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# **A brief history of the development of sport for people with disabilities in Europe<sup>1</sup>**

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Howe (2008) claims that on a very basic level the development of sport for people with disabilities, in the Western hemisphere at least, has gone through three broad stages – rehabilitation, participation and high performance sport.

## **Sport and Physical Activity as Rehabilitation**

Guttmann (1976; 14) states that at all times throughout history members of the medical profession involved in the treatment of disabilities have included physical exercise in their treatment, with Depauw and Gavron (1995; 22) claiming that evidence of this can be found in records and drawings representing life in China around 2700BC as well as other examples from early Egyptian, Hindu, Greek and Roman societies. In more recent times the emphasis, in the academic literature at least, has been upon the rehabilitation of the numerous soldiers injured in the First and Second World Wars where the increase in the technology of war designed to kill and the tactics employed in battle, combined with changes in battlefield medicine, meant a far greater number of soldiers were killed or received traumatic disabling injuries. In the First World War soldiers who suffered amputations or loss of sight had sport and physical activity introduced as part of their rehabilitation, but according to Guttmann (1976) the initial enthusiasm for this amongst the disabled, in Germany at least, did not last. According to Bailey (2008; 14) the mortality rates for those who suffered spinal cord injuries in the First World War were very high with approximately 80% failing to survive. This was usually from sepsis of the blood or kidney failure or both. However, after World War II sulfa drugs made spinal cord injury survivable (Brandmeyer & McBee, 1986).

Ludwig Guttman was a German – Jewish neurologist who fled Nazi occupied Germany with his family in 1939 and eventually settled in Oxford, England where he found work at Oxford University. In September 1943 the British Government commissioned Guttmann as the Director of the National Spinal Injuries Unit at the Ministry of Pensions Hospital, Stoke Mandeville, Aylesbury (Lomi et al, 2004). This was mainly to take care of the numerous soldiers and civilians suffering from spinal injuries as a result of the war. Guttmann accepted under the condition that he would be totally independent and that he could apply his philosophy as far as the whole approach to the treatment of those patients was concerned. McCann (1996) claims that Guttmann recognised the physiological and psychological values of sport in the rehabilitation of paraplegic hospital inpatients and so it was that sport was introduced as part of the total rehabilitation programme for patients in the spinal unit. The aim was not only to give hope and a sense of self-worth to the patients, but to change the attitudes of society towards the spinally injured by demonstrating to them that they could not only continue to be useful members of society, but could take part in

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<sup>1</sup> The aim of this introductory chapter is to give a brief overview of the growth and development of sport for people with disabilities in Europe. Given the space available it will not be possible to give much more than highlights, but hopefully enough references are provided to give anyone wanting more details plenty of other resources to consult.

activities and complete tasks most of the non-disabled society would struggle with (Anderson, 2003). Guttman also stressed the need for the activity to be fun otherwise “much of the restorative power of sport is lost if the person with the disability does not enjoy their participation in it” (Brittain & Green, 2012; 246). It should also be noted that sport still plays a major rehabilitation role today, an example being that a number of countries have specific sports-based rehabilitation programmes for injured military personnel. These programmes are also closely linked to those countries Paralympic talent identification programmes (Brittain, 2012<sup>a</sup>)

## **Participation in Sport and Physical Activity**

### *Prior to the 1940s*

There are examples of individuals with disabilities having taken part in sport going back several centuries. Lord Byron (1788-1824) had a congenital foot deformity, but this didn't stop him taking part in rowing, swimming and boxing with some success. Another example includes two one-legged amputees who competed against each other in a walking race during a sports festival at Newmarket Heath, UK using wooden legs in the 1870s (Guttman, 1976; 15). Sainsbury (1998) cites several examples of sports and leisure clubs for the disabled in the early part of this century, including the British Society of One-Armed Golfers (1932) and the ‘Disabled Drivers’ Motor Club (1922). Indeed the first international organisation responsible for a particular impairment group and its involvement in sport – Comité International des Sports des Sourds (CISS) – was set up by a deaf Frenchman, E. Rubens – Alcais, in 1924 with the support of six national sports federations for the deaf. In August 1924 the first International Silent Games was held in Paris with athletes from nine countries in attendance (DePauw & Gavron, 1995). Now called the Deaflympics there are Summer and Winter versions which occur in the year following their Olympic and Paralympic counterparts (Brittain, 2009).

### *Stoke Mandeville Games*

According to Guttman (1952) they started modestly and cautiously at Stoke Mandeville with darts, snooker, punch-ball and skittles. Sometime later the sport of wheelchair polo was introduced. This was perceived a short time later, however, as too rough for all concerned and was replaced by wheelchair netball (Scruton, 1964). This later became what we now know as wheelchair basketball. The next sport to be introduced into the programme at Stoke Mandeville was to play a key role in all areas of Dr Guttman's rehabilitation plans. That sport was archery. According to Guttman archery was of immense value in strengthening, in a very natural way, just those muscles of the upper limbs, shoulders and trunk, on which the paraplegic's well-balanced, upright position depends (Guttman, 1952). However, it was far more than just that. It was one of very few sports that, once proficient, paraplegics could compete on equal terms with their non-disabled counterparts. This led to visits of teams from Stoke Mandeville to a number of non-disabled archery clubs in later years, which were very helpful in breaking down the barriers between the public and the paraplegics. It also meant that once discharged from hospital the paraplegic had an access to society through their local archery club (Guttman, 1952). According to Guttman these experiments were the beginning of a systematic development of

competitive sport for the paralysed as an essential part of their medical rehabilitation and social re-integration (Guttmann, 1976).

The Stoke Mandeville Games, which went on to become the Paralympic Games, began life as an archery demonstration between two teams of Paraplegics from the Ministry of Pensions Hospital at Stoke Mandeville and the Star and Garter Home for Injured War Veterans at Richmond in Surrey. It took place on Thursday, 29<sup>th</sup> July 1948, the exact same day as the opening ceremony for the Games of the Fourteenth Olympiad at Wembley in London less than thirty five miles away. This small event became an annual fixture at Stoke Mandeville growing from one sport and sixteen archers from the UK in 1948 to eleven sports and three hundred and sixty athletes from twenty nations in 1959. The visit of a team from The Netherlands first took the Stoke Mandeville Games onto an international footing in 1952 (Brittain, 2009). Following a meeting at the annual assembly of the World Veterans Federation in 1959 with Dr Maglio from the Spinal Unit in Rome it was decided to hold the 1960 Stoke Mandeville Games in Rome, Italy. These are now officially recognised as the first summer Paralympic Games. After that the Stoke Mandeville Games continued to be held in non-Olympic years at Stoke Mandeville and would travel abroad, although not always to the Olympic host city or nation in Olympic years (Brittain, 2008).

### **Possible early growth mechanisms for the Stoke Mandeville Games and sport for people with disabilities**

There appear to be five possible mechanisms that played key roles in spreading the word regarding the Stoke Mandeville Games and sport for people with disabilities to various corners of the globe:

1. Former patients of Dr Guttmann's were often transferred to other spinal units and took what they had learned about sport, and their enthusiasm for it, with them. Many of them returned year after year to take part in the Games. To a slightly lesser extent doctors and surgeons from all over the world who visited Stoke Mandeville to train under Dr Guttmann often returned home and incorporated sport into their treatment programmes.
2. First published in 1947 'The Cord' contained articles and advice of benefit to paraplegics everywhere and often gave space to reports on the sporting goings on at the hospital. Because practical information of assistance to paraplegics was in short supply copies of this journal often got sent abroad to individuals and organisations carrying news of the Games and Dr Guttmann's rehabilitation methods far and wide.
3. Dr Guttmann travelled extensively around the world and he would often challenge particular key individuals in other countries to bring a team to the Games the following year as was the case with Sir George Bedbrooke at the Royal Perth Hospital on a visit in 1956. Australia sent their first team to Stoke Mandeville the following year (Lockwood & Lockwood, 2007).
4. Right from the very first Games in 1948 Dr Guttmann made sure that high ranking political and social figures and later sports stars and celebrities were present at the Games in order to attract profile and media attention.

5. Dr Guttman made constant comparisons to the Olympic Games in order to i. give his patients something tangible to aim for and to give them a feeling of self-worth and ii. catch the attention of the media and people and organisations involved with paraplegics worldwide.

### **The Inclusion of Sport for other Impairment Groups**

In 1960, recognising the need to organise international sports for disability groups other than paraplegics the International Working Group on Sports for the Disabled was set up under the aegis of the World Veterans Federation whose headquarters is in Paris. Unfortunately, due to language difficulties and differences of opinion the organisation failed and was dissolved in 1964 (Guttman, 1976). In its place the International Sports Organisation for the Disabled (ISOD) was founded at a meeting in Paris in 1964 (Scruton, 1998). ISOD remained under the patronage of the World Veterans Federation until 1967, when it became an independent organisation and its headquarters were transferred to Stoke Mandeville. In the same year the British Limbless Ex-Servicemen's Association (BLESMA) organised the first ever international sports competition for amputees at Stoke Mandeville. Guttman, now Sir Ludwig Guttman after being knighted by the Queen for services to the disabled in 1966, became President of both ISMGF and ISOD and this dual role would play a major part in bringing the disability groups together in one Games. Initially ISOD represented a number of disability groups, but by 1981 both the blind and the cerebral palsied had broken away to form their own international federations. In 2004 ISOD, then representing Amputees and Les Autres merged with the International Stoke Mandeville Wheelchair Sports Federation (ISMWSF) to form the International Wheelchair and Amputee Sports Federation (IWAS).

### **The growth of other Games following the Stoke Mandeville Games model**

As a result of the success of the Stoke Mandeville Games model other Games, either directly or indirectly, sprang up in Europe and other parts of the world. Below are just a few key examples.

*Games in other European Countries:* There are numerous examples of national and international Games similar to those at Stoke Mandeville springing up around Europe in the late 1950s and 1960s including ones in Aardenburg, The Netherlands; Brussels, Belgium and Paris, France, which helped spread the interest and awareness of sport for the disabled throughout Europe.

*Summer Paralympic Games:* As already stated, the first summer Paralympic Games (although not officially called 'Paralympic' Games at the time) were held in Rome in 1960 where 21 nations and 328 athletes participated (Brittain, 2012<sup>b</sup>). Amputees and blind and visually impaired athletes joined the Games in Toronto, Canada in 1976, with cerebral palsied athletes joining in Arnhem, The Netherlands (1980) and Les Autres (literally meaning 'the others') joining in 1984. Athletes with intellectual disabilities officially joined the Paralympic Games in Atlanta, USA (1996) having had their own officially sanctioned Paralympic Games in Madrid in 1992. However, following an eligibility scandal in Sydney, Australia in 2000 intellectually disabled

athletes were banned from the Games<sup>2</sup> for a period before re-joining in London, UK in 2012.

*Commonwealth (Paraplegic) Games:* Although not having any major connection to Europe (other than the obvious British one) these Games did assist with spreading awareness of sport for people with disabilities worldwide. There were four Commonwealth Paraplegic Games held in Perth, Australia (1962), Kingston, Jamaica (1966), Edinburgh, Scotland (1970) and Dunedin, New Zealand (1974). Disability events were then added to the non-disabled Commonwealth Games in Manchester, UK in 2002 and they are currently the only major non-disabled sports event where medals for the disability events actually count towards the overall final medal table (Paralympicanorak, 2013).

*Winter Paralympic Games:* Although there is some evidence of amputee skiing being introduced at the First Tokyo Provisional Army Hospital as early as 1941 (Nakagawa, 1999), the idea for a Winter Paralympic Games was first suggested at the annual general meeting of the International Sports Organisation for the Disabled in 1974. Perhaps unsurprisingly the idea came from the Swedish delegation, a country with a strong winter sports tradition. With less than eighteen months in which to make the necessary arrangements the resulting Games were quite small in size, but hailed a great success nonetheless. These first Games only catered for athletes with amputations or visual impairments. The first six incarnations of the Games all took place in Europe, where winter sports were highly developed and winter sports for athletes with disabilities first began in the nineteen fifties. Athletes with spinal injuries joined the second Games in Geilo, Norway and they were quickly joined by cerebral palsied and Les Autres athletes in Innsbruck, Austria four years later. The Winter Games did not occur at the Olympic host city venues until their fifth incarnation in Tignes-Albertville in 1992, although demonstration events for disability skiing were held at the Sarajevo Winter Olympic Games as early as 1984.

## **High Performance Sport**

The beginning of the move towards high performance sport probably began when the summer Paralympic Games returned to being hosted in the same venues in the same host city and country for the summer Olympic Games in Seoul in 1988. This has continued to be the case ever since, with the sole exception of the Paralympic Games for the intellectually disabled in Madrid (1992). The impact of this link to the Olympic Games cannot be underestimated as figure 2 (below) clearly demonstrates with the almost exponential growth in the number of countries competing in the summer Paralympic Games since 1988. An increasing number of countries and, therefore, athletes competing inevitably led to greater competition for medals and this, in turn, led to an increase in performance standards. This process was also intensified by the Paralympic Movement itself, possibly in an attempt to emulate the Olympic Movement, through the introduction of much stricter rules and regulations on eligibility that were not without controversy (Brittain, 2012<sup>b</sup>). A series of co-operative agreements signed by the International Olympic Committee (IOC) and the International Paralympic Committee (IPC) beginning in 2000 have also played a part in moving the Paralympic Movement closer and closer to the high performance sport

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<sup>2</sup> For more details see Brittain (2009) pages 150-154.

model epitomised by the Olympic Games, as well as professionalising the administrative and organisational structure behind the movement and the Games.

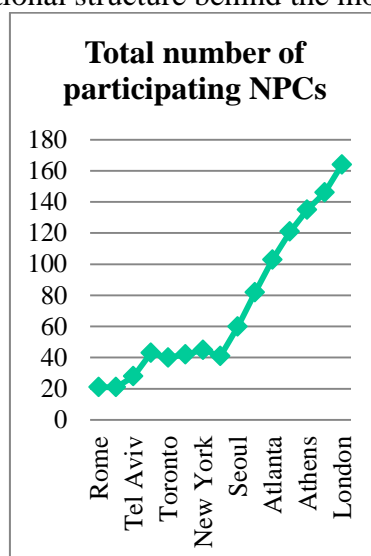


Fig.1 Total number of participating National Paralympic Committees at the summer Paralympic Games (1960 – 2012)

In addition, Oliver (1990) claims that since the fifties an upswing in the economy in Britain led to an increasing concern to provide more services for people with disabilities out of an ever increasing national wealth. That is not to say that social policy with regard to the disabled is purely a matter of economic determinism, although the financial implications of any such policies will play an important regulatory role. Prevalent religious and cultural beliefs within a particular society will also play a part in deciding the impact economics may play in determining whether a particular policy will be implemented or not. It could be argued, therefore, that one possible measure of social and economic success within a particular country is the treatment and social status of minority groups such as the disabled. Given the costs of taking part in and achieving success in an elite sports event for athletes with disabilities such as the Paralympic Games it could also be argued that such participation may be an indicator of how well people with disabilities are regarded within the nation that they represent (Brittain, 2006). This in itself might prompt some countries to ensure they have a presence at a high profile event such as the summer Paralympic Games, but does not of course in itself indicate a highly developed sporting structure for people with disabilities at a national level.

Finally, the London 2012 Paralympic Games, where 4237 athletes from 164 nations (including 15 nations taking part for the first time) competed in 20 sports, achieved unparalleled numbers of spectators and levels of media coverage. However, in order to capitalise upon this growing success and to ensure opportunities for potential Paralympians (as well as any other person with a disability simply interested in taking part in sport at any level) to take part in sport it is vital that the structures are in place to provide these opportunities. This includes coaching staff with the knowledge and expertise to successfully develop sport for people with disabilities at all levels. Hopefully, this book will assist in this process by providing useful information for current and future coaches wanting to get involved in this exciting and challenging area of sport.

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