference, creating “others,” and using current and limited knowledge to

Disability activist and writer Thomas Couser points out that by defining people with physical and intellectual impairments as others, we marginalize them and create for ourselves the illusion that we live in a normal reality. The implications of this are explored in the next section.

**Living in the Empire of the Normal**

Mainstream media images of bodies in contemporary cultures highlight healthy, fit, and traditionally attractive models with no visible impairments. Images of impaired bodies are rare, except in notices for fund-raising events to “help the disabled”—usually children shown in vulnerable situations. Only recently have a few people with physical impairments been positively represented in popular media, and most have been skilled athletes. But this is a typical pattern in the “Empire of the Normal,” where people with impaired bodies or minds are exiled to the margins of the Empire and controlled by medical experts and “rehab” programs (Couser, 2000, 2009; Goffman, 1961, 1963).

Visible impairments in the Empire of the Normal require polite responses as residents of the Empire repeatedly ask: What happened to you? Why are you this way? Why are you not like me and everyone else in the Empire? Answering these questions is the price of admission into the Empire. Knowing this, people with visible impairments develop “body stories”—narratives that account for their abnormality in a manner that prevents them from being exiled before they complete their business in the Empire. But completing business often is difficult because the story must be told again and again and again. As a result, their identity comes to be shaped around their impairment rather than their abilities or other traits (Thomson, 2000, 2009).

When people with visible impairments play sports in the Empire, it is usually on the invitation of an established resident, or on the recommendations of a medical expert—physical therapist, doctor, psychiatrist, or psychologist. In fact, the first version of what we now call Paralympic sports was created in a British medical center for war veterans with spinal cord injuries. Ludwig Guttmann, the neurosurgeon who founded the center, felt that playing sports was effective
rehabilitation therapy for patients. When he scheduled these events to be played publicly at the same time that the 1948 Olympic Games were being staged in London, he was described as a radical. His action had disrupted the Empire of the Normal and forced its residents to encounter bodies with serious physical impairments. This violated the Empire norm, “Out of sight, out of mind,” which had always been respected in the past.

A visible impairment often arouses curiosity and leads others to ask, “What happened [to you to make you different from ‘normal’ people]?” People with physical impairments answer this question with a story or narrative that explains “why my body is different from your body.” If this occurs regularly, identity may become linked with impairment and it becomes difficult to be recognized for more meaningful and important dimensions of self. To be known primarily in connection with impairment creates limitations and loneliness—it is disabling. Having older role models helps deal with this issue (Source: Photo courtesy of the Challenged Athletes Foundation, http://www.challengedathletes.org)

It is rare for people with physical or intellectual impairments to play sports in the Empire because there is a shortage
of accessible opportunities, resources for transportation, adapted equipment, knowledgeable coaches, and programs designed to support their achievement and success. Even when opportunities are available, decisions to take them are influenced by responses anticipated from residents of the Empire: How will they define my body? Will they treat me as an athlete or patronize me as a courageous cripple?

Research in the Empire indicates that people identified as disabled define and give meaning to their sport participation as they integrate sport experiences into their lives. When their participation is treated by people from the Empire as trivial or “second class,” they can develop self-doubt and a sense of inferiority. Patronizing and artificial praise create anger, disappointment, and loneliness. But when people are genuinely supportive, take players’ participation seriously, and appreciate their skills, it builds confidence and confirms a sense of normalcy, which often is fragile and unstable in the confines of the Empire.

Because power and performance sports are given high priority in the Empire of the Normal, athletes with physical impairments often are discouraged from playing with or alongside athletes residing in the Empire. Instead, they play in “special” programs with others like them, and this influences the meanings they give to their experiences.

In recent years, athletes with physical or intellectual disabilities have seen their sports as sites for challenging dominant body images and expectations in the Empire of the Normal. Developing sport skills, many hope, is a way to break through the walls of the Empire and discredit residents who accept ableist ideology and believe that until impaired bodies are fixed they should not play in the Empire (Thomson, 2002).

At this point in time, it is difficult to say that residents of the Empire will abandon arrangements that privilege them in a manner they’ve come to expect. So what will it take for the Empire to pull down its walls and work to achieve inclusion?

**Media Constructions of DisAbility**

Disability sports receive little media coverage apart from the Paralympic Games, which may be given some coverage in newspapers and television programming, but this occurs only once every two years (Schantz and Gilbert, 2012). World
championships and other major events receive little or no mainstream media coverage.

People who make programming decisions for commercial media assume that covering disability sports is a money-losing proposition. Additionally, most media people have never played or even seen disability sports, and they lack the words and experiences that would enable them to provide coverage that might build a media audience.

Research shows that when disability sports have been covered in mainstream media, athletes often are portrayed as “courageous victims” or “heroic supercrips” who engage in inspiring athletic performances (Schantz and Gilbert, 2012; Silva and Howe, 2012; Tynedal and Wolbring, 2013). Sociologist Ian Brittain (2004a) analyzed this coverage and found that media images and narratives usually fell into one of the following categories:

*Patronizing:* “Aren’t they marvelous!”
*Curiosity:* “Do you think she can really do that?”
*Tragedy:* “On that fateful day, his life was changed forever.”
*Inspiration:* “She’s a true hero and a model for all of us.”
*Mystification:* “I can’t believe he just did that!”
*Pity:* “Give her a hand for trying so hard.”
*Surprise:* “Stay tuned to see physical feats you’ve never imagined!”

Images and narratives organized around these themes construct disability in terms of the medical model—focused on personal impairments that must be overcome. This leads people to ignore why particular social meanings are given to disabilities and how they shape the lives of people with specific impairments (Brittain, 2004a; Smith and Thomas, 2005). As a result, media coverage often perpetuates the ableist belief that disabilities are abnormalities and that people with disabilities have identities based on abnormalities.

Media coverage of the 2012 Paralympics in London highlighted certain technologies used by athletes (Wolbring, 2012b). Artificial “running legs” and the athletes who used them were covered as if they were new models of race cars and drivers. But wheelchairs received less coverage and the athletes using them were regularly described as “wheelchair bound” rather than wheelchair users. The inference in this
coverage was that wheelchairs were confining, whereas the artificial legs were liberating, even transforming. For the commentators viewing these devices from their vantage point in the empire of the normal, this is not surprising. Sleek, efficient legs were for them *supernormalizing*, whereas through ableist eyes the wheelchair, even a $10,000 racing chair, remained an indicator of disability.

Carla Silva and David Howe at Loughborough University in England were led to similar conclusions by their research (Silva and Howe, 2012). They found that media coverage of Paralympic athletes often represented them as “supercrips” who have overcome astonishing odds to do what they do. This was also true in two promotional media campaigns they analyzed—one in Portugal and one in the United Kingdom. The former focused on Portuguese *Superatleta*—“super athletes”—and used a Superman “S” in the campaign logo. Media ads depicted a person in a wheelchair negotiating his way around an illegally parked car that blocked sidewalk access—as if disability mysteriously infused power into his body. The UK campaign was titled *Freaks of Nature*, and it was launched by a major commercial television company wanting to hype the “staggering ability” of Paralympic athletes at the upcoming 2012 Paralympic Games.

Both campaigns created controversies. Silva and Howe explain that this wasn’t surprising, because there is little consensus on how to represent disability in sport events. In the absence of public discourse about the meaning of disability and the experiences of people who face disability in their everyday lives, media people did not know how to talk about it, much less present it to a commercial television audience seeking entertainment.

Silva and Howe fear that the supercrip narratives currently used when covering the Paralympics may reaffirm the neoliberal ablest idea that it is up to people with disabilities to overcome them on their own so they can live normal lives like “the rest of us.” Alternatively, Silva and Howe hope that future coverage will represent Paralympic athletes with a narrative emphasizing that physical difference is a naturally occurring phenomenon that creates for each of us an opportunity to accommodate those differences in ways that make our families, schools, communities, and societies more humane and inclusive.
The Special Olympics for people with intellectual disabilities presents a slightly different challenge to journalists and commentators, because events are organized as competitive at the same time that they emphasize the importance of participation over winning. For example, a study of the television news coverage of the 2009 National Special Olympics in Great Britain found that commentators used complex and “mixed” messages in their representations of the event (Carter and Williams, 2012). They sustained a relentlessly “positive” tone in their comments, focused on human interest stories, ignored larger social and political issues related to disabilities, and tended to become emotional and use words like courageous and inspirational when they interviewed family members of the athletes. However, the researchers stated that the commentators did a reasonably good job, given that they had little experience or training preparing them to discuss learning disability issues or interview people with varying intellectual abilities.

Despite misguided media representations, most athletes with a disability will accept coverage containing misrepresentations over no coverage. Like other athletes, they want to be acknowledged for their physical competence. But they also hope that their visibility and accomplishments will challenge traditional stereotypes and make people aware of issues related to ableism and the need for inclusion in all spheres of society. For this to occur, and to avoid replacing negative stereotypes with a similarly unrealistic supercrip stereotype, people in the media need guidance to provide coverage from vantage points outside the empire of the normal.

**Gendering DisAbility**

In cultures where femininity is associated with physical attractiveness and sexual desirability, and masculinity is associated with power and strength, gender shapes the ways people negotiate the meaning of physical disabilities in their lives. This is illustrated in the following stories about Anna, Nick, and Mark, all of whom have participated in research projects on disability.

Anna was born with underdeveloped arms and feet. Despite encouragement and support from a close friend, she
resisted going to the gym and becoming involved in sports. She explained her resistance in the following way:

*I really wanted to go—inside, I was dying to be physical, to have a go at “pumping iron”. . . But at the time I just couldn’t say yes . . . I was too ashamed of my body . . . It was the same thing with swimming. I just couldn’t bear the thought of people looking at me. I felt really vulnerable* (in Hargreaves, 2000, p. 187).

Anna’s fear of her body being seen and judged is not unique. Negotiating the meanings that we and others give to our bodies is a complex and challenging process. Women who accept dominant gender ideology often make choices that reduce their sport participation. For example, a young woman with an amputated leg might choose a prosthesis that is more natural looking, rather than one that is more functional and better suited to playing sports. As one woman explained, “It’s one thing to see a man with a Terminator leg . . . It may inspire people to say, “Cool.” But body image for women in this country is model thin and long sexy legs” (Marriott, 2005). [Note: “Terminator leg” is how some people refer to the cyborg-like appearance of hi-tech, battery-powered prosthetic legs that aren’t disguised to look like flesh and bone, so-called after the cybernetic character played by Arnold Schwarzenegger in the 1984 film The Terminator and its many sequels.]

Nick, a twenty-year-old American college student whose legs had to be amputated after he contracted a rare bacterial disease when he was fourteen, agrees with this explanation. He wears Terminator legs and loves them. He points out that whenever his legs run short on their charge, he doesn’t hesitate to plug them into the nearest electrical outlet.

Even though Nick has no problem with people seeing his “Terminator legs,” he and other men with a disability face a challenge when negotiating the meaning of masculinity in the face of a disabling physical impairment. This is especially true in the case of men who accept a gender ideology that ties masculinity to physical strength and the ability to outperform or dominate others. An example is provided by Mark.

As a young man whose legs were paralyzed by an accident, Mark explains that his ideas about masculinity make dealing with his impairment especially difficult. For example, after filling his car with fuel and putting his wheelchair in the back,
his car had an ignition problem and Mark could not start the engine. A man waiting for the pump impatiently honked his horn and shouted obscenities out his window. Mark said that before his accident he would have turned around, walked back, and “laid him out.” Not being able to do so led him to say, “Now I’m useless . . . my manhood has been shattered” (in Sparkes and Smith, 2002, p. 269).

Although Mark did not use the same words that Anna used, they each felt vulnerable due to cultural definitions of gender. Some men with a disability who feel vulnerable might, like Anna, avoid participating in sports, whereas others might view sports as sites for asserting or reaffirming their masculinity. Sociologists Brett Smith and Andrew Sparkes (2002) point out that people create their identities, including gender identities, through narratives— that is, the stories that show and tell others about themselves. Their research indicates that playing power and performance sports is consistent with a narrative in which manhood is constructed through physical accomplishments and dominance over other men.

When traditional gender narratives are not critically assessed, and when alternative or oppositional narratives are not available, both women and men with certain physical impairments will experience challenges related to ability and participation in sports. Women might avoid participation for fear that their bodies will be seen as unfeminine, and men might avoid participation for fear that they will not be able to assert themselves and overpower other men. Therefore, anyone who deals with physical impairment and disability benefits by having access to counter-narratives that construct gender in more inclusive terms.

When there are multiple ways to be a woman or a man, people with visible disabilities have more options for negotiating the meanings that they and others give to their bodies. This was documented in a study of women wheelchair users playing sledge hockey, wheelchair basketball, and table tennis (Apelmo, 2012). The women challenged stereotypical notions of gender in sport by displaying determination, strength, and risk taking, while simultaneously embodying a more traditional femininity in resisting the widespread view of disabled women as non-gendered and asexual. Such an approach might enable women like Anna to become more physical and have a go at pumping iron, and it might enable
Mark to accept help without feeling that he is sacrificing his manhood in the process.

**SPORT AND ABILITY**

Sports are often at the center of inclusion battles involving people with impairments (LeClair, 2012). This is due to three factors:

1. Sports are highly visible and culturally valued activities, and sport participation is seen as self-affirming as well as a way to gain social acceptance.
2. It is widely believed that sport participation is important for personal and health development, because it teaches valuable lessons about hard work, teamwork, and task accomplishment at the same time that it prevents obesity and improves physical function across multiple body systems.
3. Sports are increasingly organized to be exclusive on the basis of ability, and resources for sports are disproportionately allocated to elite training and competition.

Activists have worked at regional, national, and global levels for a number of years to make sport participation a right for all people, including those with a disability. This influenced the passage of the 2006 UN Convention on the Rights of Persons with Disabilities, which clearly places sport within the usual activities of citizenship and led to calls for accessibility in all sport places and spaces, increased funding, supportive policies, appropriate programs, effective disability organizations, and the involvement of people with disabilities in positions of power and influence in sport organizations.

At this point, the primary barriers to regular sport participation faced by people with disabilities include the following:

- Little encouragement and guidance for early physical skills development that age-appropriate and ability-appropriate
- Few gymnasiums and other facilities that are fully accessible
· Irregular and inconvenient public transportation for people with a disability
  Too many one-time opportunities and events and too few regularly scheduled programs for participation, training, and competition
· A shortage of expertise in creating participation opportunities that people with a disability perceive as welcoming
· Overprotective family members and a lack of family resources to support regular participation
· Few advocates with the power and influence to mandate the elimination of barriers
· Scarcity of institutionalized sources of year-round information and resources to support participation

These barriers are common worldwide, but they are especially prominent in developing countries where resources are scarce and few people listen to the voices of people with impairments (Bickenbach, 2011; WHO, 2011). As disability rights activists have won incremental success in wealthy, democratic countries, there is a widening gap between the life chances of disabled people in poor versus wealthy countries. Physical education and sport-for-all programs are luxuries that can seldom be afforded in the least developed parts of the world, where access isn’t even an issue because sport facilities and programs are nonexistent. Additionally, most people with physical or intellectual impairments in poor countries must focus all their personal energy and time on survival.

Religion, culture, language, and the lingering influence of colonialism may also create barriers in many parts of the world. At this point there is limited research investigating the dynamics of disability in parts of the world where poverty, political instability, and wars have undermined possibilities for organized sports, including disability sports. However, in those areas sports may exist sporadically in spaces created by informal collections of people, most often boys or men seeking an opportunity to play (see http://archive.noorimages.com/series/1.34).

**Exclusion and Inclusion**

Sports are accompanied by mixed messages when it comes to inclusion and exclusion. On the one hand, popular discourse
and beliefs grounded in the great sport myth emphasize that sports are sites at which social barriers disappear as people come together and establish constructive forms of social integration and cooperation. On the other hand, sports usually are organized as exclusive activities in which the majority of hopeful participants are cut or marginalized. Additionally, players often express negative attitudes toward opponents, spectators loudly express their dislike or hatred for opposing teams and fans, and venues hire security forces to try to prevent extreme fan violence that can cause death and destruction.

Exclusion from sports is so common for most people with a disability that they don’t expect opportunities to participate. When participation opportunities do exist they often are for one day now and then. This does little to nurture interest. (Photo by Jay Coakley)

It is useful to remember this when thinking about inclusion and exclusion in connection with ability and disability: we must seek as much evidence as possible. This is especially important because some people, including some researchers, tend to become emotional and see only positive things when witnessing sport programs that bring together participants. From a sociological perspective, processes of exclusion and inclusion always involve power relations. The situations in which these processes occur are organized around norms and traditions that influence or determine who is welcome and
who is not. Norms and power relations also influence interaction between those who are included, and even regulate the limits of participation for particular people. Exclusion and inclusion can occur formally or informally. For example, students in wheelchairs in U.S. high schools know that they are excluded from tryouts for the school basketball team just as they have been informally excluded by their peers who play intramurals and pickup games on the outdoor courts after school. Norms and expectations have been developed by officials in the empire of the normal. For them, sports for students with disabilities are an “extra”—something out of the ordinary, that would disrupt existing schedules for “normal” students and require coaches to have specialized knowledge. For these reasons, only a handful of U.S. secondary schools and universities have sports for students using wheelchairs or in need of adaptive equipment. Although the National Federation of State High School Associations (NFHS) and the National Collegiate Athletic Association (NCAA) may give token recognition to sports for athletes with disabilities, the exclusion of students with disabilities from school sports is systemic, pervasive, and possibly illegal.

Young people with disabilities generally have only two options if they wish to play sports: find an organized adapted sports program, or play informal games in which peers are willing and able to develop adaptations. Few communities have adapted youth sport programs, and informal games seldom include young people with the skills needed to make accommodations for a peer with disabilities. The dilemma this presents was noted by a ten-year-old boy with cerebral palsy when he said that other kids like him, “but . . . if I’m trying to get in a game without a friend, it’s kind of hard” (in Taub and Greer, 2000, p. 406). In other words, without a friend who has enough power with peers and enough experience with disabilities to facilitate a process of adaptation and inclusion, this ten-year-old does not play sports. Other children with disabilities have described their experiences in these ways (in Taub and Greer, 2000, p. 406):

“[Kids] try and shove me off the court, [and] tell me not to play.”

“They just don’t want me on their team.”

“There’s a couple of people that won’t let me play.”
In a study of fifty-three European hearing-impaired athletes, the participants reported that competing with hearing athletes increased their opportunities for competition. Participating in sports with hearing athletes played an important role in the integration of hearing-impaired athletes into mainstream society. If adaptations to communication can be made in these integrated settings, it will greatly increase participation by athletes with certain impairments (Kurková et al., 2011).

Unless these opportunities occur, children with disabilities miss opportunities to make friends and participate in activities that have “normalizing” effects in cultures where sports often are contexts for gaining social acceptance and self-validation. A young person with cerebral palsy expressed the importance of these opportunities with these words (in Taub and Greer, 2000, pp. 406, 408):

*[Playing games] makes me feel good ‘cause I get to be with everybody . . . [We can] talk about how our day was in school while we play. Playing basketball is something that I can do with my friends that I never thought I could do [with them], but I can, I can!*

**Responses to Exclusion** When people lack power, they usually respond to systemic and pervasive exclusion with resignation or by seeking contexts in which they feel welcome (Wolbring et al., 2010). Sometimes they find support by aligning themselves with others who have been excluded, or they might accept isolation and the self-doubts that accompany it. Over time, those who are excluded become invisible. In the case of students with disabilities, this occurs regularly.

Students with a disability seldom see themselves participating in school sports. For example, when Bob Szyman left his position as secretary general of the International Wheelchair Basketball Federation (IWBF) to teach special education and physical education in Chicago, his goal was to establish a wheelchair basketball league for city high schools. But his biggest challenge was finding students and parents who were excited about such a league. Students with disabilities had no expectations, and there was no wheelchair sport culture in the schools. Additionally, there were no administrators, teachers, or coaches asking why there were no “paravarsity teams” in their district or schools. When Szyman,
who now teaches at Chicago State University, organized wheelchair sports camps and competitions, the participants went out of their way to thank him, but they didn’t ask why their schools had no sports programs for them. They were so accustomed to exclusion that they had no expectations to be included. Over the past decade, Szyman has had some success in establishing adaptive sport opportunities, but a high school league has not been organized.

Another way of responding to exclusion is illustrated by Tatiana McFadden, who has won ten Paralympic medals in wheelchair racing and won the gold medal in the marathon at the 2012 Olympic Games in London a week after winning the Boston Marathon race. McFadden was born with spina bifida in Russia. Both of her legs were paralyzed, and her mother, who had no means of caring for Tatiana, left her in an orphanage, where she used only her hands to scoot around for the first six years of her life. Near death, Tatiana was noticed by Deborah McFadden, a U.S. Department of Health official who was visiting Russian facilities. McFadden adopted her and used sports to help strengthen her. At eight years old, Tatiana began racing in her wheelchair. But when she went to high school, she was told she could not participate on the track team because her chair gave her an advantage over other runners and was a danger to them as they raced. This left her to race around a track alone in a “special competition,” which was meaningless and embarrassing.

Tatiana knew her rights, and she sued the school district and won the right to race on the track with runners, although her time did not count for her team. When she graduated, she went to the University of Illinois at Urbana-Champaign, where she could train in a disability sport program—the best among only a few university programs. Today she is known worldwide as a premier woman wheelchair distance racer as well as an activist who fights for disability rights in sports.

The Emerging Meaning of Inclusion

Inclusion is the new buzzword in social worlds where various forms of diversity are common. However, people in the empire of the normal often use the term without knowing that it means much more than simply removing boundaries and barriers. They don’t understand that hanging up a “Now Open” sign after years of systemic exclusion will not bring about real inclusion.
Most people have little or no experience in creating ability inclusive sports. Such learning could be part of physical education classes in elementary and secondary school.

Social inclusion is a complex process involving the following (Donnelly and Coakley, 2002):

- Investments and strategies that create the conditions for inclusion by closing physical and social distances and resource gaps that lead people to think in terms of *us* and *them*
- Creating contexts in which previously excluded people can see that they are valued, respected, and contributing members of a group or community
- A proactive, developmental approach to social well-being in which people are supported in connection with their needs
- Recognition of the reality of diversity as well as the commonality of people’s lived experiences and shared aspirations

This means that achieving and sustaining inclusion requires sensitivity, knowledge, experience, and hard work. It is an ongoing process rather than a destination, and if people forget
to sustain it, backsliding to previous forms of exclusion is likely.

Inclusion of people with disabilities is mandated in the United States by the 1973 Rehabilitation Act. It applies to all programs receiving federal aid and stated that people with disabilities could not be denied benefits or opportunities received by other citizens. It was not fully enforced until 1977 because people in the empire of the normal claimed that they didn’t understand it. This led to the passage in 1990 of the ADA, which mandated access and equity in more specific terms and applied to private as well as public facilities. For example, access was an issue when a building had stairs but no elevator, when streets had curbs that prevented wheelchair mobility, when there were no ramps to doorways and walkways, and when restrooms and toilets were clearly impossible for people with disabilities to use. “Access” issues were usually easy to see, but equity was another matter. Those who objected to making changes continued to claim ignorance about the exact meaning of equity.

After the U.S. Government Accountability Office issued a research report showing that students with disabilities were generally denied an equal opportunity to participate in school sport programs and therefore denied the health and social benefits of athletic participation, U.S. Education Secretary Arne Duncan issued an equity “guideline” letter in January 2013 (Duncan, 2013; Galanter, 2013; Resmovits, 2013). It told all school officials that because “sports can provide invaluable lessons in discipline, selflessness, passion, and courage,” they must make sure that “students with disabilities have an equal opportunity to benefit from the life lessons they can learn on the playing field or on the court” (see Galanter, 2013). Secretary Duncan also provided specific examples of the types of “reasonable modifications” that officials must consider in connection with “existing policies, practices, or procedures for students with intellectual, developmental, physical, or any other type of disability.” Examples included the following:

- Using a visual cue in addition to a starter pistol so that students with a hearing impairment who are fast enough to qualify for the track team can compete.
- Waiving a rule requiring a “two-hand-touch” finish in swim events so that a one-armed swimmer with the requisite ability can participate at swim meets.
This letter has created panic among many officials who can see nothing but problems in making such accommodations. But it opens the door for students previously excluded from sports to expect that they should be included if they have the requisite skills to make teams. Therefore, a process of inclusion that began in 1973 is taken more seriously today, after more than forty years of resistance to change. Duncan’s goal is to push officials to hire teachers and coaches with the sensitivity, experience, and communication skills needed to bring about equity for students with disabilities. His guidelines caught many people off-guard and they will lead some to be overwhelmed, but they are a starting point for producing inclusive school cultures and sport programs.

Education is only one sphere in which inclusion is an issue. Community officials must also consider what inclusion means for their park and recreation programs. Officials in youth sports have seldom thought about these issues. And what does inclusion mean for the relationship between the Paralympic Games and the Olympic Games (Wolbring et al., 2010)? The politics associated with answering these questions are significant. For example, in the case of the Paralympics and Olympics, some people have adjusted to and succeeded in the currently separate programs and want to keep them that way. Others want them merged so that events from each would be held simultaneously instead of scheduling the Paralympics to follow the Olympic Games. Still others think that the technologies allowed in the Paralympics will enable athletes to surpass the records of Olympians and that the Paralympics will eventually become the premier global sport event. However, in the meantime there will continue to be situations in which some athletes with disabilities are “too able” for disability-specific sports programs but “not able enough” for mainstream sports programs.

**Sport as a Cause of Disability**

In Chapter 6, we discussed sports as sites at which disabling injuries occur. Such injuries occur partly because sports involve physical challenges in which risks are inherent. This cannot be avoided, although there are ways to control risks in most sports. But controlling risks is difficult when sports and sport performances are closely linked with issues of masculinity. This inserts physical risk into the identity
formation process for males and it influences how they view what happens to their bodies in sports.

To the degree that establishing and maintaining an athlete identity is important in a person’s life, overconforming to the norms of the sport ethic becomes an identity strategy that takes priority over risk-control strategies. “Paying the price” by enduring pain and injuries is normalized, even though it increases the chances of sustaining potentially disabling injuries.

Public discourse usually focuses on injuries in collision and heavy-contact sports, such as boxing, football, rugby, and ice hockey. However, as “extreme” sports have become popular and increasingly commercialized, they also have become sites at which disabling injuries occur. Sponsorship money and media coverage have created a context in which athletes in these sports constantly underplay the possibility of serious injuries. Young males in motocross, half-pipe board events, BASE jumping, big air events, and dozens of other extreme sports have constructed narratives that glorify risk taking and confer hero status on those who incur the most gruesome injuries. The women in these events adopt the same narratives to maintain their identities and participation opportunities in these male-dominated sports.

British sociologists Brett Smith and Andrew Sparkes (2002, 2004, 2005; Smith, 2013) have collected data over many years in their interviews with young men who suffered spinal cord injuries in rugby. Among other things, they continue to investigate the process through which these men negotiate the transformation from their former active “able” selves to being a person dealing with a serious physical impairment.

One important aspect of this research is that it can provide data on medical costs, which are assumed to decline with sport participation. For example, we know little about the medical care implications of sport participation among older people, for whom rigorous training and sport injuries often come with high medical costs. It may be that as older people participate in more physically adventurous activities, accidents, and sometimes disabling injuries increase. Does this generate more medical costs than are generated by less-active peers? At this time, we don’t know.
DISABILITY SPORTS

When disability is viewed as a weaknesses or defect that makes the person with an impairment inferior to others, it is important to have a strategy to normalize one’s body. During childhood people with an impairment become aware of what makes them different from others. Over time and through their social relationships they develop an understanding of their (dis)ability and how to negotiate its meaning and relevance as they interact with others. In most cases, they also develop strategies that enable them to compartmentalize their impairment so it does not define them, especially in situations when it is irrelevant to what they are doing. This does not mean eliminating the impairment or dismissing it as an irrelevant part of self. Instead, it means presenting one’s entire self in a way that does not connote lower status or less character, and it also means that others will see a person as worth knowing despite an attribute that influences ability in certain circumstances. And some people come to transform their impairment into a positive aspect of their lives. Research by Higgins et al. (2002) found that individuals who underwent this transformation process were more likely to accept themselves in ways that enabled them to move ahead with other forms of development. However, not all people with an impairment experience this transformation.

When Ben Quilter was seven years old, he took up judo in order to take part in the same sport as his brother. By the time he was twelve he was competing in regional and national competitions. But then Ben’s eyesight began to deteriorate, and at age sixteen he was categorized as a visually impaired competitor. The rules of judo are adapted for visually impaired participants so that they start bouts “gripped up” with their opponent, and there are some changes to the judo ring. However, Ben explains that these changes are sufficiently minor to allow visually impaired and sighted athletes to train and compete with each other. Also, the organization and funding of judo is similar for sighted and visually impaired athletes. In 2008 Ben was selected for the Paralympic Team for the Beijing Games, and the team was announced at the same press launch as the judo team for the Olympic Games. Ben won a bronze medal in the London 2012 Paralympic Games and said that in judo “everything’s the same, just train
full time with the guys, I’m treated like everyone else really, you wouldn’t even know that I had a visual problem.”

Ben’s experience in judo is an example of how sports can be organized so that people with disabilities are treated on equal terms with other athletes. The Disability Sports Events (DSE), established in 1961 with competitions in a range of sports between people with any impairment at any age, hosted the twenty-fifth “mini games” multi-sport event in 2008 for children six to twelve years old. The events include a series of inclusive sports and games to encourage young people with various impairments to become involved in sports. Other young people and volunteers are available to assist athletes if the need arises. One of the sports included is Zonal Tag Rugby, an adapted form of rugby in which participants with various impairments participate and compete in a safe and challenging sporting competition. However, DSE does not receive any government funding, and relies on fund-raising and sponsorships.

The kind of idealism seen in judo and the DSE is heartening to those who know children who cannot play in existing sports programs that are not organized to be inclusive. It is also heartening to the thousands of veterans returning from battlefields with amputated limbs, sight and hearing impairments, and injuries that impede or prohibit walking. Making sports accessible to them would seem to be a no-brainer, even among those who lack idealism. As veterans return to communities, universities, gyms, parks, and workplaces, idealism is essential if barriers are to be eliminated. Jayne Craike, who competes on the New Zealand Equestrian Federation national dressage circuit and also represents her country in the Paralympics, encourages people to be idealistic as they envision and work to create the future. She says, “I have to believe that there is still more to come in a world that is continually changing, and that we can make a difference” (Joukowsky and Rothstein, 2002b, p. 55; see also http://www.lupus.org.nz/PersonalExperiences.htm). Craike knows that sports are more than therapeutic tools for people with disabilities. In cultures where sport participation is highly valued, they are normalizing activities; they enable people to establish important identities; and they are sites for meeting others and forcing everyone who watches to acknowledge that impairments are a normal part of the human condition.
The Paralympic Games have traditionally followed the Olympic Games. This was the case for London 2012 and for Rio 2016. But some people now argue that Paralympic events should be integrated into the Olympic Games. (Photo by Elizabeth Pike)

Today’s Paralympic Games were first conceived by Ludwig Guttmann, a neurosurgeon and director of Stoke Mandeville, a British medical center for war veterans with spinal cord injuries. When he first came to the center in 1943, he was horrified by the way military veterans were treated. With severe paralysis due to war-related spinal cord injuries, they were merely kept alive without movement or hope. Guttmann came up with the idea that sports could be used as a form of therapy that would enhance the quality of life for his patients.

Guttmann was a strong advocate for his patients and felt that they had been pushed to the periphery of the empire of the normal so that people could avoid facing the reality of their impaired bodies. When the 1948 Olympic Games were scheduled to open in London, Guttmann decided that he could bring recognition to his patients and to the success of his therapeutic approach by scheduling a public display of
wheelchair archery and the javelin throw on the same day as the opening of the Olympics. Sixteen people with spinal cord injuries participated.

Guttmann’s event received no publicity, but he was energized by its impact on the veterans and he foresaw a time when athletes with disabilities would compete alongside Olympic athletes. He hosted nine “annual” Stoke Mandeville Games, which in 1952 began to attract a few veterans from outside of England. In 1960 during the week after the Olympic Games were held in Rome, Guttmann and others hosted 400 competitors in Rome at the first Parallel Olympics. Most of the athletes, who competed in eight different events, were military veterans with spinal cord injuries.

Following the event in Rome, the Parallel Olympics was renamed the Paralympic Games which have been held every four years after 1960, with the first Winter Paralympics held in Sweden in 1976. The Summer and Winter Paralympic Games have grown in scope and popularity, largely due to efforts of people who have worked to nurture and sustain them through significant financial and political challenges.

The mission of the Paralympics is to enable athletes with disabilities to achieve sporting excellence and to inspire and excite the world. Additionally, the hope is to make a better world for all people with physical impairments by challenging the negative attitudes and stereotypes that are significant barriers to the full inclusion of people with disabilities in all spheres of society (Brittain, 2012b; Legg and Gilbert, 2011).

Despite intertwined histories and some shared values, the relationship between the Olympic and Paralympic movements has been complicated and tension-filled. For example, in 1983 IOC president Juan Antonio Samaranch told representatives of Paralympic athletes and disability sport organizations that they could no longer use Olympic images, including the “Olympic rings,” at any of their events. The Olympics, explained Samaranch, was a global brand with its own commercial interests and goals, and this meant that the IOC would take legal action against anyone using its logo and other symbols. Even the Olympic flag, he told them, was now a licensed logo, and it could be used only by those who paid for the right to do so (Jennings, 1996a).

Disability sport organizations and their athletes did not want to split from the IOC, so they focused on organizing the
Paralympic Games that would follow the 1984 Olympics in Los Angeles. But neither the Los Angeles Olympic Organizing Committee nor the U.S. Olympic Committee (USOC) would support them and their event. So they were forced to hold smaller simultaneous events in New York and Stoke Mandeville, England. At the same time, they formed the International Coordinating Committee of World Organizations for the Disabled (ICC) and made it the governing body for the Paralympic Games.

Dr. Jens Bromann, who had once competed in sports for blind athletes, guided disability sports through this challenging period and was elected president of the new ICC. His efforts, along with support from Korean Olympic officials, made the 1988 Paralympic Games a huge success. Held after the 1988 Olympics in Seoul, Korea, the Paralympics brought together more than 3000 athletes from sixty-one nations. At the opening ceremonies, the Korean organizers presented Bromann a flag they had designed specifically for the Korean Paralympic Games. It was white and had five tae geuks, or traditional Korean line symbols, that resembled teardrops in the same positions and colors as the five interlocking rings on the Olympic flag (see image A below 10.3). This design was used to show the connection between the Paralympics and the Olympic movement, and that Paralympic athletes train and compete as Olympic athletes do (Sheil, 2000).

The new Paralympic logo and flag infuriated executives at the IOC because they thought it infringed on their five-rings logo. To appease the IOC, a new logo was launched at the 1994 IPC World Championships (see image B below). The tae geuks again appeared as teardrops, but officials explained that they now represented the Paralympic motto: “Mind, Body, and Spirit.” This flag was used through the 2004 Paralympic Games in Athens. In 2008, after the IPC and IOC resolved many of their differences and agreed to hold events in the same host cities, the IPC adopted a new symbol and flag to represent the unique purpose and identity of the Paralympic Games (see image C below). It consisted of three elements in red, blue, and green—the colors most often used in national flags. The elements are known as Agitos (a Latin word meaning, I move), and they appear to be in motion around a central point, representing a dynamic, global “Spirit in Motion”—the new motto of the Paralympics.
The Spirit in Motion flag was first used at the 2008 Paralympics in Beijing, and the IOC did not object. At this point, the “one bid, one city” agreement has been successful, but tensions remain between the two organizations as they compete for sponsors, funding, and media coverage.

Today the IPC uses a commercial approach similar to the one used by the IOC. Its flag is now a licensed logo—like the IOC flag. But this change raises questions about who will benefit from and be hurt by the commercialization of elite disability sports. Athletes who can attract spectators and sponsors will certainly benefit, but will a focus on these top performers inspire sport participation among people with a disability or will it turn them into spectators? Will people be inclined to donate money to support only elite athletes, or will
the Paralympics open doors into the empire of the normal so that people with disabilities will be seen as deserving the same opportunities received by residents of the empire? Research is needed to answer these questions.

**Media Coverage of the Paralympics** Now that the IPC has adopted a commercial model, its survival depends heavily on the sale of media rights to events. This shifts the focus from the athletes to spectators and sponsors, and it alters the orientations of those who plan, program, and manage events. Storylines are needed to attract spectators. Individual athletes must be highlighted to keep people interested in who they are and how they perform. The drama and excitement of particular events is crucial, and this must be the focus of marketing.

The Paralympics have never been a highly rated media event and have received little media attention in the past. However, there was a concerted attempt to change this with the 2012 games in London. The media in the UK covered the Paralympics at an unprecedented level, devoting to it over 150 hours of live television coverage on a primary channel with additional coverage on three cable channels and two major radio channels. The Australian Broadcasting Company provided 100 hours of live coverage, including the opening
and closing ceremonies. Media companies in Canada provided nearly 600 hours of live coverage through four online streams along with a daily one-hour highlight program on major English- and French-language channels.

In the United States, NBC paid for the rights to televise the 2012 Paralympics but provided no live coverage and only minimal highlight coverage. This was a great disappointment to officials, athletes, and those spectators in the United States who had followed the progress of athletes and knew of events that promised interesting matchups. Critics pointed out that NBC never fails to use uniformed military to market the coverage of NFL games and other professional sports, but they ignored the military veterans participating on the U.S. Paralympic team. This was a financial decision, in that the company executives didn’t expect high enough ratings to make money selling advertising time for the events. This is a typical way to do business in the empire of the normal, but it makes NBC stand out as a crude profit seeker at a time when more attention and publicity were given to the Paralympics than ever before in history.

As the IPC goes forward, it will negotiate with the IOC for a share of rights revenues that come in a single amount for both events (Purdue, 2013). In cases where the IPC negotiates exclusive rights for the Paralympics only, its officials will be under pressure to produce large enough audiences to drive the bid amounts up to the levels they need to maintain their organization and present spectator-friendly events. As this occurs, the marketing people at the IPC will present Paralympic events as spectacles. Much attention will be given to popular athletes, high-tech prostheses such as the carbon-fiber legs worn by runners, events where athletes will inspire awe and amazement, and medal counts for countries.

Attempts to market the Paralympics as a spectacle are met with widespread criticism (Brittain, 2004; Darcy, 2003; Darcy and Dowse, 2012; Schantz and Gilbert, 2012; Wolbring, 2012a, 2012b, 2012c, 2012d, 2012e). People object to commercialization and what it means for disability sports. Market forces determine who is funded, which countries win medals, and specific aspects of media coverage. Media companies that buy the rights to the Paralympics and to world championships may hype “bionic athletes” and high-tech prostheses that will catch the attention of spectators. At the
same time, the IPC may further complicate an already confusing classification system with new classes of competitors likely to attract spectator attention.

**Classification Issues** Creating fair competition has always been a primary challenge for those who organize disability sports. Variations in physical impairments are nearly infinite, and the full impact of impairments is unique to each individual competitor. This means that there are complex rules for determining how athletes are classified and grouped into competition categories. The IPC publishes a twenty-page *Layman’s Guide to Paralympic Classification* (IPC, 2007a), another guide for winter sports, and an eighty-two-page classification code book (IPC, 2007b).

The classification code has always created controversy in both its content and its implementation (Beckman et al., 2009; Brittain, 2012a; Burkett et al., 2011; van Hilvoorde and Landeweerd, 2008; Wolbring, 2009, 2012d). It requires that each athlete be examined and evaluated, and it allows for protests and appeals when athletes feel they have been misclassified. The code also requires that each federation provide classifier training and certification, because each sport involves different abilities and has its own classification code.

The current categories for the Summer Paralympics include amputees, cerebral palsy, spinal cord injury, and visual impairment. A category for intellectual disability was added in 1996 but then removed when ten of the twelve members of the Spanish basketball team in 2010 were found to have no disabilities. The category was reinstated for a few sports in 2012. In the Winter Paralympics, the categories are visually impaired, seated, and standing. Hearing-impaired athletes don’t constitute a major category in the Paralympics because they compete primarily in the Deaflympics, which have taken place since 1924. But this may change in the future.

Ian Brittain (2004), a longtime expert on disability sports, and others have criticized the IPC classification code because it is based solely on medical criteria and it reinforces disability stereotypes (Darcy and Dowse, 2012). Officials at the IPC realize that the code is complex and cumbersome, and they are revising it to accommodate the new commercial realities of disability sports. The new code will be complete by 2015, and it will acknowledge the increased stakes for performing well and winning medals in the Paralympics. The new code
also intends to promote the “viewability” of the Paralympics by reducing the number of competitive categories.

Regardless of the changes, athletes in wealthier nations will continue to have a significant advantage over other athletes. Participation in disability sports is especially expensive because it often requires special transportation arrangements, adaptive equipment, and specialized training venues. Therefore, medal counts very closely reflect average per capita income for countries—a pattern even more pronounced in the Paralympics than in the Olympic Games (Buts et al., 2011).

Special Olympics:
Sports for People with Intellectual Disabilities
In 1968 the International Olympic Committee granted Eunice Kennedy Shriver permission to use the word “Olympics” for a sporting event that would offer adults and children with intellectual disabilities year-round training and competitions in Olympic-type sports (Foote and Collins, 2011). Today the Special Olympics is a multifaceted global organization that sponsors research, builds support communities, and offers health education programs. But its primary purpose is to offer people with intellectual disabilities “continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community” (http://www.specialolympics.org/mission.aspx).

Some local groups and organizations sponsor and manage sport programs for people with intellectual disabilities, but the Special Olympics stands out in terms of its size and influence. It sponsors 50,000 competitions a year—136 each day—around the world. About athletes from 165 nations participated in the 2015 World Summer Games in Los Angeles, California. The Special Olympics World Games are held every two years, alternating summer and winter events.

As an organization, the Special Olympics raises funds and organizes events more efficiently than most NGOs in the world. But it has been criticized for organizing its programs in ways that reinforce negative stereotypes and ableist ideology (Hourcade, 1989; Storey, 2004, 2008). Participants in the programs don’t learn functional skills that are transferable to
their lives in the community, they are treated in paternalistic ways by volunteers and spectators, they are not connected with people who can advocate their interests or be their friends after events are over, and there is no evidence that their lives are changed in any significant ways because of their participation.

Many states in the United States sponsor Special Olympics events, both winter and summer. Participants clearly enjoy their experiences, but there is little evidence that the events have an impact on the everyday status and opportunities for people with an intellectual disability. (Photo by Jay Coakley)

In response to these criticisms, people managing the Special Olympics recently developed Unified Sports, a global program in which people with intellectual disabilities are paired with teammates from the general community in competitive, developmental, or recreational sports, depending on their interests. The program is designed to facilitate friendships and inclusion in the larger community and enable individuals with intellectual impairments to engage with others on the basis of their abilities. The Unified Sports program is based on research and theory, and it is revised as evaluation research identifies weaknesses and strengths (Dowling et al., 2010).

When it was created in 1968, the goal of Special Olympics was to provide dedicated spaces and activities for a population of people who at that time were feared, ridiculed, mistreated, and usually cut off from the empire of the normal. It managed to accomplish this goal, but it had no strategy for systematically engaging participants in the larger community or preparing the community to include people with
intellectual disabilities into everyday activities so they could live more independently.

Today the organization is actively addressing oversights while retaining its traditional programs for people who need more direct support and assistance. However, most people in the empire of the normal have no experience interacting with intellectually impaired people who have not had opportunities to participate in everyday activities. To create those opportunities in sports requires a level of awareness and support that remains rare in most social worlds. In the meantime, people with intellectual disabilities seek opportunities to play sports in supportive environments that positively connect them with peers and the larger community. One young person who was interviewed in a recent study puts it this way (Darcy and Dowse, 2012, p. 406):

No one seeks out me or my career to be involved in their program or find out what I’d like to do or provide me with opportunities to try sports on a regular basis like normal kids and if I like it I’ll keep doing it but if I don’t or it doesn’t suit me I want the freedom to choose not to do it again but have another option to try.

**Disability Sport Events and Organizations**

The range and frequency of physical or intellectual impairments is vastly underestimated in the empire of the normal. People conceal or disguise their physical impairments in public or avoid being seen by others who are likely to stare and then pity or reject them. People with intellectual impairments often are vulnerable to exploitation, so those who care about them often keep them at home or in private, safe settings. Despite these factors, people who share similar characteristics or impairments have created sport organizations to sponsor events. The Dwarf Athletic Association of America (http://daaa.org/DAAA_home.html) sponsors the World Dwarf Games in connection with the annual National Conference for Little People of America (LPA).

The summer and winter Deaflympics are organized by the International Committee of Sports for the Deaf—known in much of the world through its French name, Comité International des Sports des Sourds (CISS). The Deaflympics are run exclusively by the hearing impaired, and only deaf
people are eligible to serve on the board and executive bodies. With ninety-six member nations, the International Committee of Sports for the Deaf is organized into four regional confederations: Europe, Asia-Pacific, Pan-America, and Africa (http://www.deaflympics.com). Hearing-impaired athletes and teams have athletic skills similar to those of the general population, so they do not feel they fit neatly into the Paralympics.

The Cerebral Palsy International Sports and Recreation Association (CPISRA) is the international governing body that coordinates and oversees sports for people with cerebral palsy—that is, those people with disabilities caused by neurological disorders, including stroke and traumatic brain injuries.

The United States Association of Blind Athletes (USABA) supports athletes who are visually impaired. In 2013, it joined with the International Blind Sports Association to sponsor World Youth Championships and the 2013 IBSA Pan American Games in Colorado Springs, Colorado. Skiing and goalball are their most popular sports.

There also are generalist organizations that work with and sponsor events for athletes with a wide range of physical and intellectual impairments. For example, the Challenged Athletes Foundation operates in the United States and works with individuals who want to live active lifestyles by training and participating in one or more sports. The Wounded Warrior Project (WWP) was formed in the United States to assist veterans wounded in the military on or after September 11, 2001. As of early 2014, this included over 51,000 wounded men and women, an estimated 320,000 veterans with traumatic brain injuries, and over 400,000 veterans with post-traumatic stress syndrome. The annual Warrior Games provide competitions and serve as an access point for veterans to become involved in Paralympic sports.

**Disability Sport Legacies**

The legacy goals of disability sports vary with the organizations that sponsor them. As with sports generally, intended or assumed legacies often differ from reality. As noted above, the Special Olympics may have provided many participants with enjoyable experiences and opportunities to meet people, but the impact was short-lived and did not alter
public attitudes about intellectual impairments, foster inclusion, or expand opportunities for people with intellectual disabilities. In this sense, the great sport myth carries over into disability sports and often causes people to overlook what must be done if sports are to have the positive developmental impact they expect them to have.

Until recently people in disability sport organizations had not thought of doing systematic evaluation research that would critically assess whether their goals were being achieved. Of course, different organizations have different goals. In some cases, the primary goal is to give people with particular characteristics or impairments opportunities to play sports with peers under conditions that they control. Having been excluded so completely from sports in the empire of the normal, they have established their own sports and sport events in which they don’t have to deal with negative attitudes, curiosity and staring, and feeling like they are oddities. In other cases, the goal is for sport programs and events to empower people with disabilities, foster positive public attitudes, and enable people with disabilities to fully participate in the general community (Brittain, 2012b; Wedgewood, 2013).

Although research on the impact of disability sports is scarce, a few recent studies provide initial assessments of what may or may not be occurring. Interviews with Paralympic stakeholders—people personally associated with the organization—indicated that the athletes were perceived to be personally empowered by their involvement, but other positive outcomes were unlikely (Purdue and Howe, 2012). In fact, the athletes were not perceived as models that inspired people with disabilities, because they did not describe themselves as disabled and were never shown dealing with everyday issues that others face. Similarly, data collected by Wolbring (2012c) indicated that the physical activity and recreational sport participation rates among people with disabilities had not increased with the growing popularity of the Paralympics because structural barriers continued to exist in societies. Being inspired by Paralympic athletes did nothing to eliminate negative attitudes, increase funding for disability sports, improve accessibility to venues, provide convenient transportation, or create knowledgeable and experienced coaches and support staff (Wilson and Khoob, 2013).
Observations made by disability rights activists support these findings (Ahmed, 2013; Braye et al., 2012). Watching athletes run on $15,000 prostheses or play rugby and race in $6000 wheelchairs did not make disability “cool” or change the reality of dealing with impairments. Also, the dozens of impairment classification categories used to sort competitors seemed irrelevant to many activists, who felt that people could not see themselves in categories created by the IPC. Additionally, individual needs continued to be unmet after the Paralympics. It is true that people in the empire of the normal had opportunities to see athletes perform during the Paralympics, but seeing their abilities did not motivate those people to support local disability programs or vote for legislation to bring about equity. In fact, the activists worried that the opposite was more likely: after seeing the ability of the athletes, people would conclude that disability was not an issue, thereby reproducing ableist ideology and ableist attitudes (Braye et al., 2012; Rival, 2015).

Finally, males are disproportionately overrepresented among athletes in disability sports. This is partly because more boys and men engage in risky actions that can cause physical impairments and girls and women with physical or intellectual impairments may be more protected by family members and not encouraged to seek sport participation opportunities. In any case, the culture of disability sports is heavily masculine and this may lead females to feel unwelcome. There may also be subtle sexism in the referral process that moves people from rehabilitation programs into sport programs. If doctors and therapists don’t encourage girls and women to move into sports as much as they encourage boys and men, it would reproduce an already male-dominated, male-centered, and male-identified sport culture. The visibility and popularity of wheelchair rugby, or “murderball” as it is known by men in disability sports, reaffirms this point.

TECHNOLOGY AND ABILITY

When athletes use technologies to adapt their bodies to the physical challenges presented by sports, they blur the line between body and machine. Of course, this is neither new nor unique to disability sports. Specialized equipment and technologies (such as climbing shoes or special rowing blades)
have long been used in all sports, similar to the wheelchairs, crutches, and prostheses used by people with physical impairments—they help them move more efficiently (Apelmo, 2012).

Normal, enhanced, or disabled? The lines between these categories are becoming increasingly blurred. This is creating ethical and practical dilemmas in sport organizations, because it is difficult to preserve a level playing field when engineered enhancements are used. People in Paralympic and related organizations may be ahead of others in dealing with this, because they have already confronted enhancements and developed a classification code that takes them into account. (Source: © Rich Cruse/ Photo courtesy of the Challenged Athletes Foundation, http://www.challengedathletes.org)

Various forms of “assistive” performance enhancements are used in most sports. Tennis and baseball players have “assistive” elbow and knee reconstructions using super strong synthetic ligaments or stronger ligaments taken from other parts of their bodies. Endurance athletes sleep in “assistive” hyperbaric chambers to increase endurance by boosting the oxygen-carrying capacity of their red blood cells. Lionel Messi, reputedly the best soccer player in the world today, took
growth hormones that added inches to his unusually short stature, and dozens of baseball players and golfers, including Tiger Woods, have had Lasik eye surgery to obtain 20/15 vision and the ability to see a baseball or golf ball more distinctly. These athletes don’t think of themselves as disabled nor do they see the use of such “assistive” and performance-enhancing procedures as compensation for weakness or cheating, and it is certain that none of them ever thought of participating in the Paralympics.

In the 1980s, biologist Donna Haraway (1985) made the case that many people could be described as cyborgs because they depended on machines and communication technologies to navigate their way through everyday life, and this was well before smartphones appeared as fixed components of human hands. But the most intense and complex example of this cyborg hybridization is probably experienced by severely impaired people who merge technologies with their own bodies to claim and sustain their humanity.

Oscar Pistorius, the South African sprinter, has recently been the most visible sporting cyborg. Identified as “Blade Runner” or “the fastest man on no legs,” he was born with no fibula bones in his legs. Oscar’s parents decided when he was eleven months old that below-the-knee prosthetic legs and feet would enable him to move more freely, and the surgery was completed in 1987.

As an active, athletic boy, Oscar dreamed of playing elite rugby. Never having experienced a body without prosthetic legs, he did everything his friends did. Through middle school and high school he wrestled and played cricket, rugby, water polo, and tennis. But after he shattered his knee playing rugby in late 2003, his doctor prescribed running as physical therapy. In January 2004 at the age of seventeen he began to train as a sprinter. Two months later he competed in his first 100-meter race, winning a gold medal and setting a world record time of 11.51 seconds in two Paralympic categories: the T44 class for athletes with a “single leg below knee amputation” and the T43 class for “double leg below knee amputation.”

His success in these races led to his competing in the 2004 Paralympic Games in Athens, Greece, where he won a silver medal in the 100-meter and a gold medal in the 200-meter sprint. Overall, he set four world records at those games, and
went on to compete and win in the 2008 and 2012 Paralympic Games.

Team OSSUR has sponsored Pistorius and other record-setting Paralympic sprinters who wear Ossur’s carbon-fiber Flex-Foot Cheetah prosthesis. The Flex-Foot replicates the hind leg of a cat, with a small-profile foot that extends and reaches out to contact the ground while the large thigh muscles pull the body forward. These prosthetic legs return about 95 percent of the energy put into them by the runners’ upper legs. A human lower leg returns about 200 percent of the energy put into them, which OSSUR researchers have taken as a challenge to duplicate the running power of a human leg, a goal that will take some time to achieve.

In 2007, Pistorius began training like an Olympic sprinter in a quest to qualify for the 2008 Olympics in Beijing. However, his quest was foiled when the IAAF, the global governing body for track and field, disqualified him. After reviewing research they had commissioned, the IAAF executive committee concluded that his prosthetic legs gave him an advantage over Olympic runners (IPC, 2008). In a sense, Pistorius was “dis’ed” by the IAAF for being abnormally able.

Pistorius appealed the IAAF decision and asked the International Court of Arbitration for Sport to consider other studies that went beyond the IAAF laboratory tests, which did not assess the carbon-fiber leg in a running situation. He knew from experience that the bladelike legs slowed him at the start of a race, provided poor traction on a wet track, produced rotational forces that were difficult to control, and supplied none of the maneuverability and control supplied by the human leg, ankle, and foot (Longman, 2007a; McHugh, 2007).

After independent researchers conducted further studies, and the international court reviewed the data, the IAAF overturned its ban in May 2008 and ruled that Pistorius was eligible to qualify for the Olympics and participate in other international events (Director, 2008). Although he failed to qualify for the 2008 Olympics in Beijing, Pistorius continued training and qualified to compete in the 2012 Olympic Games in London. He was neither the first athlete with a physical impairment to compete in the Olympics, nor the first to use a prosthetic limb, but his story resonated with people as they followed it through globalized media coverage.
Virtual Bodies and Cyborg Identities

The issues raised by Pistorius and his carbon-fiber legs received massive attention. The image of cyborg athletes, as informed by science fiction action films featuring mechanically and genetically engineered bodies, created moral panic among people worried about altering human nature. At the same time, others used the medical model to imagine the liberating possibilities of bionic body parts that could fix physical impairments, make people better than normal, and be improved over time to even negate the effects of aging.

A visible spokesperson for the bionic dreamers has been Hugh Herr, director of the Biomechatronics Research Group at MIT. Herr became a bilateral amputee at seventeen years old, and his dissatisfaction with painful and poorly designed prosthetics inspired him to obtain a PhD in engineering as he developed innovative prostheses, including for his own lower leg, ankle, and foot. Herr predicts that there will be “extreme interfaces” between soft and hard materials integrated with skin, bone, muscle, and nerves, making prosthetic body parts move naturally with messages delivered from the brain through synthetic nerves (Moss, 2011; Rago, 2013). This prediction aligns Herr with others described as transhumanists, a collection of dreamers and scientists described in the Reflect on Sport box “Nobody’s Perfect: Does That Mean I’m Impaired?”

Sport philosophers and others present arguments for banning prosthetics in sports. They say that the precise contribution of prosthetics to performance may never be known, which may put athletes with a disability at an unfair advantage over those who do not or cannot use such technology. Also, the impact of technology on the design of prostheses is likely to affect athletes’ abilities and unfairly advantage those with the resources to access the most recent innovations (Burkett et al., 2011; Dyer et al., 2010; Marcellinia et al., 2012; Normana and Moolab, 2011; Swartz and Watermeyer, 2008; Treviño, 2013).

The proponents of banning prostheses are up against powerful corporations that will showcase and market their new performance-enhancing technologies through the bodies of athletes in the Paralympics and other disability sport events (Wolbring, 2012a, 2012e). In turn, this will be attractive to amputees who see a possibility for exceeding natural limits
and “evolving faster than the human body” (Wilson, 2012). Popular culture has already introduced this idea in the form of “iron man” exoskeletons that permit unnatural physical feats.

The goal for many amputees is no longer to reach a "natural" level of ability but to exceed it, using whatever cutting-edge technology is available. As this new generation sees it, our tools are evolving faster than the human body, so why obey the limits of mere nature?

**Access to Technology**

We occasionally hear heartening stories about people using assistive devices made of Kevlar, carbon-fiber biologics, and other high-tech materials. For people who compete in the Paralympics, these materials are now used to make light and fast racing wheel chairs, revolutionary running prostheses, racing mono-skis to maneuver down steep mountain slopes, and other assistive devices that extend skills and broaden the experiences through which people can feel joy and accomplishment.

This technology is often seductive when we see it for the first time—so seductive that we may focus on the device and overlook those who might benefit from it. However, as most athletes know, technologies are only as good as the people who use them. And most people with disabilities know that adaptive technologies for sports are prohibitively expensive.

American athlete Diane Cabrera discovered this when cancer took her leg in 2001. A new prosthesis enabled her to walk, but it cost $11,000 and her medical insurance covered only $4000 per year. She spread payments over two years and struggled to find $2200 for additional payments related to diagnostics, fitting, tuning, and maintaining the device. When she needed a new leg socket in 2005 because her original prosthesis no longer fit correctly, she put it off due to cost.

That’s what many people do today when they need prostheses. Whereas standard prostheses may be partially covered by insurance, prosthetic limbs and adaptive devices for sports involve additional costs that must be paid by individuals in nearly all cases. Sport prosthetics require replacement every year or two, and other prosthetic limbs should be replaced every four to six years. Racing wheel chairs can cost $5000 or more, and Kevlar wheels push the cost up even higher. When they are customized for rugby, add
another $1600. Although Oscar Pistorius does not himself pay for his Flex- Foot Cheetah prostheses, they cost $15,000 to $18,000 for each leg, and they must be replaced or refurbished regularly when training full time. Ossur can sponsor only a few runners, which means that it would be very costly for an unsponsored athlete to complete against people like Pistorius in the Paralympics.

Creatively designed equipment permits new forms of sports involvement for people of all ability levels. However, the cost of this equipment puts it out of reach for all but the wealthiest families. *(Source: © Rich Cruse/Photo courtesy of the Challenged Athletes Foundation, http://www.challengedathletes.org)*

The cost of adaptive equipment is a significant barrier to sport participation for many people with physical impairments. Adding further to these constraints is the fact that compared to adults in the general population, U.S. adults with disabilities are *(see http://disabilitycompendium.org and http://disabilitystatistics.org/reports/acs.cfm)*

- Twice as likely to have less than a high school degree
- More than twice as likely to be unemployed
- Three times more likely to live in households making less than $15,000 per year
- Twice as likely to live in households with incomes under or just above the poverty line
- Three times more likely to depend on public subsidy programs
People with disabilities also have higher expenses for daily living and required care. These are the realities of social class and disability in the United States. For young elite athletes, there are a handful of sponsorships available from companies that develop and manufacture prostheses and other adaptive technologies. This enables a select few to bypass resource barriers, but others continue to face formidable barriers in terms of accessing and regularly participating in sports at any level.

Federal government assistance for people with disabilities was cut in 2013, even for recent military veterans. States have not made up for these cuts; charity support is unpredictable and declining; and community programs are scarce, even for people with dependable transportation. Such class-based barriers force many people with disabilities to join Diane Cabrera and “make do right now.”

Nobody’s Perfect: Does That Mean I’m Impaired?

Ableism leads people in different directions. One of the emerging pathways is being charted by transhumanists, who use the medical model as a lens for imagining the future of human bodies.

Transhumanists believe that all bodies can be improved so that people can achieve goals currently out of reach. They claim that we have not taken full advantage of available enhancement procedures and technologies because we cling to outdated beliefs based on religion and cultural traditions—beliefs no longer in sync with twenty-first-century knowledge.

In the case of sports, transhumanists predict that athletes will seek and use various forms of body- and performance-enhancing technologies that are undetectable without monitoring, scanning, and controlling bodies from birth onward. As athletes demonstrate what is possible by using innovative enhancements, they will expand our sense of what is possible in our relationship with the physical world. This process is already under way with corrective lenses for eyes, joint replacements, ligament transfers and replacements, muscle generation, bone grafts, stem cell therapies, and a wide array of surgeries that enable athletes to return to their sports more quickly than ever before and train themselves back to 100 percent.
The credibility of transhumanists is challenged by critics of ableist ideology, by people panicked about turning humans into cyborgs, and by skeptics who say that transhumanists are opportunists who profit by intensifying people’s insecurities about their bodies and then selling them expensive enhancement procedures or technologies.

As you consider the pros and cons of transhumanism, imagine this: You are a top junior soccer player looking forward to signing a professional contract, but during a regional tournament you rupture your ACL. Your club’s orthopedic surgeon says she can repair it to provide stability for walking but not for playing competitive soccer, or she can surgically insert a synthetic ligament that is stronger than the original and perfect for playing soccer. Which one would you choose?

If you choose the synthetic ligament, what would prevent others from having similar surgeries so they could do more intense muscle conditioning to improve their speed and kicking ability? Where and for whom would you draw the line when it comes to such body enhancements? We may find this form of transhumanism to be troubling, but we cannot escape these questions as new technologies are developed. What will happen if no lines are drawn?

**TO “DIS” OR NOT TO “DIS”**

Ability is variable, relational, and contextual: it ranges from low to high, and the meaning of that variation depends on the relationships involved, the tasks being done, and the resources available to accomplish them. When people trust and cooperate with each other, they find ways to utilize everyone’s abilities so that each person makes contributions to the group. Even when tasks require particular combinations of abilities and resources are scarce, abilities are what matter and disabilities are secondary or irrelevant.

Sport teams are perfect examples of this ability complementarity. All team members have different attributes and abilities, and the team’s success depends on finding the best ways to combine those abilities during competitions. This approach eliminates disability, because it does not involve anyone drawing a line between those identified as able and
unable and then assigning them to two mutually exclusive sport participation categories.

The category of “disabled person” or “person with a disability” has become central to obtaining health care, government insurance coverage, academic support, public subsidies, and the identities of people with particular impairments. Therefore, any attempt to change current categorization methods will meet heavy resistance. Many individuals and families know that they could not survive without the help they currently receive due to a disability classification. But there also are the following problems associated with the current system:

- Classifying a person as disabled is based on political agreements and compromises about the types and degrees of impairments required to be defined as officially incapable.
- The category “disabled” has meaning only when distinguished from the category “able-bodied,” and this obscures recognition of the abilities of people with impairments and creates a label that is a barrier to participation in mainstream society.
- An official disability classification system leads many people to assume that an unimpaired body is natural and normal, and that people classified as disabled are subnormal, below average, and less than whole as a human being.
- When people classified as disabled seek equity and full rights of citizenship, people with ableist attitudes see them as wanting “special privileges” and reject their requests.

As long as we use a vocabulary that establishes these contrasting categories, we tend to think, talk, and act in either/or terms, which creates an unequal power relationship and sets into motion social dynamics that undermine inclusion, privilege people in the “able-bodied” category, and marginalize those in the “disabled” category. This fosters social and physical segregation by category, imposes second class citizenship on persons with certain physical and intellectual impairments, encourages their withdrawal from activities, and creates a culture in which everyone spends vast amounts of time and money to eliminate or hide
characteristics and impairments that are relatively common among human beings.

As people use the two opposing ability categories as a basis for developing expectations and organizing social relationships, they overlook the complexity of ability, develop distorted views of ability differences, and do not learn to deal with ability variations in constructive and inclusive ways. At the same time, people who are classified as disabled find it difficult to establish and maintain positive self-esteem and to develop and utilize abilities that would enable them to meaningfully participate in mainstream activities (Nario-Redmond et al., 2013).

This is why many people with physical impairments, including athletes at the Paralympic Games, do not describe themselves as disabled. They identify themselves in terms of what they can do, not in terms of what they cannot do. They organize their lives around their abilities, as most other people do. Most people would say this is a normal way to live, and that creating a category that defines people who live normally as subnormal and disabled is likely to interfere with achieving fairness and equity in society.

At this point in time, rejecting the notion of disability and defending an “anti-dis-ing” position is seen as extreme. However, it also is clear that most people living with an impairment want to be acknowledged for what they can do instead of what they cannot do. If they decide that they do not want to be “dis-d,” they may challenge others with words similar to these: “My body is normal for me. Your belief that my body is the problem simply hides the fact that the real problem is your fantasy-based definition of a ‘normal’ body.”

This approach implies that to be dis’d is counterproductive to development and that achieving a fair and equitable future depends less on knowledge about disability and more on knowledge about whose interests are served by particular ideas and beliefs about age and ability.

Similarly, knowing how people develop ideas and beliefs about what is normal when it comes to bodies, and who benefits from or is disadvantaged by particular conceptions of normal, is crucial for transforming society. Therefore, future discussions should focus on how we can eliminate age- and ability-based barriers to sport participation and achieve forms of inclusion that meet everyone’s needs.
SUMMARY:
ARE AGE AND ABILITY BARRIERS TO PARTICIPATION AND INCLUSION?

Sports and sport participation are closely tied to culturally based ideas and beliefs about ability and the body. These ideas and beliefs impact each of us, because they serve as a baseline for our own definition of “normal.” We experience this impact to different degrees as our abilities and bodies change over time in due to aging and impairments caused by injuries, illness, or chronic disease. Because ability and the body are involved in sports and physical activities, these ideas and beliefs affect rates of sport participation and a society’s provision of opportunities to participate in sports.

Ableist ideology, ageism, and ableism negatively impact sport and physical activity participation among people whose abilities and bodies do not measure up to prevailing or dominant social conceptions of normal. This occurs despite natural physical and intellectual variations among human beings. This is similar to the dynamics of sexism and racism, except that ableist ideology, ageism, and ableism will eventually impact everyone, even those who previously used it to marginalize or disadvantage others.

Ageism accounts for various manifestations of age discrimination. In the case of sports, ageism leads to age-segregated patterns of participation and the provision of participation opportunities. This affects older people negatively because of the widespread belief that playing sports is developmentally important for people not yet “grown up.”

Ableism accounts for the creation of a disability category in society and in sports. People are assigned to this category due to visible or functional characteristics and impairments. This locates them outside of the realm of “the normal” and leads them to be seen by many people as flawed and inferior.

Ideas and beliefs about aging vary over time and from one social world to another, but in societies characterized by rapid social and technological change, being younger is valued over being older. This has turned age into a social and political issue in many societies, especially those in which the average age of the population is increasing and older people are becoming
increasingly powerful in political terms. This is occurring in the United States and other societies in which numerically large cohorts of people born in the years after World War II are in their fifties and sixties—and soon, seventies and eighties.

Because older people have used a disproportionate share of medical care resources in many societies, sports and physical activities have been identified in neoliberal societies as tools that older people must use to stay healthy and cut medical costs. This new focus raises issues related to gender, ethnicity, and social class, because women, first-generation ethnic immigrants, and people with lower income and education often have very low levels of sport participation. Additionally, the cost of participation in private, for-profit programs puts membership out of reach for nearly all people in these categories.

The meaning of ability varies by situation, but it has been defined in many societies in a way that “dis’s”—or classifies as disabled—people perceived as incapable of fully participating in mainstream social and economic life. This turns disability into a social and political category that has significant implications for many people.

The meaning of disability differs depending on the assumptions used when defining it. When assumptions are based on the medical model, impairments are the problem, and “fixing” them through treatment and rehabilitation is the solution. When assumptions are based on the social model, problems rest in a world full of physical and social barriers that could be minimized by responsive designs, education, and political change.

Many people with impairments prefer the social model because it provides them with a strategy for challenging the power of the empire of the normal, where they are seen as subnormal outsiders due to their personal physical or intellectual attributes. The media generally reproduce the norms of the empire as they portray athletes with disabilities as courageous victims or heroic supercrips. These portrayals have begun to change and will continue to change as media personnel develop the vocabulary to take them beyond disabilities into the realm of abilities.

Because of their visibility and cultural importance, sports have become sites at which disability issues are confronted and contested. Processes of ability-related exclusion and
inclusion in sports have become a focus of many governmental and nongovernmental organizations and officials from international to local levels. Belief in the great sport myth has led to policies that foster inclusion based on the assumption that sport participation will change the lives of people with disabilities. Although this has led to some new programs it has not eliminated the social and structural barriers that interfere with a wide range of participation opportunities.

In the face of exclusion or poorly managed and inconvenient sport programs, people with particular disabilities have created their own sport organizations and events to meet their needs and expectations. In other cases, individuals or groups of people have challenged traditions of exclusion through protests and legal actions. As this occurs, the meaning of inclusion has changed and come closer to involving full equity of opportunities. But there is much left to be done.

Disability sports have traditionally been viewed through the lens of the medical model and seen as forms of physical therapy and rehabilitation. As elite athletes with disabilities have attempted to change this approach and be treated like other elite athletes, they have faced resistance from established sport organizations. The IPC, for example, has faced resistance from the IOC, and disability sport events such as the Paralympics receive little support or media coverage compared to other sport events. At the same time, disability sport organizations face their own challenges related to competition classifications according to impairment and potential ability.

The Special Olympics have become a significant global nonprofit organization. With annual revenues approaching $100 million, it provides training and competition opportunities in 170 nations for over 4 million people with an intellectual disability. Because research has indicated that special Olympics programs have not achieved their goal of integrating people with an intellectual disability into mainstream society, the organization has created new programs to emphasize social integration and equity.

The overall legacy of disability sports is now being questioned, because the publicity given to the Paralympics and other elite events has not led to structural changes and
new programs benefiting the vast majority of people with disabilities. In fact, much of the attention in elite events focuses on technologies used by athletes with amputations—a classic example being the carbon-fiber Flex-Foot Cheetah prostheses used by Oscar Pistorius and other record-setting runners.

These technologies have led to discussions and heated debates about turning athletes into cyborgs and about physically engineered bodies. The influence of ableist ideology and ableism has led some people to promote transhumanism, which assumes that all human bodies can and should be improved with technology—a position that incites moral panic among people who fear that this will eventually dehumanize individuals and disrupt the social order.

These debates cool down once people realize the cost of the technologies being used in the Paralympics today and the estimated costs of future technologies. Due to the practical issue of cost, most people with disabilities are not concerned about futuristic prostheses. They don’t see themselves buying exoskeletons so they can perform superhuman feats. More realistically, they hope to see restrooms designed so that they can use toilets without performing gymnastics routines and miraculous wheelchair moves.

Finally, the classifications “able-bodied” and “disabled” have been challenged by people who think into the future and by people with physical impairments who do not consider themselves to be “disabled” and do not want to be dis’d. For them, the problem is not disability, but the way people have constructed their conception of “normal” ability.
Age & ability in sports

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79
Age & ability in sports


Age & ability in sports


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