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## Social Justice through Sport and Exercise Studies: A Manifesto

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Abstract:	This manifesto reimagines social justice in physical cultural studies by renaming, broadening, and building new characterizations of the body, dis/ability, mental health, exercise, social oppression, and sport. We problematize embedded 'myths' in exercise and sports studies scholarship for purposes of informing praxis-based research, and emancipatory practical agendas. These 'myths' include the embodied tragedy myth, the myth of bodily control, the sport for peace/development myth, the exercise is medicine myth, the healthism and exercise myth, the compulsory ablemindedness and exercise myth, and the exercise is cost-effective myth. Using intersecting and diverging theories, we propose new ways of knowing these taken for granted notions to springboard a new, socially just, emancipatory approach to research and practice.

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## Social Justice through Sport and Exercise Studies: A Manifesto<sup>1</sup>

### Proem<sup>2</sup>

Spurred by a specific historical moment, namely the global COVID-19 pandemic and its intersection with ongoing racial injustice in the world, this manifesto is intended to reimagine social justice in realms of sport, exercise and medicine, and other forms of physical culture that have historically dictated specific “correct” bodies or minds; i.e., those that are nondisabled and free of mental illness. Current times of revolution and pandemic (themselves interrelated), highlight gross and persistent disparities/segregation/oppressions that intersect with health, exercise, body culture, and power undercurrents.

Our manifesto is grounded in critique of power by which we mean hegemonic or ideological power, “experiences of power and power relations” as David L. Andrews and colleagues conceptualize in their enduring body of research (Andrews & Silk, 2011, p. 8. See also Andrews, 2002, 2008, 2019; Silk, Bush, & Andrews, 2010; Andrews, Silk, Francombe & Bush, 2013; Newman, Thorpe & Andrews, 2020). Such studies of power/hegemony can be used to critique (as we attempt to do in this essay) prevalent, taken-for-granted, biased and/or simplistic views (what we term ‘myths’) of sport as serving purely positive function in society. Original thought about power, the body, and sport from scholars such as Antonio Gramsci, Michel Foucault, Raymond Williams, John Hargreaves, and Pirkko Markula also ground our

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<sup>1</sup> The m is equally co-authored.

<sup>2</sup> The authors express sincere gratitude to the reviewers of drafts of this manuscript for their insightful criticism and ideas for revision. Furthermore, we acknowledge their suggestion to title this work a “manifesto”. “Manifesto” as label has a long tradition of use in cultural studies (e.g. Marx and Engels, 1848-1872 /2014; Haraway, 1985). We further express our gratefulness to, and acknowledge the influence of, Norman Denzin’s *Qualitative Manifesto: A Call to Arms* (2010). Genuine appreciation also to David L. Andrews canonical body of scholarship on physical culture and power; and to C.L. Cole’s foundational work on sport and culture.

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3 monograph (e.g., Gramsci, 1947/2011; Foucault, 1969, 1977, 1990; Williams, 1978; Hargreaves,  
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5 1986; Markula, 2003, 2014; Markula & Pringle, 2006). Further, key terms discussed by C.L.  
6  
7 Cole, Michael Giardina, and David L. Andrews (2004) in their pioneering writing on Foucault  
8  
9 informed our understanding of the ways and sites in which power operates and is resisted:

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12 panopticism/discipline (liberalism, liberal individual, surveillance, micro-physics of  
13 power, subjection, technology, automatic docility, docile bodies, normalization, dividing  
14 practices, self/other, corporeal identities visible/invisible, violences, prison, soul) and bio-  
15 power/governmentality (repressive hypothesis, truth, bio-politics, power over life,  
16 sexuality, racism, population, biological self-betterment, incitement to discourse, conduct  
17 of conduct, neo-liberalism, citizenship). (Cole, Giardina & Andrews, 2004, p. 208)  
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20  
21 The above terms serve to highlight numerous, intersectional power relations that exist in  
22  
23 our societies. Indeed, dominant ideologies about health, exercise, and the body do not have  
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25 definitive form, “nor are they the exclusive possession of any single agent...; nor is power  
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27 situated in, or generated at any single location or level of social formations... power is diffused  
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29 and circulates throughout the social body (Hargreaves, 1986, pp. 3-4). In this work we discuss  
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31 ideologies of the body and physical activity that permeate academic research in taken-for-granted  
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33 perceptions, a “lived milieu of power... operating at every level of human life...neither abstract  
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35 nor subjective... both limiting and productive... (Andrews & Silk, 2011, pp. 9-10),  
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40 By social justice we mean finding ways to address and change forms of disparities and  
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42 institutionalized discrimination including but not limited to racism, sexism, homophobia,  
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44 mentalism, and ableism. Though every marginalized group is worthy of study, we focus on  
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46 social justice in order to “unpack” selected ideas of physical activity and health. An expanded  
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48 definition of social justice published in a recent important article about social justice research  
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50 agendas in kinesiology is likewise helpful to our work. Harrison et al. define social justice as  
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53 advocacy, agency, and action directed toward (a) correcting inequities in all of America’s  
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55 institutions (e.g., business, education, health/medical, juridical, government) between  
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57 majority (mostly White people in power) and minoritized populations (e.g., African  
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Americans), especially those in poor communities, often minoritized women, and individuals with disabilities; and (b) moving beyond assumption of deficits, building upon strengths, and thus, empowering such marginalized groups for meaningful, sustainable change. (Harrison, Azzarito & Hodge, 2021, p. 227)

### *Essay Origins*

In preparation for a co-authored presentation at a symposium on social justice in exercise psychology (the symposium was cancelled in the first month of the US pandemic lockdown), the varied work of the group aligned under a broad umbrella of reimagining social justice in exercise science. Such reimagining was triggered by intersecting examples of social injustices apparent not only in the US where the authors were based, but globally. Our first draft of the manifesto was completed in the third month of the global COVID-19 pandemic amidst ongoing antiracist and Black Lives Matter movements.<sup>3</sup> In its final form we are at the end of the second year of pandemic. Numerous examples of why social justice matters to the heart of scholarship abound: tense, inaccurate, hyperbolic debates around the teaching of Critical Race Theory in the United States; continuing marginalization and refusal of human rights among disabled populations despite admiration and “inspiration” of disabled athletes in the 2020 Tokyo Paralympics and 2022 Beijing Winter Paralympics; decades of female empowerment seemingly wiped out in days with the reclamation of Taliban rule in

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<sup>2</sup> Sparked by the killing of George Floyd on 25 May 2020 by Minneapolis police, there is unprecedented public and scholarly attention to acknowledge and eradicate centuries of systemic racism and oppression of people of color. Huge ongoing protests and riots in the USA have forced some immediate positive reforms (acknowledging that reforms can have nefarious or complicated motivation). Likewise, activism toward equal human rights and social justice has been felt within sport and exercise fields. In the first week of June 2020 a policy went into effect prohibiting the confederate flag at NASCAR events; and the NFL Commissioner issued a video statement admitting that NFL was wrong for not supporting Black Lives Matter movement (NASCAR Statement on Confederate Flag, 2020; NFL Football Operations, 2020). Other recent examples include the WNBA persistently protesting racial injustice followed by Colin Kaepernick kneeling during the national anthem; and Naomi Osaka wearing the names of people of color killed by police violence on her mask during the 2020 US Open. These events point to the possibilities for sport and exercise to expand its potential to be a platform for and recipient of social justice movements.

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3 Afghanistan; continuing claims that sport (in its myriad of forms) can cure physical and social  
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Afghanistan; continuing claims that sport (in its myriad of forms) can cure physical and social  
ills —these tropes reinforce the need for a fresh paradigm of sport, exercise and health research  
that is underpinned by social justice.

For example, worldwide stay-at-home policies changed the personal and social  
landscapes of sport/physical activity/exercise, and consequently, perhaps, the functions and  
ideologies attached to these by modern and future humans. Further, “reopenings” of society  
without consideration of individuals that are still forced to remain at home (e.g. those with  
immune system disorders or who take immunosuppressants to manage chronic disease) highlight  
increasing equity disparities between privileged (powerful) and oppressed (powerless?) groups.  
If “exercise is medicine” or “sport forges peace” (we criticize these rhetorics within; these  
catchphrases’ programming depended in the past on now revised ways of being in the world),  
then how do sport and exercise et al. now correspond to social cohesion, freedom, and normality  
in our altered world?

An initial exploration of the meaning of social justice in physical culture, as well as  
questioning the *meaning* of physical culture in the face of a global pandemic, guided our  
collaborative creation of this document. We label our treatise a manifesto because we intend it to  
serve as a platform for important theoretical and praxis-based approaches and discussions that  
we hold are not fully recognized or considered in academic or popular understandings of sport,  
the body, exercise science, and physical activity spaces. The manifesto is not all-encompassing  
in that it is not rooted in one specific topic, disciplinary knowledge, theory, or methodology.  
Instead, we mean for it to lay out certain new perspectives and acute nuances connected to social  
justice, to challenge assumptions and their associated myths, and to stimulate the user/reader to  
acutely wonder about exactly how (or even if) society can be transformed for the good. Specific

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3 ‘myths’ of the ‘healthy’ body we attempt to unpack are (i) the embodied tragedy myth and the  
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5 myth of bodily control, (ii) the sport for peace/development myth, (iii) the exercise is medicine  
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7 myth, (iv) the healthism and exercise myth, (v) the compulsory able-mindedness and exercise  
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9 myth, and (vi) the exercise is cost-effective myth and direct thought and practice towards social  
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11 justice. In that way, a critical ableist lens loosely problematizes our manifesto.  
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### 14 15 *(Loose) Theoretical Underpinnings*

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17 Ableism purports that there is an ideal “being”, intersected by dominant traits of gender,  
18  
19 race, sexuality, abledness and class (Campbell, 2009). Through a critical ableist lens, activists  
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21 are allied with each other be they studying dis/ability, gender, race, class, as they work towards  
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23 social justice (what Kafer and others call “coalition building”; Kafer, 2013). We, the authors,  
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25 come from different backgrounds and align to various ways of thinking, but are united in our  
26  
27 pursuit of being allies to the communities we serve through research. Thus, although we view  
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29 our worlds through different frameworks, we participate in the effort to unpack and dismantle  
30  
31 the ideology of ableism (Goodley, 2017) for purposes of social justice in our respective  
32  
33 interdisciplinary fields. In our attempt to rework selected neoliberal understandings of  
34  
35 healthism and exercise, we acknowledge the foundational thought of Alan G. Ingham (e.g.,  
36  
37 Ingham, 1985; Ingham, Chore, & Butt, 2002; Smith & Ingham, 2003) and extend recent work  
38  
39 by Harrison, Azzarito and Hodge (2021) among many other thinkers whose work is cited  
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41 within.  
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### 46 47 *Socially Just Underpinnings*

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49 Cultural-interpretive and science studies related to exercise and sport have long scholarly  
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51 traditions of inquiry centered on social justice. The social justice tradition in exercise and sport-  
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53 studies critiques understandings of power and hegemony, colonialism, biological determinism,  
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3 and body culture. As such, the focus of these areas lends to the confrontation of social injustice  
4 that is apparent among spaces and cultures that embody dominance of one particular, privileged  
5 form, or “majoritarian story” (Mitchell, 2013), be it through aesthetic, ableness, race, gender,  
6 class, sexuality and other such groups. However, despite calls to address social injustice within  
7 exercise/sport studies and related fields (e.g., Schinke & McGannon, 2014; Harrison, Azzarito &  
8 Hodge, 2021), implementation and uptake of this work remains difficult. This is due, in part, to  
9 the lack of a robust focus on the body (as others have argued and as conceptualized below),  
10 which constrains the focus and goals of social justice efforts (e.g., Crawford et. al, 2020, pp. 27-  
11 32, 377-381, 423-429; Frey, Russell & German, 2020; Smith, 2019; Wrench, 2017).  
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### 24 ***Language / Terminology***

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26 To critique the body, sport, exercise, and physical activity and their insertion within  
27 social injustice, it must be recognized that language itself structures our beliefs and values. How  
28 the Global North and West (from where the authors originate) name something (e.g., “exercise is  
29 medicine”; “sport”; “disabled person”) begins a process in which that thing becomes what we  
30 named it. Thus, we are conscious that these categories are in a state of constant flux as they are  
31 socially and culturally constructed. For example, for the purposes of this work we use such  
32 terminology of *disabled person*. This aligns to social relational philosophy that disability is  
33 something socially constructed through oppressive systems in society rather than through  
34 specific injury, illness or impairment. As such, disabled persons are accorded a political social  
35 status that provides a foundation for a social justice lens to address issues of oppression and  
36 exclusion (Goodley, 2017).  
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51 To summarize this proem and the intent of the manifesto: our writing attempts to critique  
52 taken for granted assumptions in sport and exercise studies, and thereby rethink social justice to  
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3 help imagine, renew, or revolutionize sport and exercise. In line with the authors' areas of  
4 expertise, dis/ability, the body, mental health, sport, social oppression, and social justice are  
5 central to this work. We believe that the ideas presented here expand beyond typical rehearsals of  
6 our topics such as undertaken in academic fields of kinesiology, sport management, exercise  
7 science, physical and occupational therapy, sport and exercise psychology, rehabilitation,  
8 physical education, community health, critical disability studies, physical cultural studies, and  
9 the like. Although we trust that within lie epistemological and ontological tools for dismantling  
10 and building anew sport and exercise (an early reviewer of the manuscript described that the  
11 work brings to light "glaring absences" of the physical cultural studies project), this manifesto is  
12 not meant to be a cohesive theoretical frame. It instead highlights emerging facets of knowledge  
13 valuable to exercise and sport studies' scholarship, praxis research, and practical agendas. It  
14 represents an urging to understand these unique aspects of sport and exercise (brokenness, what  
15 is sport, what is exercise, mental health, disability) that must be accounted for in any attempt at  
16 understanding or working towards social justice.

### 35 **Myths in Scholarship**

36  
37 The need for social justice predicates the presence of oppression and privilege (Adams,  
38 2013). Those in a privileged group or social position may be unaware of the existence of a  
39 master narrative of Whiteness, maleness, able-bodiedness etc., and that their lived experiences  
40 and assumptions are very much different from oppressed social groups. To do social justice, we  
41 must problematize and become aware of dominant taken for granted notions that have become  
42 "truths" instead of the hegemonically created social constructions that they are. We term these  
43 taken for granted "truths" as "myths" and intend to problematize their unquestioning presence  
44 within exercise, sport and health and suggest modest recommendations for more socially just  
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3 scholarship towards equity and empowerment. As noted above, we address the following myths  
4  
5 in studies of physical culture across sport, exercise, play, disability, etc.:

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7 • The embodied tragedy myth and the myth of bodily control
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9 • The sport for peace/development myth
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11 • The exercise is medicine myth
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13 • The healthism and exercise myth
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15 • The compulsory ablemindedness and exercise myth
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17 • The exercise is cost-effective myth
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22 In this essay we address these myths using overlapping theories and applications in order to  
23  
24 reimagine social justice in physical culture. We first invite the reader to consider embodiment  
25  
26 through the theoretical position of critical disability studies within exercise science and physical  
27  
28 cultural studies. Matthew Adamson provides new considerations of the myths that underlie the  
29  
30 common idealized approaches to health and the body in these fields. In the second section,  
31  
32 Synthia Sydnor provides a new way to use sport in socially just ways and critiques current utopic  
33  
34 aims related to sport and exercise as vehicles of social justice. The next three sections highlight  
35  
36 the consequences of using idealized notions of bodies and sport/exercise, and present alternative  
37  
38 approaches and their potential for expanding social justice. In the third section, Brynn Adamson  
39  
40 argues that the current frameworks employed for multiple sclerosis (MS) exercise interventions  
41  
42 contribute to a fractured sense of self in which participants struggle to navigate the simultaneous  
43  
44 dis/abled nature of their abilities as the disease progresses. In the fourth section, Emma  
45  
46 Richardson moves the conversation to the physically encultured environment of gyms in order to  
47  
48 address healthism in the realm of exercise and suggests opportunities for better inclusion of  
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50 disabled bodies in those spaces. The final section addressing Caitlin Clarke's work on exercise  
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3 science depression studies calls attention to the limits of exercise interventions targeting mental  
4 health and the potential for reproducing harms for people with mental illness.  
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### 7 **The Unmitigated Tragedy of Disability and the Myth of Bodily Control**

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10 In her chapter “Accessible Futures, Future Coalitions”, Alison Kafer presents a dilemma  
11 within environmental justice of the intertwining of disability as an effect of environmental  
12 pollution and toxicity (2013). She observes that often the narratives within fights for  
13 environmental justice rely on a concept of a “natural” body that is disrupted by unnatural  
14 incursions into the “natural” environment, resulting in disability. This narrative necessarily  
15 frames disability and disabled bodies as “abnormalities” (p. 159), “stories of error or aberration”  
16 (p. 157), deviations from normal that result from these polluting influences. She argues that, in  
17 doing this, these efforts in the end serve to reinforce and perpetuate “cultural assumptions about  
18 the unmitigated tragedy of disability” (p. 159). The theme of sick, broken, and failed bodies  
19 permeates this chapter as she interrogates the ableist assumptions underlying efforts at promoting  
20 environmental justice, abortion of disabled fetuses, and reproductive rights.  
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35 Kafer argues that implicit in this understanding of disability as tragedy is “the assumption  
36 that the meaning of ‘suffering’ or ‘quality of life’ is *self-evident and monolithic*; rather than  
37 using these concepts as if they ‘obviously’ led us to only one conclusion [that disability is an  
38 unmitigated tragedy that must be avoided and eradicated], we could attend instead to their shifts  
39 in meanings across different registers, contexts, or bodies/minds” (2013; p. 168, as discussed in  
40 M. Adamson 2019, emphasis Adamson). In this framing, Kafer shifts the emphasis on bodies to  
41 the more fundamental question regarding the critique of the limited body: what we are really  
42 talking about is what bodies count as *meaningful*. Further, she articulates clearly the need to  
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3 deeply and continually examine the frailties of human embodiment and incorporate them into our  
4 understandings of what a meaningful human life is.  
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7 Susan Wendell illustrates this well: “Only some people know what is at stake when we  
8 contemplate preventing and curing illnesses: not only the relief of suffering, but also, as with  
9 other disabilities, ways of being human” (2001, pp. 31-32). While our intentions are often to  
10 prevent, cure, or alleviate suffering, those intentions are always tied to a question of the erasure  
11 of specific ways of being human. Any ideal body is an erasure of those bodies (or bodily  
12 moments) that are not ideal.  
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21 Much like the material throughout this essay, what Kafer and Wendell ask us to examine  
22 is how our particular theoretical orientations approach the question of bodily suffering and  
23 limitation. How do they frame limited, broken, failed, or disabled bodies? Can such bodily  
24 experiences be readily incorporated into these framings of humanity? Or, do we see these bodies  
25 as broken and senseless; as empty of any meaning or obscured in an intractable confusion and  
26 disorder? Do we see them deficient, limited, incomplete; as deficient perspectives on the human  
27 condition? Or do we see them as necessary, integral, or even vital bodies of human knowledge?  
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37 In her own words:

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Illness is not by definition an evil, but people fear and try to avoid illness because of the suffering it causes. ...[We must acknowledge that] illness is not only suffering. Like living with cerebral palsy or blindness, living with pain, fatigue, nausea, unpredictable abilities, and/or the imminent threat of death creates different *ways of being* that give valuable perspectives on life and the world. (Wendell, 2001, pp. 31-32)

How do our theories situate these particular bodily knowledges? Do they see them at all? Tobin Siebers argues that there is important knowledge “embodied in [disability]” that is vital for those whose bodies are disabled, as well as the societies in which those individuals live (2008, p. 27). “Pain and suffering may sometimes be resources for the epistemological insights” of those who

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3 suffer, insights about the social worlds in which they suffer and about the human condition (p.  
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5 20). However, our tendency to associate the body with “human mortality and fragility ... forces  
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7 a general distrust of the knowledge embodied in it” (p. 26). Do our theories create failed or  
8  
9 broken bodies and then disregard or discount the knowledge embodied in them? What is our  
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11 understanding of suffering and pain, and how is that informing our understanding and trust of  
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13 bodily knowledge?  
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17 Before continuing, some clarification of the terms is in order. Here, the terms broken,  
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19 failed (failure), and limited are employed within the framing context of disability studies’  
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21 critique of ableist notions of the body and human embodiment. Within dominant discourses,  
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23 disabled bodies are seen as (and thus disabled by) broken, failed, malformed, underdeveloped,  
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25 incomplete, and tragic. Such understandings of these types of bodies (and suffering in general)  
26  
27 are discursive formations that establish able-bodiedness as normative, and the suffering body (in  
28  
29 any form) as deviant and deficient. They reinforce a limited view of what counts as human and  
30  
31 hide behind this dehumanizing understanding of human limitation and suffering. Because of  
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33 this, they prevent us from truly engaging with the bodily experiences, knowledges, and  
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35 perspectives that can only be found in people who are embodied in these ways. In this  
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37 Unmitigated Tragedy of Disability section, Matthew Adamson argues that this notion of failure  
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39 and brokenness needs to be reclaimed in order to humanize our theorizing (in medicine, health,  
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41 or cultural studies) and expand our understanding of what bodies count as human bodies and  
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43 what bodily knowledges count as knowledge.  
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50 This tendency can be seen in a number of different ideological myths that underlie and  
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52 guide our approach to health, the body, and its problems. There are many of these myths: the  
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54 myth of the body as it should be versus how it is experienced (Siebers, 2008; Sheets-Johnstone,  
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3 2011); the myth of the able-body (McRuer, 2006); the myth of physical perfection (Kafer, 2013);  
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5 the myth of the importance of outcomes/endpoints over processes (Noonan, 2018); and the myth  
6  
7 of control (Wendell, 1996).  
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10 Wendell's myth of control provides a particularly salient example of this. She defines the  
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12 myth of control as "the belief that it is possible, by means of human actions, to have the bodies  
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14 we want and to avoid illness, disability, and death" (1996, p. 9). Importantly, she argues that  
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16 there exist at least two versions of this myth, each falling on one side of the nature/culture or  
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18 material/discourse divides. On the one hand, we have Western medicine, which professes the  
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20 ability to control nature and within which disabled bodies stand as "constant reminders of the  
21  
22 failures of that process" (p. 63). On the other hand, we have what she calls the "mind-over-body"  
23  
24 version of the myth, which assumes that reason and willpower can overcome and control any  
25  
26 bodily transgression. It is "the idea that I can make my body do anything I really want it to do ...  
27  
28 a childish belief in the omnipotence of what I want" (p. 103). She says that there is a particularly  
29  
30 curious metaphysical aspect to this myth: it discounts the body "as a *cause* of events" (p. 103;  
31  
32 emphasis hers). In each instance, the myth of control serves to prevent the transmission of  
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34 "knowledge about how to live with limited and suffering bodies" (p. 109), a devaluing of these  
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36 human perspectives.  
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42 The significance of this argument is that it brings to light an important criticism of our  
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44 various framings and understandings of the body in research on health, sport, and exercise.  
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46 These understandings in a very real sense are disabling for specific types of bodies (and  
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48 ultimately for all types of bodies). Siebers expresses this very eloquently: our rejection of the  
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50 body and emphasis on the tragedy of broken bodies "tempt[s] us to believe that the body can be  
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52 changed as easily as changing clothes. The ideology of ability stands ready to attack any desire  
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3 to know and to accept the disabled body in its current state” (2008, p. 26). Any body that does  
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5 not readily conform to our discursive/material molding, is attacked, ignored, discounted, or  
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7 erased. In other words, an ideal body is “an *able body* whose condition relies on its  
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9 psychological powers..., a body that the subject *cannot feel*.... The healthy subject is either  
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11 disinterested in its body or in control of [it]” (Siebers, 2008, pp. 76-77). But this begs the  
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13 question: “what sort of body is it that is free to change its shape and location at will, that can  
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15 become anyone and travel anywhere? ... [such a] body is no body at all” (Bordo, 1990, p. 145).  
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19 In short, we often fall into the trap of seeing the materially contingent body as anything  
20  
21 other than broken, failed, senseless, and tragic. The limited body that bleeds, seizes, falls ill,  
22  
23 requires sleep, hungers, fatigues, decays and dies seemingly has no formative role to play in our  
24  
25 theories outside of its annoyance, limitation, or tragedy, or (more importantly) its need for  
26  
27 remedy/intervention. As Sydnor illustrates below in the context of SDP, this represents an  
28  
29 unfortunate and unnecessary limitation on how we frame sport, exercise, human bodies, human  
30  
31 abilities, and health, a perspective upon which we must expand. We strongly align ourselves with  
32  
33 the disability studies critique of any theoretical orientation that does not see, embrace, and value  
34  
35 disability as “[belonging] to the spectrum of human variation” (Siebers, 2008, p. 25). Bodily  
36  
37 limitation, pain, suffering, and material contingency and finitude are essential and deeply  
38  
39 valuable perspectives on being human. Brynn Adamson’s MOVE MS program is a wonderful  
40  
41 example of embracing and promoting such a perspective and approach in the study of health,  
42  
43 sport, and exercise (Adamson, 2018)).  
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49 Because of this, it is important to revisit and reinterpret the notion of brokenness and  
50  
51 failure in terms of the body (Adamson, 2019). Bodies that are limited, disabled, recalcitrant,  
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53 assertive, broken, paralyzed, or “failures” are not tragedies lacking any meaning, sense, or value.  
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3 They are vital perspectives on our social worlds and the human condition. As Kafer suggests, “I  
4 long to hear stories that not only admit limitation, frustration, and failure, but that recognize such  
5 failure as *ground for theory itself*” (2013, p. 141, emphasis mine). In our own work  
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8 with/about/among human bodies, failure and brokenness might be reframed (or *reclaimed*), not  
9  
10 as “the absolute negation of ... life-value” (Noonan, 2018, p. 161), but as crucial components of  
11  
12 humanness at the heart of our efforts. As Richardson suggests below, incorporating a greater  
13  
14 diversity of these perspectives is essential in addressing the inequities of ableism, while also  
15  
16 providing powerful and practical benefits for the disabled community and all types of bodies.  
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21 Sieber’s theorization of “complex embodiment” is a powerful example of such an  
22  
23 approach (2016). Within this theory, he argues that we need to incorporate and develop in our  
24  
25 theories frameworks that firmly set aside the urge to value primarily a bodily ideal or a body  
26  
27 nostalgia and rather “embrace what the body has become and will become relative to the  
28  
29 demands on it, whether environmental, representational, or corporeal” (p. 27). We need theories  
30  
31 in which we can *feel* the body, not which see ideal embodiment as that in which “the able or  
32  
33 healthy body is ... a body that the subject cannot feel” (pp.76-77). Simon Williams, advocating  
34  
35 for a critical realist approach to understanding the body, echoes and further extends this call. He  
36  
37 argues for a return to “our fleshy all-too-human selves”, embracing “the contingencies this  
38  
39 involves, and the carnal link it provides with similarly mortal beings and enmattered selves”  
40  
41 (1999, p. 812). Not only will this allow us to reframe and reincorporate the body into our  
42  
43 theorizing, it will also give us a richer sense of human life, one that can help us embrace human  
44  
45 diversity (including bodily diversity) in a more expansive way. As he notes, “diversity and  
46  
47 difference ... are rooted in real impaired bodies” (p. 811).  
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3 Embodiment understood this way encourages us to begin our work with an emphasis on  
4 bodies that are material, messy, limited, constrained, and broken. It seeks to ground our thinking  
5 about embodied life in ways that embrace its fractured, tragic, and beautiful complexity. It is to  
6 situate our theorizing at “the point where limitation and potential meet” because it is at this place  
7 that we are most truly human.  
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### 14 **The Sport for Peace/Development Myth**

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17 “Sport for Peace”, “Sport and Development”, “Sport for Inclusion” are rhetorical and  
18 romanticized catchphrases which purport that marginalization, isolation, oppression, poverty,  
19 and numerous other hegemonically originated social situations can somehow be ended through  
20 sport. Sport is seemingly a key platform for social justice efforts, from Tommie Smith and John  
21 Carlos’ Black Power Salute in the 1968 Olympics to the adoption of numerous sports in different  
22 countries kneeling before events in protest of police brutality among persons of color, to Raven  
23 Saunders X protest at the 2020 Olympics to acknowledge and celebrate intersectionality. But  
24 why is sport assumed by contemporary humans to be a catalyst for social justice efforts?  
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35 Research and pedagogy in sport connect inquiries of racialization, intersectionality, and  
36 social justice. This social justice scholarship assumes that it is participating in an end-  
37 contribution to common good that will help to heal discriminatory beliefs and practices. While  
38 not implicitly labeled *healing*, such is unaffectedly understood (without elaboration). For  
39 example, in the first weeks of June 2020 anti-racist movements, in the sport segments of local  
40 and national news, sport features as a way to settle unrest and/or melt-away racial divisions.  
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49 Sport (as societal element or phenomenon) is regularly either premised as polluted with  
50 ideologies (e.g., political, commercial, racial) or paradoxically (as in the news sport features) as  
51 key to community-societal healing.  
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3 Social justice studies related to sport overlook the essence of sport, include murky  
4 understandings of the phenomenon, errors in logic about it, and/or romanticized notions of  
5 sport's function. Even sport intellectuals have a tendency to accept what sport sociologist Jay  
6 Coakley brands the "great sport myth". Coakley labels a difficulty to critically see sport-as-  
7 political as part of a "myth" which comprehends sport to be "inherently positive" with "flawed"  
8 individuals and infrastructures which must be "purged from sports so that goodness and purity  
9 will prevail" (Coakley, 2015, p. 11).  
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19 A first (uncritical) wave of sport for peace and development scholarship comprehended  
20 sport as a kind of liberator that reconciles individuals and societies (e.g., "sport can make an  
21 important contribution to public health; universal education; gender equality; poverty reduction;  
22 prevention of HIV and AIDS and other diseases; environmental sustainability as well as peace-  
23 building and conflict resolution" in Beutler, 2008, p. 359; sport "implemented to bridge deep-  
24 rooted socio-political divides" in Burnett, 2015, p. 388; and a 2020 *Social Justice Through Sport  
25 and Exercise Psychology Symposium* forwards sport as "empowering women"; and [offering]  
26 "vocational training for previously incarcerated persons" [Social Justice Through Sport and  
27 Exercise Psychology Symposium Program 2020; see also Serazio, 2019, p. 296; Hughson et al.,  
28 2005]). These archetypes of a continuing realm of scholarship show that sport and exercise are  
29 comprehended as positive entities yet with commercial and ideological faults that can be  
30 restored. Indeed, even in current critically sophisticated waves of study, much of present-day  
31 racial and social justice and Sport for Development and Peace (SDP) work begins with the  
32 assumption that sport mirrors society and we scholars must help to progress sport beyond current  
33 social troubles (e.g., Magee & Jeanes 2011; Darnell, 2012, p. 147; Giulianotti et al., 2016; Trejo,  
34 Attali & Magee 2017; Rossi & Jeanes, 2018, pp. 195-198; Welty Peachey et al., 2018, pp. 768;  
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3 Giulianotti et al., 2019, pp. pp. 412-413; Collison et al., 2016; Collison et al., 2019; Collison et  
4 al., 2020).

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7 Sport in its communication of excellence, movement, the human condition, and sacrifice  
8 of energy may be what is important to the core of what it is to be human (Sartre, 1956; Caillois,  
9 1958/2001; Roberts et al., 1958; James, 1963; Loy, 1968; Bernard, 1972; Geertz, 1972; Ingham &  
10 Loy, 1974; Morford & Clark, 1976; Guttmann, 1978; Suits, 1978; Birrell, 1981; Turner, 1982;  
11 Blanchard & Cheska, 1984; Loy & Hesketh, 1984; Hanna, 1987; Sutton-Smith, 1997; Eichberg,  
12 1998; Wertz, 1999; Ingham, 2000; Szymanski, 2006; Barthes, 2007; Hardy & Loy, 2009; Besnier  
13 & Brownell 2012; Sansone, 1988; Sydnor, 2010, 2015, 2017). For example, the delivery of the  
14 2020 Olympics and Paralympics games despite record numbers of Japanese citizens testing  
15 positive for COVID-19, and the outspoken disapproval by citizens that a sporting event take  
16 priority over people. The Olympics and Paralympics are a prime example of “Sport for Peace”.  
17 In what way then, is this mega event a space for social justice when it is potentially putting  
18 thousands of people at risk? Here we question the underlying motivations of Sport for Peace or  
19 Sport for Development; are such motivations pure or is this hyperbolic, disingenuous rhetoric to  
20 gain some monetary or symbolic capital?  
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40 Continuing with the Olympic Games and Paralympics as examples, bidding cities  
41 oftentimes state that hosting the games will be a catalyst to spur improvements to access,  
42 empowerment of marginalized communities, and pathways to participation of underrepresented  
43 groups such as girls, ethnic minorities and disabled groups (Howe & Silva, 2018; Brown &  
44 Pappous, 2018). The reality, however, is that those oppressed before sporting events remain so at  
45 their conclusion; oppressive infrastructures remain unchanged, the poorest are forcibly evicted to  
46 make room for new stadiums, they cannot afford access to the international events, marginalized  
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3 groups remain forgotten, new sporting arenas are left empty, are too expensive to join, or are  
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5 sold for another use, and larger gaps are created between the privileged and the marginalized  
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7 (Horne, 2018).  
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10 Sport for peace/sport for development are taken-for-granted ideologies that  
11  
12 fundamentally assume that sport in and of itself has the capacity to empower all oppressed  
13  
14 groups, but there are more examples of sport privileging already dominant groups (such as male,  
15  
16 nondisabled, middle classed, heterosexual groups) over others (Harrison, Azzarito & Hodge,  
17  
18 2021). Efforts (including in popular culture and academe) to link sport with social justice (as  
19  
20 well as the joining of patriotism, citizenship, masculinity, morality, nationalism, muscular  
21  
22 Christianity, abstinence, and so forth with sport) are examples of improper sincere directions;  
23  
24 mismeasures that assume a linear progression toward utopic ends (e.g., Sydnor, 2015; Buck-  
25  
26 Morss, 1989). Matthew Adamson's opening section on the unmitigated tragedy of disability  
27  
28 renders this idea in regard to embodiment. "Mismeasures" (e.g., believing that sport will bring  
29  
30 peace to divided peoples, that disability will be cured) give humans hope, so criticism/deflation  
31  
32 of these ideologies (such as by the authors of this manifesto), might appear heartless (e.g., Fagen  
33  
34 & Sydnor, 2012; Sydnor, 2018a). But we argue that in dismantling sport from its pseudo-sincere  
35  
36 directions, sport is connected to multipart "real" philosophies of hope such as that forwarded by  
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38 Martin Beck Matušík:  
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44 The more one delves into hidden and at times dark recesses of the human odyssey, the  
45  
46 more audibly and persistently the beckoning of hope calls ... knowing all along that the  
47  
48 human race cannot heal all wounds of history yet, freed from all pretensions to heroism,  
49  
50 one's faith yields now not just to the deferrals, aporias and paradoxes of, but also to the  
51  
52 exceeding, indeed saturating visitations from impossible hope. (Matušík, 2008, pp. 23,  
53  
54 79. See also Solnit, 2016; Sydnor 2017, p. 6)

55 In the spirit of this manifesto's explication of sport, to paraphrase an influential *New*  
56  
57 *Yorker* essay about climate change (Franzen, 2019), sport and exercise science academics can  
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3 ask “what if we stopped pretending that injustices can be stopped?” (Or that peace and  
4  
5 development can be built through sport?) Sport and exercise science could:

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8 • Understand sport cannot cure humanity (nor does sport need to be restored/fixed as much  
9  
10 sport studies research assumes). Sport *does* place humans next to each other in little acts (in  
11  
12 real time, virtually and/or imaginatively) just as do art, religion, military comradeship, and all  
13  
14 communal activities, but that is as close as humans get to each other. Sport does not fuse  
15  
16 together disparate values and beliefs, and it will not serve to eventually proceed along a  
17  
18 continuum to make social justice. If scholars hold that sport uniquely has the capacity to  
19  
20 forge peace and aid development (e.g., Collison et al., 2016; Jarvie & Houston 2016; Welty-  
21  
22 Peachey et al., 2018; Collison et al., 2019; Giulianotti et al., 2019; Collison et al., 2020;  
23  
24 Svensson, Andersson et al., 2020; Welty-Peachey et al., 2020; Jarvie, 2021) then wide-  
25  
26 ranging research to understand this specific function is necessary.  
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31 • Accept that ritual, symbol, and repetition are good enough; that sincerity and authenticity as  
32  
33 cultural constructions are not humanity’s aim (e.g., Martin, 2007; Seligman et al., 2008).  
34  
35 Consider that sport has an agonistic/competitive nature in modernity only because humans  
36  
37 invented it to take such contest form. Sport does not need to be competitive in its futures--  
38  
39 sport may disappear as it melds with art, music, dance and yet-to-be created urforms.  
40  
41  
42 Academics can forward sport for all involving simple ritual, repetition, and symbol as in the  
43  
44 playful enjoyment of continuous noncompetitive ball volleying/passing/playing catch, poi  
45  
46 and stick activities, parachute activities, new games and virtual play initiatives. Sport and  
47  
48 exercise quickly adapted to accommodate new ways of being in the pandemic that remind of  
49  
50 Michael Eric Dyson’s call for individual reparations, individual actions, and acts of charity in  
51  
52 everyday lives (Dyson, 2017)  
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- From Seligman, Matušík, Mohaghegh, Sydnor, and others, acknowledge (confess?) (e.g., in academic mission statements and administrative guiding philosophies) the fragmentation, brokenness, brutality, suffering of the human condition. Synchronously, “capture the ‘terrible music’ and the ‘quiet radiance’ of contemporary life... see the world anew, as a place where we can—and must—encounter both discord and poetry” (Godfrey, 2020). On the pandemic, Slavoj Žižek advises: “this is not the time to search for some spiritual authenticity... just focus on today” (Žižek, 2020, p. 134). Imani Perry, Professor of African American Studies, Law and Public Affairs, and Gender and Sexuality Studies at Princeton writes,

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Take the time to strip yourself down to the core to the simplest of joys... What if you dream your life and just fill it with connection, grace, and rituals? How would it be? What would it look like? ... It is a ritual of reorientation, a steadying, a sense of grace. It might not be enough but it is something (Perry, 2019, pp. 147, 158).

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- In exercise and sport studies settings in universities, classrooms, gyms, and stadia: create, curate, sponsor memorials, art, poetry, theater, such as The Memorial for Peace and Justice in Montgomery Alabama “conceived with the hope of creating a sober, meaningful site where people can gather and reflect on America’s history of racial inequality....Set on a six-acre site...uses sculpture, art, and design to contextualize racial terror” (The National Memorial for Peace and Justice. n.d.; see also Smith, 2017; *Goshen Resolution*, 2015).
  - Compose letters, resolutions, and/or epistles/manifestos that acknowledge historic wrongs in sport studies and exercise science research and promulgate untried creative and future enterprises recognized as good (e.g., Denzin, 2010; Shenk, 2015). Franzen’s keywords about climate change apply to sport and social justice: “kindness to neighbors... caring... will be essential in a crisis and in whatever society survives it... the future, while undoubtedly worse than the present, might also, in some ways, be better” (Franzen, 2019).

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- Use and value artistic and cultural expression as “ritualized expenditure of energy” (from Sansone, 1988 thesis on the meaning of sport); such can highlight small acts of social justice (e.g., Holloway, 2015; Olsson, 2017; Ten Ways to Fight Hate, 2017; Bonilla-Silva, 2017). In our vocations as Doctor of Philosophy, forthrightly and constantly mix and insert personal and professional lives in communities, families, academic pedagogy, coaching, health-care, research and scholarship-related service.

### 17                   **Exercise for Chronic Disease and Disability: The Exercise as Medicine Myth**

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19                   How is “exercise is medicine” --a growing program and philosophical position among  
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How is “exercise is medicine” --a growing program and philosophical position among researchers and physicians emphasizing the primary role of exercise as preventive and curative treatment for a wide range of health concerns-- in conflict with social justice efforts central in the field of disability studies and disability activism?

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Physical activity and exercise occupy a variety of different roles among disabled populations. Among these roles, sport is used to create heroes and specters out of disabled bodies, i.e. the “supercrip” trope (Chatfield & Cottingham, 2017; Rees, Robinson, & Shields, 2019), exercise is turned into rehabilitation and therapy (Kim, 2017), physical activity is encouraged to promote weight loss in overweight disabled individuals and prevent adverse health conditions such as diabetes and heart disease (Anderson & Heyne, 2010), and exercise generally is encouraged as a means to manage disability-related stigma (Arbour, Latimer, Martin Ginis, & Jung, 2007; McLaughlin & Coleman-Fountain, 2014)

These various roles differ from the contemporary roles of physical activity for the “able-bodied” population (which include the aforementioned roles as well as: to experience competence and autonomy (Burn & Niven, 2019), to experience nature (Calogiuri & Elliott, 2017) , to improve bodily appearance (Fatt, Fardouly, & Rapee, 2019; Mailey, Gasper, &

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3 Dlugonski, 2019), for stress management and revitalization (Mailey, Dlugonski, Hsu, & Segar,  
4 2018), and to induce weight loss (Benau, Plumhoff, & Timko, 2019) among many others. It is  
5  
6 clear that much of the research interest in providing physical access to physical activity  
7  
8 opportunities for disabled populations is motivated by the need to mitigate physical health  
9  
10 problems (i.e. comorbidities including cardiovascular disease, diabetes, and obesity) that are  
11  
12 more likely to occur among inactive adults, and not to provide access to physical activity  
13  
14 regardless of form or motivation. Importantly “Exercise is Medicine” as a whole emphasizes the  
15  
16 primacy of avoiding negative health outcomes through exercise for *all* individuals (able-bodied  
17  
18 and disabled) (ACSM, 2017), and is argued by many to strip exercise of the complex meanings  
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20 and values that motivate many to engage in exercise in the first place (Pullen & Malcolm, 2018;  
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22 O. Williams & Gibson, 2018; T. L. Williams, Hunt, Papatomas, & Smith, 2018). Indeed,  
23  
24 previous research indicates that only stress management and revitalization predict actual exercise  
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26 behavior and autonomous motivation; motivations to exercise to promote good health or prevent  
27  
28 illness is not strongly associated with actual exercise behavior (Segar, Eccles, & Richardson,  
29  
30 2011). Furthermore, as another example, exercise motivations for immediate well-being but not  
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32 health-related reasons predicts exercise behavior in parents (Mailey et al., 2018).  
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40 In this light, we pose the question, what are we providing access *to* when we focus on  
41  
42 providing disabled individuals access to exercise opportunities? Much of exercise promotion  
43  
44 contributes to a structure and ideology that disciplines bodies, eschews aging and bodily decay,  
45  
46 promotes competition, and emphasizes the economic burden of physically inactive individuals,  
47  
48 including inactive individuals with disabilities (Markula, 2003, 2014; Markula & Pringle, 2006).  
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50 Social justice efforts to increase access only to exercise miss the opportunity to reimagine the  
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52 varied roles exercise can play. To explore the implications of exercise promotion for medical  
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3 reasons in a population experiencing disability, Brynn Adamson offers the example of multiple  
4 sclerosis (MS).  
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7 MS is a degenerative neurological disease affecting nearly 1 million individuals in the US  
8 (Wallin et al., 2019). There are four types of MS, with relapsing-remitting MS (RRMS) affecting  
9 roughly 80% of all persons with MS (Confavreux & Vukusic, 2006). RRMS is characterized by  
10 relatively stable periods with no disease activity interspersed with relapses (new or worsening  
11 symptoms). The episodic nature of symptoms in RRMS results in an in-between or liminal  
12 embodiment; situated in-between sick and well states, “able-bodied” and disabled. Because of  
13 this complicated embodiment, disabled *identity* in MS can be informed by notions of cure,  
14 management, and self-care behaviors that are grounded in social expectations of compulsory  
15 able-bodiedness (see (McRuer, 2006; McRuer & Johnson, 2014; Vick, 2013). People with MS  
16 may feel a sense of responsibility to maintain a non-disabled identity/status through self-care  
17 behaviors aimed at minimizing or reversing impairment. Exercise is one such self-care behavior.  
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33 Exercise is often promoted to manage fatigue, improve walking mobility, manage  
34 cognitive and affective symptoms and increase muscle strength etc. – this is in line with MS-  
35 specific physical activity guidelines (Latimer-Cheung et al., 2013). In general, exercise is  
36 becoming increasingly medicalized thus constraining the meanings that exercise can have and  
37 reinforcing a responsible/irresponsible dichotomy for the active or insufficiently active.  
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44 Previous qualitative research among individuals with MS identifies varied roles of  
45 exercise including: to manage MS, enhance self-worth, feel productive, engage socially, prepare  
46 for participation in social events, relax, improve mental well-being. They also expressed several  
47 contradictions: exercise is a source of stress and source of relaxation, exercise prevents relapse  
48 and causes relapse, exercise is energizing and fatiguing, exercise helps them work towards a  
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3 “whole” physical self and contributes to a fractured self-concept. Furthermore, exercise has a  
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5 role in disability identity navigation: exercise is believed to prevent future disability, reverse  
6  
7 current disability, exercise is an experience where inaccessibility and ableism are experienced, it  
8  
9 contributes to disbelief of symptoms by others, and exercise represents a source of loss  
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11 contributing to negative orientation to MS (Adamson, 2018).  
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15 Based on these findings, Adamson proposed a paradigm shift – away from exercise as  
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17 disciplinary (consistent with the Exercise is Medicine model), to exercise as a resource. Exercise  
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19 as *discipline* (current paradigm) is productive, it emphasizes individual responsibility and mind  
20  
21 over matter, results in guilt and shame over inactivity/non-compliance, it views disability as loss,  
22  
23 and the ultimate goal is health and/or fitness. Exercise as *resource* (new paradigm) is creative,  
24  
25 emphasizes social accessibility of exercise opportunities (physically accessible spaces *and*  
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27 socially accessible spaces), would be empowering (in emphasizing autonomy, choice and  
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29 deliberate decisions), would be used as a means to experience disability/impairment differently  
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31 (i.e. a new embodied experience), and consistent with above-mentioned research, exercise as  
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33 resource would emphasize personally meaningful goals rather than constrained goals of health  
34  
35 and fitness (and disability management).  
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40 To implement this paradigm in the context of MS and targeting the interpersonal level of  
41  
42 an ecological model framework, Adamson developed a group exercise program for individuals  
43  
44 with MS. This program, MOVE MS, seeks to foster disability identity navigation through  
45  
46 education, disability-conscious language, social support, autonomy and peer-delivery and  
47  
48 addresses the most common barriers to exercise in this population – especially physical and  
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50 social inaccessibility of exercise spaces. MOVE MS provides a social environment to navigate  
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52 an identity as disabled, a program that increases exercise self-efficacy and experiences with  
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3 many forms of movement to enhance autonomy and enjoyment of exercise. The intention of this  
4 program is to provide exercise experiences that improve wellbeing *during* the classes, and do not  
5 focus on prevention of disability progression.  
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10 In short, a new exercise paradigm would mirror Sydnor's statement that  
11 [exercise/movement] is a ritual innate to humankind, but it cannot cure [bodies]. When exercise  
12 science focuses on the curative or therapeutic benefits of exercise alone in reference to disabled  
13 bodies, violence to those bodies and those identities is wrought (Kim, 2017). No amount of  
14 physical *access* to this structure can "cure" disability. Rather, the categories of able-bodied and  
15 disabled will be further reified and values of those who "take advantage" of increased access to  
16 therapeutic or medicinal exercise will further reinforce individual responsibility for prevention of  
17 negative health or impairment consequences.  
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28 To conclude this section, individuals with chronic disease and disability inhabit a  
29 devalued status. When healthcare providers, public health workers, industries (fitness, healthcare  
30 and otherwise) encourage self-care (e.g. exercise and physical activity) behaviors, there is often a  
31 devaluing of the individual as they currently are; a sense that the individual is responsible for  
32 their current state or at least responsible for getting better – a return to the Health Imperative  
33 (Rail & Jette 2015). This occurs in a context where self-care behaviors are often inaccessible  
34 which makes the burden of responsibility for their improvement even greater. Social justice  
35 efforts to increase access to exercise opportunities can and should *also* seek to understand how  
36 individuals perceive and internalize these messages, how to present alternative messages that do  
37 not contribute to ableism and compulsory ablebodiedness (McRuer 2010), and to provide access  
38 to opportunities for social engagement (more on this and the concept of healthism is discussed in  
39 Richardson's essay pertaining to challenging dis/ableism in the gym). Providing access to  
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3 exercise as the ultimate goal of social justice efforts in exercise psychology will reify  
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5 medicalized and therapeutic messages of compulsory ablebodiedness for individuals inhabiting  
6  
7 an (un)ambiguously disabled embodiment.  
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10 Instead, exercise researchers, programmers, healthcare providers etc. need to expand  
11  
12 understandings of *access* that resist continued emphasis on the curative components of exercise  
13  
14 and making spaces “*technically accessible*” (Adamson, Kinnett-Hopkins, Sebastião, & Athari  
15  
16 Anaraki, 2020.). Instead, with a paradigm that focuses on exercise as *resource*, this community  
17  
18 in connection with disabled individuals can provide opportunity for what Mia Mingus calls  
19  
20 “*Access Intimacy*”.  
21  
22

23  
24 Access intimacy is that elusive, hard to describe feeling when someone else “gets” your  
25  
26 access needs. The kind of eerie comfort that your disabled self feels with someone on a  
27  
28 purely access level. ..It could also be the way your body relaxes and opens up with  
29  
30 someone when all your access needs are being met. It is not dependent on someone  
31  
32 having a political understanding of disability, ableism or access. (Mingus, 2011, para. 4).

33  
34 It challenges able bodied supremacy by valuing disability—not running from disability—  
35  
36 but moving towards it. It asserts that there is value in disabled people’s lived experiences.  
37  
38 In this way, it reframes both how and where solidarity can be practiced. Access intimacy  
39  
40 is shared work by all people involved, it is no longer the familiar story of disabled people  
41  
42 having to do all the work to build the conversations and piece together the relationship  
43  
44 and trust that we know we need for access—that we know we need in order to survive.  
45  
46 (Mingus, 2017, para. 20)(Mingus, 2017, Para 19-20)

47  
48 For exercise to have a role in social justice for disabled people, it *must* value disability. Access to  
49  
50 exercise cannot serve the goal of disappearing disability and impairment. If that is the goal of  
51  
52 access to exercise, it is *not* about social justice. Mingus invites us to reframe where solidarity can  
53  
54 be practiced. Instead of ensuring disabled people simply have access to therapeutic and  
55  
56 medicinal exercise, we can work with this community to understand how movement can be a  
57  
58 resource and cultivate *access intimacy* in our programming, research and community efforts.  
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3 “Inclusion is not a strategy to help people fit into the systems and structures which exist  
4 in our societies; it is about transforming those systems and structures to make it better for  
5 everyone.” -Diane Richler, Past President, Inclusion International.  
6

### 7 **Social (in)Justice in the Gym: Dismantling Disablism and the Healthism Myth**

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10 For persons with physical impairments, exercise is essential for improvement and  
11 maintenance of health, wellness and quality of life (Martin Ginis, Jorgensen, & Stapleton, 2012).  
12  
13 Access to exercise opportunities, however, are particularly problematic for this population due to  
14  
15 environmental, cultural and societal barriers (Richardson, Smith, & Papathomas, 2016). Take,  
16  
17 for example, the gym. For persons with impairments, “the gym” may be an ideal space to  
18  
19 exercise as it is a controlled environment with specialized equipment, health and safety  
20  
21 regulations, and qualified instructors (Sassatelli, 2010). Moreover, for people with acquired  
22  
23 physical impairments, the gym is a meaningful and familiar space as in-patient physical  
24  
25 rehabilitation takes place in a rehabilitation gym (Williams, Smith & Papathomas, 2014), which  
26  
27 can prepare individuals for integration back into society, and lay the foundation for long term  
28  
29 exercise behavior (Day & Wadey, 2016). In a non-rehabilitative context, however, “the gym” is a  
30  
31 space perceived to openly discriminate and exclude disabled people.  
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38 This is not the case for each gym, however at its essence, “the gym” is a space where  
39  
40 ableism is weaved into the sociocultural fabric. Ableism frames images, policy and practices as if  
41  
42 all people are “able-bodied” (Campbell, 2009) and portrays a standard of physical being that is  
43  
44 not only accepted but expected, and rejects variation from this norm (Wolbring, 2008). In  
45  
46 context, the gym sells itself as a space where the toned, aesthetic, muscular body can be crafted  
47  
48 through hard work and physical labor (Neville & Gorman, 2016). This “fit” body image is  
49  
50 reproduced through images, discourse, and the bodies and actions of gym employees (Harvey,  
51  
52 Vacchani, & Williams, 2013); those that do not match this image do not “fit” according to ableist  
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3 gym values (Crossley, 2006). As such, ableism excludes and discriminates the disabled body  
4  
5 (Loja, Costa, Hughes & Menzes. 2013). Linking strongly to ableism – and Brynn Adamson’s  
6  
7 exploration of “exercise is medicine”, as well as Caitlin Clarke’s problematization of exercise  
8  
9 interventions – is the neoliberal global imperative of “healthism”, which in contemporary times  
10  
11 refers to the construction and reinforcement of certain practices and ways of being “healthy”  
12  
13 promoted through health and fitness industry. Healthism perpetuates areas, such as gyms, as  
14  
15 health commodities and as necessary pursuits for responsible citizens to be take ownership of  
16  
17 their wellbeing, make personal choices regarding their health and take a moral stance on  
18  
19 sedentary and obesity related illnesses (Harrison, Azzarito & Hodge, 2021). In doing so,  
20  
21 however, this concept obscures issues of exclusion, privilege, and social inequalities in relation  
22  
23 to maintaining health. Further, healthism is a dominantly Western trend and values sameness,  
24  
25 competition, self-control, and self-discipline (Berry, 2017). Thus, even if an individual engages  
26  
27 in healthy lifestyle choice, any person living a different narrative of health is still excluded. The  
28  
29 intersection of ableism and healthism in a space like the gym can result in various forms of  
30  
31 oppression and discriminatory practices.  
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38 The *experience* of these exclusory and discriminatory practices and its resulting *effects*  
39  
40 can be further expanded through the concept of disablism; in other words, the *social oppression*  
41  
42 that disabled people are subject to due to ableist practices and attitudes (Goodley, 2016).  
43

44 Disablism arises in two forms; indirect psychoemotional disablism relating to structural barriers  
45  
46 and exclusory messages these send, and direct psychoemotional disablism pertaining to negative  
47  
48 relationships and interactions a disabled individual has with others (Thomas, 2007; Reeve,  
49  
50 2012). Disablism in the gym is apparent in numerous ways. *Indirectly*, structural barriers such as  
51  
52 lack of access, unsuitable equipment and facilities (Dickson, Ward, O’Brien, Allan, &  
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3 O'Connell) do more than bar entry and participation to the gym, but act as landscapes of  
4 exclusion (Kitchin, 1998) sending messages that disabled people are not wanted and do not  
5 belong. *Directly*, negative interactions with members and staff such as being stared at, ignored,  
6 and laughed at can leave disabled people feeling intimidated, hurt, excluded, and upset (Reeves,  
7 2006). Though inherently a negative experience for disabled persons, positioning the exclusion  
8 of disabled people in the gym as a form of social oppression does provide a platform and  
9 opportunity for social justice.

10  
11  
12 Over the past 4 years, Richardson has focused on potential ways to dismantle disablism  
13 in the gym. Her work encompasses qualitative explorations with disabled persons, disabled  
14 instructors and able-bodied instructors working within franchise gyms, leisure centers,  
15 community centers, and adapted rehabilitation centers in the United Kingdom (UK) and the  
16 United States (US). In the next section, she consolidates her work to highlight some different  
17 occurrences of social injustices in the gym, the myth of healthism as one way of being, proposes  
18 some ways to address these injustices, and also critiques these suggestions highlighting the  
19 expansive, complex effort that is required to improve inclusion of disabled persons within the  
20 gym. These suggestions are not an exhaustive list, but she hopes a modest starting point for  
21 critical thought and dialogue regarding praxis of inclusion within exercise spaces.

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23  
24 Four key ways that have the potential to dismantle disablism in the gym are 1)  
25 amplifying relatable gym narratives, 2) employing disabled instructors, 3) recruiting allies, and  
26 4) creating inclusive spaces.

### 27 ***Amplifying Relatable Gym Narratives***

28  
29  
30 Social justice advocates have warned against master narratives of health as such  
31 dominant stories exclude and invalidate other ways of being, particularly regarding disabled

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2  
3 bodies (Azzarito, 2019). Within the gym, there is an apparent majoritarian storytelling –overt or  
4  
5 covert messages promoting hegemonic values – (Mitchell, 2013) that tells a story of  
6  
7 musculature, physical aesthetic, and ableism (Neville & Gorman, 2016). Communicated through  
8  
9 images, advertisements, and other forms of media, this is the first exclusory message that  
10  
11 disabled people receive and the first instance of social injustice. As Wendell (1996) stated,  
12  
13 ableism can be disestablished when someone shows the *equal value* of different ways of being  
14  
15 and legitimizes *difference from the norm* (emphasis inserted by Richardson). In other words, by  
16  
17 challenging cultural, ableist norms through various presentations of the physical body and  
18  
19 amplifying narratives of “good health” that allow disabled people to see themselves in the gym  
20  
21 (e.g., exercising for function, quality of life, stress relief, enjoyment, pleasure), rather than  
22  
23 messages of *exclusion*, the gym promotes messages of *inclusion*.  
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28 To dismantle this first dis/ableist message, we must expand and amplify relatable and  
29  
30 inclusive narratives of disabled people exercising in the gym (Smith, Bundon, & Best, 2016;  
31  
32 Richardson et al., 2016). This can be done through pictures, advertisements, videos, testimonies  
33  
34 and other forms of communicative media showing disabled people successfully working out in  
35  
36 the gym, akin to any other person. By sharing images and the presence of bodies “other” to  
37  
38 ableism, other bodies may be normalized in this space; presence is power. Moreover, testimonies  
39  
40 of *why* disabled people exercise in the gym such as for function, pain relief, enjoyment, or  
41  
42 pleasure also amplifies narratives of inclusion that expand narratives of inclusion from one  
43  
44 “accepted” narrative of muscular and aesthetic, to many narratives encompassing most  
45  
46 individuals’ reasons for exercise. In such a way, healthism can also be resisted as previously  
47  
48 marginalized stories and ways of being healthy take a more centered space and can be viewed as  
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50 legitimate and valid. In the words of Azzarito (2019), bringing diverse views from the  
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3 marginalized to be the focus means honoring different stories, multiple identities, disability  
4  
5 inclusion and can be the first step to a socially just exercise agenda.  
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7  
8         However, while disabled bodies, images and inclusive discourse begin to dismantle the  
9  
10 dis/ableist perception that there is one accepted corporeal form, there is a danger of disability  
11  
12 gym narratives, rather than promoting enjoyment and health, aligning to a disablist “supercrip”  
13  
14 narrative that positions athletic elitism as the only acceptable way to be disabled in the gym,  
15  
16 resulting in further exclusion of the majority of the disabled population (Silva & Howe, 2012).  
17  
18 There may also be a danger of exercise becoming a source of guilt and shame as explained by  
19  
20 Brynn Adamson. Also, there is still a gap regarding instructors being able to serve disabled  
21  
22 members in a way that meets their needs and desires of gym use. Gym instructors’ inability to  
23  
24 adapt and serve disabled members is another way disablism in the gym is apparent. Images and  
25  
26 discourse provide but a shallow meaning of inclusion if practice within the gym is left wanting.  
27  
28 So, we need to...  
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### 32 33 ***Employ Disabled Instructors*** 34

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36         Within the gym, healthist, ableist discourses and images are also reproduced through  
37  
38 the bodies of gym instructors (Harvey et al., 2013). Moreover, nondisabled instructors can be a  
39  
40 main source of direct psychoemotional disablism and may be untrained and unable to assist  
41  
42 disabled clients in their health goals (Richardson et al., 2016). A way to dismantle this particular  
43  
44 source of disablism is through crossing the boundary between disability and instructor through  
45  
46 disabled gym instructors.  
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49  
50         Disabled gym instructors are powerful disability advocates in the gym through  
51  
52 improving inclusion, service, and education of disability. Richardson, Smith, & Papatomas  
53  
54 (2017) concluded the presence and impact of these specialized individuals contributed to social  
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3 justice in multiple ways. First, their personal lived experience and position of power allowed  
4 them to improve the inclusion of the gym by (i) informing managers and directors *how* to  
5 construct a more accessible built environment, (ii) embodying and portraying an alternate, but  
6 accepted, way of being within the gym, and (iii) amplifying narratives of health disabled people  
7 could relate to. Second, relationships with disabled clients were enhanced through (i) relatable  
8 corporeal experiences, (ii) instilling a sense of camaraderie, and (iii) providing an aspirational  
9 self. Third, their personal understanding of disability and combined training and expertise in  
10 exercise enhanced applied practice and service of disabled clients through (i) creativity of  
11 training and (ii) supporting non-disabled instructors. Thus, hiring disabled gym instructors is an  
12 effective way to do social justice in the gym.  
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26 However, qualified disabled instructors are few and far between, especially considering  
27 the huge number of gyms that are in existence, and the lack of training opportunities to gain such  
28 qualifications. Also, though a disabled gym instructor does have some power *informing* best  
29 practice for inclusion in the gym, higher levels of management and direction that really have the  
30 power to improve inclusive policy and practice in gyms are dominantly “able-bodied”. So, we  
31 need to...  
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### 40 ***Recruit Allies***

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42 Social justice allies are members of the dominant social group (in this case able-bodied  
43 instructors, directors, managers etc.) who work to end the system of oppression that gives them  
44 power and privilege over other groups (in this case disabled persons) (Broido, 2000). By  
45 recruiting nondisabled allies in the fight for equity and inclusion in the gym, there are more  
46 opportunities to improve policy, practice and legislation within the gym. Until equity is realized,  
47 allies are essential for the journey to empowerment and liberation through the establishment of  
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3 equitable access within society's systems (Adams et al., 2000). It is essential that allies recognize  
4 they work *with* and *for* disabled community as equal partners. United with allies, we have more  
5 power and influence to challenge disablism in exercise spaces.  
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10 However, it is very difficult to change the culture of gyms steeped in ableist practices.  
11 Moreover, many gyms (particularly franchise gyms) align strongly to healthism and focus on  
12 consumerism and profit. Priority is therefore on more members and not on advocacy. Thus, allies  
13 within disabled exercise spaces are a minority, and changing already established norms is a long  
14 and arduous process. So, we need to...

### 21 ***Create Inclusive Spaces***

22  
23  
24 There is increasing recognition for the need to build fully adaptive fitness centers  
25 (Nikolajsen et al., 2021). The Lakeshore Foundation in Birmingham, Alabama is a community-  
26 based rehabilitation center whose mission is to enable persons with physical impairments and  
27 chronic health conditions to lead healthy, active, and independent lives (Smith & Williams,  
28 2013). Taking this center as a case study, it can be used as a model to inform and shape fitness  
29 centers that aspire to be fully inclusive. From a members' perspective, exercise in this space  
30 meant (i) full inclusion, (ii) bodily acceptance, (iii) personal progress, (iv) building and forming  
31 a family, (v) purpose, and (vi) enhanced wellbeing (Richardson & Motl, 2019a). This shows the  
32 power of an inclusive space.  
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45 The persons who created this space were dominantly nondisabled advocates and  
46 perceived the embedded inclusion of Lakeshore was created through (i) the provision of multiple  
47 relatable narratives of physical activity, (ii) facilitating members exercise desires, (iii)  
48 consideration of multiple levels of inclusion and the power of inclusive messages, and (iv) the  
49 necessity of staff motivated by altruism and advocacy (Richardson & Motl, 2019b).  
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3 Much work is left to be done regarding improving the inclusion of disabled persons in the  
4 gym but viewing social justice in the gym through a lens of disablism allows us to see where  
5 oppression lies and move us to action in order to address these injustices. To promote inclusion  
6 in the gym and begin dismantling healthism and disablism we recommend (as a starting point):  
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- 12 • Amplifying multiple narratives of physical activity and exercise
- 13
- 14 • Drawing upon and hiring experts of disability and exercise (such as disabled gym  
15 instructors) to enhance and improve inclusive practice
- 16
- 17 • Able-bodied instructors, directors and managers adopting the role of allies and advocates
- 18
- 19 • Recognizing and addressing multiple levels of inclusion and the powerful messages  
20 inclusion sends.  
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26 These suggestions are but four ways to dismantle disablism and social injustice within  
27 exercise settings; they will not be ideal for every situation and the necessity for inclusion must go  
28 far beyond what is suggested here. It is, however, a start.  
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### 33 **The Limits of Exercise Interventions: The Exercise is Cost-Effective Myth**

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35 Within exercise psychology, depression is one of the most heavily researched health  
36 issues in contemporary research (Biddle, Mutrie & Gorely, 2015). As a field, we are convinced  
37 that exercise is effective at improving mental health such that some claim those with criticisms  
38 simply do not properly understand depression and/or exercise interventions and encourage us to  
39 advocate for exercise regardless of mental health outcome due to the overwhelming evidence of  
40 the other health benefits accrued by regular exercise and physical activity (Biddle, Mutrie &  
41 Gorely, 2015; Lavalley et al., 2012). Yet, as Synthia Sydnor's work outlines above and  
42 elsewhere (Sydnor, 2015), what constitutes the entities we call sport, exercise, and physical  
43 activity frequently remain static and unquestioned. Brynn Adamson's work on MS and Emma  
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3 Richardson's work on adaptive gyms are further demonstration of the need to reconsider what  
4 we mean when we use such terms. Who do we mean to include, or unintentionally exclude, in  
5 using physical activity and exercise interventions? Caitlin Clarke's work on exercise  
6 interventions for depression offer further insight into ways we may consider this question of  
7 what constitutes physical activity and who we believe are most in need of PA interventions  
8 (Clarke, 2019, 2021).  
9

10  
11 While Clarke tends to agree that exercise and physical activity clearly provides some  
12 mental health benefits for some people, she also finds such claims rooted in an apparent lack of  
13 consideration of a lengthy history of mental illness (Radden, 2000; Ehrenberg, 2010; Lawlor,  
14 2012) and the associated sociological research (Horwitz & Wakefield, 2007; Martin, 2007;  
15 Lakoff, 2008; Dumit, 2012; Karp, 2017; Mendenhall, 2012; Mendenhall, 2016). The absence of  
16 such literature could be a result of a variety of factors that exercise science researchers are  
17 currently not able to isolate.  
18

19  
20 Thus, instead of seeking to dive into one scholar, research group, journal, institution,  
21 conference, etc., Clarke seeks instead to offer some considerations for the consequences of  
22 continuing to promote "exercise anyway" without a critically self-reflexive lens. There appear to  
23 be two primary potential consequences. First, there is the issue of the "inequality paradox"  
24 (Williams & Gibson, 2017; Frohlich & Potvin, 2008), meaning that all too often health  
25 interventions aid socially advantaged groups in becoming healthier while either not aiding  
26 socially disadvantaged groups to the extent anticipated and/or further exacerbating the original  
27 disparity between groups. Second, there is potential for creating structural violence (Farmer et al.  
28 2006) via uncritical design and implementation of exercise intervention programs. When  
29 describing structural violence, Paul Farmer explains,  
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3 The term “structural violence” is one way of describing social arrangements that put  
4 individuals and populations in harm’s way. The arrangements are structural because they  
5 are embedded in the political and economic organization of our social world; they are  
6 violent because they cause injury to people (typically, not those responsible for  
7 perpetuating such inequalities). With few exceptions, clinicians are not trained to  
8 understand such social forces, nor are we trained to alter them. (Farmer et al., 2006,  
9 p.1686)  
10  
11

12 Apart from Williams & Gibson (2017), few have considered the inequality paradox in the  
13 context of exercise interventions and instead tend to consider other global health interventions  
14 (Kotsila & Saravanan, 2017; Singer et al., 2017; Maju et al., 2019). However, these authors and  
15 others from the special issue of *Qualitative Research in Sport, Exercise and Health* (2018),  
16 clearly outline the ways in which exercise interventions provide benefits for some but not all  
17 (Williams & Gibson, 2018). To date, none have considered the issue of the inequality paradox or  
18 the issue of structural violence in the context of exercise interventions for mental health  
19 specifically. We suggest that a reconsideration of mental health interventions in exercise and  
20 sport psychology are a crucial opportunity to better address social and structural inequalities and  
21 advocate for social justice.  
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35 To do so, we must first consider who the people are who most often suffer from poor  
36 mental health, and depression specifically. For example, while the World Health Organization  
37 often claims that between 350-400 million people worldwide suffer from depression it is often  
38 unclear who those people are. When considering the United States more specifically, the  
39 National Center for Health Statistics Data Brief claims that 7.6% of Americans aged 12 and over  
40 suffer from depression and that it most often affects women between 40-59 and people living  
41 below the poverty line - this group was 2.5 times more likely to have depression (Pratt & Brody  
42 2014). A closer examination of this data brief highlights that it is not just women and people  
43 living in poverty but specifically people of color living in poverty. When taken together with  
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3 other sources highlighting the high prevalence rates of mental illness in the poor and homeless  
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5 (Pratt & Brody, 2014; Magee & Jeanes, 2011; Trejo Attali & Magee, 2017; HUD 2010; NAMI  
6  
7 2020) and those who have clearly documented the negative physical and mental health impacts  
8  
9 of experiences of racism (Geronimus et al., 2006; Brown, 2008; Thoits, 2010; Williams &  
10  
11 Sternthal, 2010; Williams, 2018) it is both surprising and concerning that there is such an  
12  
13 absence in the exercise and sport psychology research. As well, something that both the NCHS  
14  
15 Data Brief and our field should consider is the negative impact of discrimination against LGBTQ  
16  
17 groups – something else that has been well documented by both social scientists and nonprofit  
18  
19 groups alike (Russell & Fish, 2016; Hart et al., 2019; NAMI, 2019). In stark contrast, exercise  
20  
21 science research on depression tends not to report demographic data beyond age and sex,  
22  
23 especially in meta-analyses, making any nuanced interpretations with the above concerns more  
24  
25 difficult.  
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30  
31 Messner & Solomon (1993) have long encouraged sport sociologists to always consider  
32  
33 what is “outside of the frame” and attempt to consider the implications of not including the  
34  
35 things that are outside the frame. In this case, we must acknowledge and grapple with the fact  
36  
37 that the majority of exercise intervention research participants appear to be middle class and  
38  
39 white if only due to this being generally common for university-based research (Prescott, 2002).  
40  
41 What this means, then, is that research focused on exercise interventions for depression are not  
42  
43 clearly addressing the groups who most often suffer from depression. Furthermore, such an  
44  
45 omission makes it impossible for such intervention research to adequately consider the social  
46  
47 factors that impact and exacerbate depression for low SES groups, people of color, and LGBTQ  
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49 groups.  
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3 For example, in the current moment of the COVID-19 pandemic, multiple news sources  
4 including some written by exercise science researchers have suggested that at-home exercise  
5 programs can help improve mental health during quarantine and while practicing physical  
6 distancing measures (Ducharme, 2020; Huang, 2020; Hoerster & Rosenberg, 2020). While this  
7 recommendation is likely useful for at least some people, it is far from able to accommodate for  
8 larger social and structural problems facing citizens in the Detroit, Michigan, area who have  
9 suffered from water shut-offs related to struggles paying plumbing repairs and associated utility  
10 bills (Lakhani 2020; Einhorn 2020). Exercising will not bring back the water which these  
11 citizens need in order to follow CDC and WHO guidelines for handwashing as a preventive  
12 measure against COVID-19. However, pandemics are not the only instance in which exercise  
13 interventions are limited in their capacity to reduce depressive symptoms, particularly when the  
14 intervention does not specifically address social factors such as discrimination or structural  
15 barriers such as having safe, well-lit spaces with clean air in one's neighborhood to be physically  
16 active. Acknowledging and working to address these social justice issues is an opportunity to  
17 intervene in our own field, not only to improve the well-being of multiple marginalized groups  
18 but to improve the field overall and encourage new collaborations and new directions.

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21 In the case of exercise interventions for mental health, Caitlin Clarke suggests there are  
22 several specific areas for improvement both immediate and long-term. In short, these come down  
23 to a critical and self-reflexive consideration of who we think is most in need of exercise  
24 interventions and how we individually and collectively think about such groups of people – how  
25 do you conceptualize who your research participants are?

26  
27 Thinking reflexively on this question leads to additional questions because this initial  
28 question necessarily requires us to also consider who we think should and could ultimately

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3 benefit from our research on exercise interventions. To answer such questions, we must also  
4  
5 consider our own individual positions as researchers in this field. Some crucial reflections  
6  
7 include:

- 10 • Where do we each fit, as individuals, with respect to the groups whom we have  
11 identified as most in need of exercise interventions?  
12
- 14 • Are we a part of these communities?  
15
- 17 • If yes, what indication has our community given us that suggests an exercise  
18 intervention might be welcomed? If we are not, what makes us think that we are the  
19 right people to help these communities?  
20  
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22
- 24 • How have we endeavored to understand the lived experiences of the communities we  
25 wish to help?  
26  
27
- 29 • What steps have we taken to address these issues in our research design phase? Have  
30 we contacted any leaders in these communities for advice and guidance in our  
31 research and design?  
32  
33
- 36 • Have we invited anyone from the “target population” to provide feedback during our  
37 research design and proposal phases? In considering our design and implementation,  
38 what steps have we taken to involve the “target population” communities to provide  
39 ongoing feedback in order to modify our interventions if needed?  
40  
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42
- 45 • What will happen to the community after the intervention ends?  
46
- 47 • And, lastly, how will we as researchers and interventionists benefit from conducting  
48 this intervention research?  
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52 These are some of the many possible questions that could and should be asked of every exercise  
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54 intervention for mental health (and in general).  
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Currently this cascade of questions is largely unaddressed and, as a result, leaves it unclear who the research on mental health benefits. This is where the potential for structural violence (Farmer et al., 2006) and the inequality paradox (Williams & Gibson, 2017; Frohlich & Potvin, 2008) come into play. Uncritical promotion of exercise interventions for depression leave room for reinforcing negative stereotypes about persons with mental illness, including but not limited to lack of motivation and a negative economic impact on health care systems. The potential for harm is especially apparent when we consider the frequent use of community participants without clinical diagnoses, leading to the conflation of depressive symptoms and major depressive disorder within the research participant pools (Cooney et al., 2013). Indeed, when exercise interventions work, they seem to work well for people with mild symptoms. This specific group are also statistically more likely to be people who are above the poverty line, white, and heterosexual. Consequently, we create, perhaps inadvertently, a structure of exercise interventions that benefit the groups of people who were already generally socially advantaged while suggesting that those for whom exercise interventions do not work are probably just not motivated enough to engage in regular physical activity; a repeated argument of privilege versus oppression throughout our manifesto. This would be less concerning if not for the major influence of the research in this area such as Blumenthal et al. (2007), which suggests that exercise is as effective as anti-depressant medication. Such claims are worrisome when one considers the way in which such arguments could filter into insurance claims policies for mental health care.

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If we – the field of exercise science, kinesiology, sport studies - could better incorporate the critical self-reflexive approach outlined above into the design and implementation of intervention research, it seems we would also more consistently avoid reproducing structural

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3 violence. Until then, we should indeed continue to be wary of the promotion of “exercising  
4  
5 anyway.”  
6

## 7 8 **Conclusion**

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10 This manifesto:

- 11
- 12 • dismantles some myths in studies of sport, exercise, play; disabilities;
- 13
- 14 • disseminates a crucial bibliography that can inform current and future studies of sport,
- 15 exercise, physical activity, and the body;
- 16
- 17 and more specifically:
- 18
- 19 • alters erroneous beliefs about the tragedy and suffering of broken bodies;
- 20
- 21 • challenges assumptions about utility of sport for bringing people together;
- 22
- 23 • reworks understandings of healthism, ablemindedness, and exercise in exercise psychology
- 24 research.
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30  
31 “In a socially just world, the perspectives of all peoples are valued and considered  
32 important” (Harrison, Azzarito & Hodge, 2021, p.228). Modern communities and scholars have  
33 fabricated of physical culture, exercise, and sport a repertoire of individual and nationalistic  
34 betterment, peace-building, and more recently in the span of human history, social justice  
35 functions. Experts argue that exercise and sport themselves enable these things or eventually  
36 should have the capacity to do so, a sort of developmental continuum. We can lead and enable  
37 thinkers to originate future paradigms that somehow move outside of these models, which  
38 assemble projects to rename, broaden, and build anew characterizations of the body, disability,  
39 ability, mental health, exercise, social oppression and more.  
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