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## Juggling Identities: Elite Female Athletes' Negotiation of Identities in Disability Sport

Seal, Emma

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# **Juggling Identities: Elite Female Athletes’ Negotiation of Identities in Disability Sport**

Emma-Louise Seal

A thesis submitted for the degree of Doctor of Philosophy

University of Bath  
Department of Education

November 2014

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## **Abstract**

The focus of this thesis is the negotiation of identities by elite-level female athletes involved in disability sport. Recently, the London 2012 and Sochi 2014 Paralympic games have showcased the contemporary nature of disability sport and ostensibly suggest a growth in public interest within this field. However, there has been limited research to date conducted into the experiences of physically impaired, female athletes at the elite level of disability sport. Moreover, the existing literature fails to address the negotiation of identities within the interplay of gender, ‘disability’, body and wider socio-cultural influences. Inspired by this dearth of literature and the desire to contribute to disability sport theorisation, my research questions how elite female athletes negotiate their identities across contexts and the wider social, cultural and political values that influence this process. I address their experiences in relation to these factors alongside the intersection of gender and disability.

I have explored the women’s experiences by utilising symbolic interactionism in combination with a social-relational conceptualisation of disability. This theoretical approach recognises the women’s bodies as a ‘fleshy presence’ in their interactional encounters and brings ‘impairment’ back into the theorisation of disability (Waskul and Vannini 2006). This approach allows me to interrogate the women’s unique realities in relation to wider socio-cultural values, and the ‘micro relations’ of their day-to-day lives. A life history perspective guides the methodological framework, which foregrounds and prioritises the seven elite female athletes’ subjective experiences in relation to the socio-historical context.

The narratives offer a powerful and original insight into the complexity of disability, whilst addressing the multiple and fluid nature of the participants’ identities. This advances the use of the social-relational model and fosters new understandings of the social relations underpinning the effects of impairment. I have developed the concept of ‘reverse stigma’ and have highlighted the need to disrupt the social processes that create stigmatic physicality, whilst demonstrating how impairment is perceived in different social contexts. My research has provided an original contribution by generating an in-depth picture of how the women experience their lives, how they see themselves as disabled (or not) and the wider intersecting forces that shape and influence their realities. This is significant for highlighting the way disability and disabled female athletes are perceived in Western society.

# 1. Introduction

## 1.1 Setting the scene

I embarked on this thesis the October before the London 2012 Paralympic Games, subsequently my research journey has forged its way through the ‘build up’ and ‘come down’ of one of the most significant sporting events in English sporting history. Indeed, this year has seen the coming and going of the Sochi 2014 winter Paralympic games; it is a ‘rich’ moment for the image, perception and wider social understandings of disabled people, disability sport and, consequently, the athletes that compete at these and similar ‘high-profile’ events. The Paralympic movement has started to bring the achievements of disabled athletes to the attention of the ‘wider’ population (Huang and Brittain 2006) and is a showcase for their sporting talents. Consequently, the research is set in the context of a tumultuous and rapidly evolving field in contemporary, Western society.

The Paralympic Games and the Paralympic movement at large have been widely understood and promoted as potentially empowering spaces for disabled athletes and disabled people in general (Silva and Howe 2012). Recently, the International Paralympic Committee (IPC) declared the Sochi 2014 Paralympic Winter Games were record-breaking in terms of athletic performance, ticket sales and media coverage (IPC 2014). Prior to Sochi, the London 2012 Paralympic Summer Games also incited increased media coverage, heightening the ‘Paralympic profile’ and purportedly suggesting a growing public appetite for disability sport. “Reaching the impossible” was the underpinning theme of Sochi’s closing ceremony, forming the key message of the spectacle. The IPC, in a summary of the ceremony on their webpage, declared “the closing ceremony illuminated how dreams can be achieved through strength and passion to change the perception of ‘impossible’ to ‘I’m possible’ (IPC 2014). In his closing ceremony speech, IPC President Sir Philip Craven addressed the stadium, asserting “the Paralympic spirit has united and infected us all. Proud Paralympians – your inspirational athletic performances have redefined the boundaries of possibility”.

On the surface, such messages appear to be positive, however scholars are increasingly critical of the Paralympic movement and the (re)presentation of elite-level disabled athletes. For instance, Peers (2012) calls for researchers to approach disability sport with more skepticism. The ‘critical eye’ has been cast on a broad range of areas, including classification, ‘supercrip’ representations (Berger 2009), media, ‘empowerment’ (Howe 2011; Silva and Howe 2012), Paralympic discourses (Peers 2009, 2012) and the governance/legacy of Paralympic events (Bush *et al.* 2013). Ultimately, in the majority of these studies, the potentially ‘(dis)empowering’ nature of the Paralympic institution and its practices is argued. Moola and



Norman (2012) assert when disabled athletes are showcased at such events, dominant tropes, meta-narratives and stereotyped descriptions are likely to characterise these representations (Brittain 2004; Purdue and Howe 2012; Smith and Thomas 2005). The literature that has focused on disability sport and the (re)presentation of disabled sportsmen and sportswomen is characterised by ambiguity and tension as scholars attempt to make sense of what disability sport means for people and the wider implications for disability politics. On an empirical level, what these studies have largely failed to do is examine the stories of those people directly involved (i.e. playing or competing) and address their own unique realities and perspectives.

Even though there has been an increasing amount of work in the areas listed above, they have largely neglected to draw from the wealth of literature in the field of disability studies (Macbeth 2010; Moola and Norman 2012). Similarly, disability studies scholars have failed to research the sporting lives of disabled people. There are a vast range of studies that have focused on the experiences of other ‘marginalised’ groups in sport, related to gender, race, sexuality, ethnicity and the intersections of these. However, there has been very limited focus on the sporting experiences of disabled people, whether for recreation or at the elite level. Moreover, there has been minimal attention paid to the specific accounts of physically impaired, *female* athletes at this level. The types of physical impairment vary in a number of ways, i.e. visible/invisible or acquired/congenital. The diversity of the participants experiences help to highlight the complexity behind understanding how disability operates within society. I am aiming to help ‘bridge the gap’ between disability studies and disability sport by drawing on recent conceptualisations of disability. This has facilitated my ability to undertake a holistic perspective of the women’s accounts and to focus on the intersection between gender and disability. There are many factors mediating the participant’s day-to-day interactions, at different times and in different ways, that I will address over the course of the thesis.

### **Clarification of ‘elite sport’**

It is important to outline here the way I have used and conceptualised ‘elite’ during the research process. The question of what is meant by ‘elite’ in the context of sport is a highly contentious topic, which conjurs up a variety of definitions and conceptualisations. Elite sport is constructed around notions of differentiation, categorisation and selection, all of which call for the demonstration of virtuosity and ‘super-humaness.’ Indeed, modern-day elite sport celebrates so called ‘abnormalities’ in many different appearances from ‘extreme sized’ sumo wrestlers to extremely ‘under sized’ gymnasts (Van Hilvoorde and Landeweerd 2010). Gilbert and Schantz (2008) suggest elite disability sport is a relatively new movement, which has worked towards changing the perceptions of disability and actively promoted the acceptance of disabled athletes. Van Hilvoorde and Landerweed (2008) argue elite, able-bodied sport is elevated as the cultural

ideal for athletic performance. Consequently, elite sport symbolises the athlete as some form of superhero, which reproduces elitist ideals about the athletic and beautiful body. It can be argued that society is still struggling with those on the outskirts of what is considered ‘athletic’ physicality. For many people in disability sport, the athlete is a patient combating limitations, rather than an elite athlete with specific and outstanding talent (Van Hilvoorde and Landerweed 2010).

There have been different cases of disabled athletes competing in able-bodied sporting events, which in the past has attracted much controversy (Corrigan *et al.* 2010). For instance, Oscar Pistorius is one example of a recent high-profile case of an athlete attempting to make the transition from disabled to able-bodied sport. Oscar Pistorius’ desire to become part of ‘normal’, elite sport could be framed as some form of integration or inclusion, however it creates a paradox that underlines the differences and reproduces hierarchies between ‘abled’ and ‘disabled’ bodies (Cole 2009; Gilbert and Schantz 2008). This exemplifies the various ways in which meanings associated with sporting embodiment and the nature of ‘*elite*’ are challenged. However, there is still much controversy concerning the bodies that are accepted and perceived as ‘elite’ (Gilbert and Schantz 2008). With these socio-cultural debates concerning the perception of ‘elite’ in both disabled and able-bodied sport in mind, I have drawn on the work of Sherrill (1999) to clarify this conceptualisation. The references I make to elite athletes in disability sport refer to those competing at or near the highest level of excellence (national level or above) for a particular event within a specific classification (Sherrill 1999). Elite disability sport is a relatively new movement, which is in a continual state of flux in relation to technological advancements, classification and social perceptions, but for the purpose of maintaining clarity over the course of the thesis I have utilised the notion of elite described above.

## 1.2 Focus and position of this thesis

**The purpose** of this PhD research is to explore how female athletes negotiate their identities within the interplay of gender, ‘disability’, body and wider social/cultural influences. **It is important to focus** on the women’s marginalised experiences to gain deeper insights into the complex ways they manage being disabled when competing/training in sport (Bush *et al.* 2013), but also in other aspects of their lives. Identity is not a fixed characteristic of a person, but a project that is to be worked at. Borrowing from Swain and Cameron (1999), disability involves the continual interplay of impairment, wider social and cultural forces, and the person’s own positionality in the milieu. **Therefore, research needs to explore** the influence of these dynamic forces as they interact and shape the way people navigate their lives and their own subjective reflections on these processes. **Furthermore, it is important** to develop what is currently an under-researched and, to some extent, under-theorised area in both disability

studies and sport sociology. As I highlighted in the opening paragraph of this chapter, it is imperative to account for the contemporary ‘moment’ in regards to the wider social, cultural and political values permeating people’s lives. I draw on aspects of neoliberalism to help frame some of the debates and discussions that follow in the coming chapters.

The thesis is situated at the nexus of three bodies of work/literature and utilises concepts from each, which makes it a slightly hybrid approach across these ‘disciplines’. These fields of study are sociological approaches to identity, disability studies and disability sport. The research is set within the Nordic social-relational model of disability (Reindal 2008; Traustadóttir and Kristiansen 2004), which recognises the limitations of living with impairment, but also the social, environmental and cultural barriers that function to constrain a person (Tøssebro 2004; Traustadóttir and Kristiansen 2004). I will address the various models of disability in more detail in the next chapter. However, in relation to the specific purpose of my research the social-relational model affords an exploration of disability on multiple levels and attempts to understand how impaired people are restricted not only in terms of what they can do, but also what they can be (Reeve 2002; Shakespeare 2006; Thomas 2004a).

Consistent with this model/approach to understanding disability, I make a distinction between *impairment* and *disability*. I do not define impairment in only individual terms, which risks leaving it as an essentialist category. Instead, I recognise the relational aspects of impairment, which can be limiting in certain environments and situations. Ultimately, people are disabled by their bodies as well as by their environment, which means (from this perspective) impairment is bio-social in character. Shakespeare (2006) supports this, asserting “even in the absence of social barriers or oppression, it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral” (p.41). Whether an impairment is disabling or not depends on the situation, which highlights the theoretical affiliation between the social-relational model and symbolic interactionism with emphasis on social relations, interactional expectations and the ‘construction’ of the environment. When I use the term ‘disability’ in the context of this thesis it is as an umbrella term, which incorporates the effect of physical impairment and the social and cultural ramifications of this. Thomas (2004a) suggests impairment is the raw material upon which disability operates, but is not the cause of disability. I will elaborate further on the theorisation of impairment and disability in chapter two.

I have not approached the work from an ‘openly’ critical standpoint, therefore the thesis is positioned outside of the emancipatory paradigm, which has flourished within the field of disability studies. Social model theorists such as Colin Barnes, Mike Oliver, Emma Stone and Mark Priestley have provided influential contributions to this movement and have been strong advocates of scholars adopting this type of approach in their research with disabled people.

These debates are explored in the methodology chapter in relation to ‘insider/outsider’ research (being an able-bodied researcher in the field of disability studies). However, it is important in this introductory chapter to outline what this thesis *is* and *is not*. McColl *et al.* (2013) suggest the emancipatory approach has been present in the literature for the past twenty years or so. The focus from this perspective is on removing barriers that disabled people might encounter. It is a politically motivated stance that emphasises the confrontation of social oppression and being accountable in the research production to the research participants. Stone and Priestley (1996) have outlined the ‘protocols’ scholars should follow to conduct emancipatory research, including the adoption of the social model of disability and the empowerment of disabled people generally. In the context of sport, researchers have also called for research that is guided by an emancipatory perspective (e.g. Huang and Brittain 2006; Macbeth 2010).

However, in order to gain a fuller understanding of disabled people’s experiences, I have not positioned my work in the critical/emancipatory realm. Building on research that focuses on the environmental challenges disabled people face, I aim to capture how they negotiate their lives and understand their various ‘selves’ independent of the physical barriers they might encounter. Therefore, this thesis explores the relational nature of impairment and disability, both in and outside of a sporting context and the women’s relationships with impairment, their bodies, friends, family, partners and the micro-politics of their lives. A ‘tunnel vision’ approach, which only addresses ‘social oppression’ with an overriding aim to empower disabled people, would not allow a holistic picture of their lives to develop. Furthermore, it polarises the research community into ‘insiders’ and ‘outsiders’, which actually reinforces the homogeneity of disabled people’s experiences (McColl *et al.* 2013). Even though I did not embark on the research from a ‘firm’ critical stance, I am still able to draw attention to the social, psycho-emotional and environmental disadvantages the participants encounter. The work of Bush *et al.* (2013) that I highlighted earlier in this chapter is grounded on a physical cultural studies (PCS) perspective. My work is in the spirit of a PCS sensibility as I am exploring the women’s stories with a sense of criticality and reflexivity in mind (Silk and Andrews 2011). However my work is not set within this ‘field’ of study and differs from the position that Silk and Andrews (2011) outline: “PCS seeks to illuminate and intervene into sites of physical cultural injustice and inequity” (p.11). This was not one of the aims of my research from the outset. Themes that allude to this in my analysis have emerged from the women’s narratives and evolved as the research process has unfolded. This also allows me to describe different ways they might struggle with impairment or how this has been a positive experience for them, as recognition should be accorded to people’s impairment experiences.

Following on from this position, I have employed a symbolic interactionist perspective to explore the participants’ negotiation of identities and to frame their experiences within past and present

interactional situations. Combining an interactionist perspective with a social-relational conceptualisation of disability has facilitated greater insights into the micro-relations the women 'live' out day-to-day and how being involved in elite-level disability sport shapes theirs and others' perceptions. The focus has been on the ways they negotiate their identities in relation to these micro-relations and how their participation in sport intersects with notions of 'elite' and what this means in the disability sport context. The 'critical' eye of the thesis has evolved as my research pathway has progressed, I have listened to the participant's stories, and immersed myself in their narratives.

All of the participants are disabled women, which has afforded me insights into the interaction of gender and disability. Disabled feminist researchers such as Jenny Morris, Carol Thomas, Susan Wendell, Sally French and Mairian Corker have vehemently campaigned for greater recognition to be given to the 'gendered' nature of disability. They argue that disabled men and disabled women occupy different social spaces and that attention needs to be directed towards the interplay of disability and gender, and a variety of social positions. There has been limited research in the field of disability sport that has focused on the intersection of gender and disability and the experiences of disabled women in this context (Huang and Brittain 2006). Notably therefore, I hope to contribute to this 'gap' in the literature by providing a 'space' for their stories and recognising the unique social relations that foster the interaction between disability and gender. The nexus of the perspectives I am bringing together is interactionism and the social-relational model of disability, combined with a focus on female athletes involved in elite-level disability sport. This provides a platform to explore how the participants negotiate their identities in various contexts and the meaning sport holds for them, whilst simultaneously addressing the effects of impairment and the presence of the body in these interactions.

### **Current political position of disabled people in the UK**

To further contextualise the position of my work this section will briefly address the current political, economic and social position of disabled people living in the UK. I am focusing specifically on the UK, as this is the geographical context for the participant's experiences. Harris *et al.* (2012) state neoliberalism has been a key feature of the politics of the UK since the Thatcher era, but particularly under the New Labour government of Tony Blair and the current coalition (Conservative and Liberal Democrat) government of David Cameron. These political values promote participation in the labour market and emphasise individuals' economic contributions. People on the margins of the labour market encounter a variety of social, political and economic deprivations (Barnes 2007). Recent figures for the UK have highlighted the extent to which disabled people are under-represented in the labour market, with only thirty four percent of disabled adults in full time employment compared with sixty one percent of their

able-bodied peers. Barnes (2007), in a recent review of the status of disability politics in the UK and the general welfare of disabled people across a range of institutions, demonstrated a lack of equality across a number of areas including housing, employment, education and community support. There is a stark differentiation in the ability of disabled people to achieve ‘independent living’. In this context independent living refers to the full range of human experience and rights. Barnes (2007) asserts:

“People with designated impairments will always experience varying degrees of economic, political and social disadvantage in societies organised around the core capitalist values of economic rationality, the profit motive, and individualism. To achieve a lifestyle comparable to their peers, disabled people need far more than user-controlled services. To attain independent living disabled people need equal access to mainstream schools, jobs, transport, houses, public buildings, leisure, etc.” (p.218).

Such policies are particularly apparent when focusing on employment and government schemes, such as the Employment and Support Allowance (ESA), which disabled people receive if they can satisfy the Work Capability Assessment. This assessment determines the extent to which a person’s impairment, or indeed illness, affects their ability to work. However, these assessments perpetuate normative conceptions of work and divide people into hierarchies based on their employment capabilities and expectations (Harris *et al.* 2012). They also emphasise the responsibility of the individual to seek work and indeed succeed in the workplace. Ultimately, institutional discrimination and prejudice remain in the UK and take a variety of forms, as illustrated above (Barnes 2007; Beauchamp-Pryor 2012; Harris *et al.* 2012; Kaehne 2013).

### **1.3 Previous work and the current field**

Research into disability sport is a highly contentious and fragmented field, and there are a growing number of studies that have produced a slightly diverse and eclectic body of work. Smith and Sparkes (2012) support this sentiment and suggest scholarly study on disability sport and physical activity is rapidly developing with a number of specialist books, journals and articles in the area. When I began a full immersion into the literature around this topic, there were a limited number of studies that had focused on the experiences of disabled women. This was the case not only in sport, but in the context of physical activity on a generic level. Previous research that has focused on disabled women in sport has generally been guided by rather unsophisticated approaches, which either emphasise a ‘double oppression’ stance (e.g. Lloyd 1992; Lonsdale 1990) or include gender as a ‘variable’ in the research design (e.g. Hardin and Hardin 2004). These studies fail to fully recognise the dynamic interaction between gender and disability and the contextual nature of the women’s exchanges.

Work in the field of disability sport has seen a growing number of studies, which seem to follow a trend in line with current ‘hot’ topics in the field. Contemporary themes, such as those related to ‘technology’ (Burkett *et al.* 2011; Howe 2011; Marcellini *et al.* 2012), the Paralympic games (Gilbert and Schantz 2008), disabled athlete classification, ‘supercrip’ athletes (Berger 2009; Peers 2012; Silver and Howe 2012), and the media’s portrayal of high-profile disability sport events (Hardin and Hardin 2004; Thomas and Smith 2009) have been rapidly developing – I will explore this work further in chapter three. This contemporary research has emerged from pre- and post-London 2012, however work that has addressed women’s experiences in the milieu seems to be a rather stagnant pool and is not evolving at the same pace. The work of Jennifer Hargreaves and Karen DePauw are the two main examples of feminist researchers that have devoted attention to disability sport. Hargreaves (2000) and DePauw (1997) are still widely quoted in some of the most recent literature I have read, which not only highlights the seminal nature of their work but also the failure to develop these foundations. This observation illuminates the need to focus on women in disability sport and evolve this work both theoretically and in harmony with the ‘contemporary moment’. From an interactionist perspective, there are a myriad of factors that could potentially mediate the relational experiences of an ‘elite’ disabled sportswoman. These factors include one’s own bodily signifiers, the clothes we wear, the gestures we make, our public/private ‘behaviour’, however these social ‘realities’ are a relative unknown in the current context.

To provide some historical background for the understanding we have of disability sport today, I will now briefly outline some of the most important and influential past ‘moments’. The start of the Paralympic movement, as it is known now, has been attributed to the work of Sir Ludwig Guttman after he established a spinal cord injury unit at the Stoke Mandeville hospital in 1944. Sport was introduced as part of the rehabilitation programmes of World War II veterans as he recognised the value of sport for paraplegic hospital patients (Davis 1996). To coincide with the 1948 London Olympic Games, the first Stoke Mandeville Games were held in the same year and the event is heralded as the first attempt to bring together disability sport and the Olympics. These smaller-scale competitions were the seeds that helped to grow the Paralympic movement into the multi-national event it is today. Subsequently, in 1960 the event was held in Rome – the same city as the Olympics – and was the first competition held outside of England. The 1960 games have been described as the beginnings of the official Paralympic Games (Howe 2008). The International Paralympic Committee (IPC) is the global governing body of the Paralympic movement and was established in 1989. The establishment of the IPC has brought more structure to disability sport and aids in the organisation of both the summer and winter Paralympic Games (Smith and Sparkes 2012).

Set against this brief historical overview, one can begin to see how elite disabled sport has grown and developed. The Paralympic movement has provided a platform to showcase disabled athletes' achievements. Craft (2001) suggests the media as an institution and the general public have begun to recognise the quality and excitement of elite disabled sport, exemplified in the athleticism and skills of Paralympians. However, despite the expanding public and scholarly attention focused on disability sport, few researchers have analysed the relationship between disability, gender, body and sport set in the contemporary context (Kavanagh 2012). Disabled bodies are still perceived as 'different' in Western society; it is important to understand the social and cultural values that infiltrate how disabled women understand their sense of self and the images they have of how people view them. These values construct the sporting experiences, achievements and struggles of disabled athletes as 'different' in comparison to able-bodied athletes. As DePauw (1997) has noted, it is crucial to develop an understanding of the dialectical relationships that exist between embodied people and social structures. Furthermore, the way 'normality' is constructed across interactional contexts has not been adequately explored in disability sport research, alongside the corporeal and social nature of people's bodily experiences, which I will address.

Scholars are increasingly critical of elite disability sport and the messages such events circulate in wider Western society (Berger 2009; Huang and Brittain 2006; Peers 2009, 2012). The Paralympic movement has raised the awareness of disability sport, however work has started to address the prevailing discourses that potentially disempower the wider disabled community through the media portrayal of disabled sport and athletes. My work is situated at the space between day-to-day experiences of disability, the 'spectacle' of elite disability sport and how these relations are shaped by the interactional encounters the women negotiate. This develops the body as a 'fleshy' presence and the corporeal reality of living as a disabled person, albeit one who competes in sport at the elite level. The 'gap' in the current literature, the need to fully explore women's experiences in disability sport, and to help bridge the divide between disability studies and disability sport provide the overarching backdrop to this thesis.

#### **1.4 Research rationale**

This thesis explores the negotiation of identities by women who compete in elite disability sport. The work investigates the interaction between gender, disability and the body to develop an understanding of how these experiences are influenced by the interactional situations the participants have been involved in. The focus is on the day-to-day lives of the athletes to foster insights into the meaning of sport for them and the multiple, contested nature of their identities. The work can contribute to the scholarship on disability sport and highlight the complex ways female athletes at this level manage their participation in sport and their lives outside of this



context. Much research has focused on the ‘discourses’ of the Paralympic movement and wider media and social (re)presentations, however this literature has failed to address the way such perceptions ‘filter’ down to the personal level. Values associated with neoliberalism help to contextualise the current economic, social and political narratives, which shape how the women view themselves and talk about their experiences.

On a theoretical level, this thesis develops social-relational conceptualisations of disability in a sporting context. This perspective recognises the presence of impairment and how it operates as a mediating force in people’s negotiations of social interactions, how they see/feel about themselves, and how these combined factors contribute to the management/preservation of their identities. The direct and unavoidable impact that various impairments have on people’s embodied functioning in the social world need to be accounted for (Thomas 2007). I have provided a space for the ‘voices’ of disabled women to stand on their own, which can demonstrate how they situate themselves in their narratives and how these operate in relation to the social structural relations of gender and disability. Their personal stories highlight and expose the despair, oppression (in)equality, hope and joy infused within their lives. Foregrounding their unique and individual experiences can help generate resistance to the dominant narratives they encounter on the ‘micro’ level and document the pertinence of recognising people’s embodied experiences as part of a holistic understanding of ‘disability’.

## **1.5 Unfolding of my position and the research questions**

Long before I ‘critically’ engaged with disability sport from an academic standpoint I have had an interest in the history and development of Paralympic sport and the lives of the sportsmen and sportswomen competing. Away from the subject of disability sport, I have played football since my earliest memories of the school playground. My experiences are, in some ways, reflective of what it is like to be a ‘marginal’ and to some extent ‘stigmatised’ group in sport – being a female footballer. Women’s football has developed exponentially over the past few years, however when I was growing up I had to continually negotiate my participation and indeed my ‘place’ in this sporting space. From these early interactional encounters I have always had an interest in women’s experiences in sport, both in sporting situations and away from these contexts. For instance, the barriers women might have faced, the playground struggles they might have had, and generally how they manage access to these environments. My interest in undertaking research on the topic of the thesis has spawned from these origins.

Building on these motives, when I was completing my postgraduate dissertation I became aware of the lack of literature that had adequately explored the depth of women’s experiences in disability sport. The heated debates that characterise disability studies literature, related to the

gendered nature of disability and the role of the body in ‘disabling processes’, were not reflected in the work around disability sport. One section of this thesis is made up of a set of extracts from the narrative accounts of the women involved in the research. Their stories conjure a sense of who the participants are and what their lives are like on a day-to-day level, alongside their struggles, hopes and aspirations. Following on from this rationale and my own interests/positionality in relation to the research topic, I have outlined the overarching aims of the thesis below:

- I. To explore how athletes negotiate their identities and how this is mediated by their participation in sport*
- II. To understand the unique perspectives of disabled women as athletes at the elite level*
- III. To generate insight into the nexus of identity, gender and body to subsequently contribute to knowledge about how these factors influence an individual’s sporting journey*
- IV. To contribute to the theorisation of ‘disability’ in disability sport literature.*

This leads onto my research questions, which have guided the research process. I will come back to these again after the discussion/analytical phases in the concluding chapter of the thesis. My research questions have developed from my own interest in disability sport and the intrigue around the lives of disabled women who compete at the highest levels. It is quite apparent that my personal and political opinions on the topic have influenced how the research has evolved. This will be addressed in more detail in the methodology chapter, however I had a desire to capture the lived experiences of the participants and to provide an insight into how they negotiate the social world. I value the women’s own subjective narratives, which can speak to anyone away from the ‘academic setting’.

Developing from my own ‘gendered’ experiences in sport and my reflections on disability sport, the following questions have guided this thesis:

- I. How do female athletes competing at the elite level of disability sport negotiate their identities across contexts and see themselves – the role of gender and the body in these processes?*
- II. What are the wider social, cultural and environmental factors that mediate this process and how are these linked to the interactional situation?*

## **1.6 Overview of the thesis**

The content of the thesis is organised into eight chapters. Following this introductory chapter, **chapter two** provides a review of the overarching theoretical framework that has guided the study. It introduces the social-relational model in more detail as the most fruitful conceptualisation of disability and what this means for how disability is being understood in the context of the research. Symbolic interactionism, as the theoretical approach to exploring

identity, body and gender will also be discussed. I will examine the genesis of the theory, the most significant underpinning theoretical tenets and the major theoretical contributors to this school of work. Overall, this chapter will develop the justification for using these approaches and outline how they can proffer significant insights into the micro-level processes and interactional exchanges, which mediate how the women see and feel about themselves.

**Chapter three** involves a discussion and evaluation of existing literature in the field of disability sport and physical recreation and how it relates to my own work. This exposes the ‘gaps’ in the current body of work and the positioning of this thesis in the milieu.

**Chapter four** provides an in-depth discussion of the methodological approach I have undertaken. I outline my position as a non-disabled researcher working with disabled participants in the field of disability studies. I discuss my reflexivity in regards to the rapport and relationships I developed with the women, how I handled the data and the decisions I undertook. I give an overview of the data gathering methods and justify the adoption of a life history approach, which has guided my methodological principles. I also reflect on being a ‘novice’ researcher and provide an insight into the various challenges and tensions, which have been part of this process. I also address the inductive, analytical phases that evolved as the interviews progressed and how I became familiar with the participants’ narratives.

**Chapter five** is a space for the women’s narrative accounts to, in some way, ‘stand’ on their own. The narratives evolved from the unique relationship that developed between each participant and myself, which highlights the co-constructed nature of the data. However, they are a powerful and compelling insight into the research themes alongside the tensions, struggles, hopes, relations and dreams that are percolating in the women’s day-to-day lives. I had a desire to (re)present the accounts in a separate chapter to afford the women’s experiences a more prevalent place in this thesis.

**Chapter six** is the first analytical/discussion chapter and explores the specific identity negotiations the women were making. This chapter is broken down into different identity ‘themes’ to highlight the fluid, multiple and dynamic character of these processes. It also illuminates the ways in which these processes are relational in nature and, to some extent, dictated by the context. The neoliberal values that have infiltrated the participants’ narratives and, in some ways, govern the character of their identity(ies) are also unpacked.

**Chapter seven** is split into two parts. The first part is focused on ‘the body’ and the need to account for the corporeal body during interactional encounters. The second part analyses the ‘gendered’ influences in the participants’ lives. It also provides an insight into the interaction between gender and disability, and the contextual nature of this dynamic.

I conclude in **chapter eight** by drawing together the main points that have emerged from each chapter to generate an overall picture of the participants' experiences and what these mean in regards to the negotiation of disability, gender and the body. I will also reflect on the major contributions my work makes and what these mean both theoretically and empirically for the field of disability sport research.

## 2. Theoretical concepts

This chapter will introduce the theoretical perspectives that are framing the research. The work embodies three broad ‘concepts’ – disability, gender and identity(ies). Subsequently, the research is situated at the nexus of three bodies of literature: disability studies, the sociological field of identity(ies) and research with a disability sport focus. I will use the discussions that follow to contextualise the theoretical framework. It has been useful, heuristically, to focus on each field separately to map the debates and underlying tenets of each and demonstrate how they inform this project. The theorisation of both disability and identity(ies) provide the theoretical tools that equate to the overarching theoretical framework. The field of disability studies will be addressed first. This will be followed by symbolic interactionism and I will engage with the empirical work focused on disability sport in the chapter that follows. These chapters combined formulate the literature review.

### 2.1 Theorisation of ‘disability’

This section introduces a variety of theoretical perspectives that explore disability. It charts the evolution of theories that have dominated the literature, from the medical model to the ‘strong’ social model and the critiques levelled at both. Finally, I will present the social-relational perspective as the theoretical lens that formulates a key building block of my research. The overall aim of this section is to demonstrate the fierce debates circulating disability studies literature and that my decision to use the social-relational approach was an informed and considered one.

It is clear that previous work, which has been conducted in the context of disability sport and leisure, has failed to reflect the exciting advancements in disability studies. The majority of this research omits discussion concerning how disability is understood and theorised. Grönvik (2007) suggests the theoretical complexity of elemental sociological concepts such as gender, sexuality, ethnicity or disability can be rather delicate to represent at an empirical level. Furthermore, the advancements at a theoretical level do not correspond to advancements on an empirical level (Grönvik 2007). Thomas (2003) further highlights the inadequate engagement between disability studies and disability sport; “despite the intensification of debates on disability, relatively little attention has been paid, in the UK at least, by disabled activists to disability sport, perhaps because it provides such an overt and often visual illustration of the significance of impairment” (p. 108).

It is important to recognise the historical debates that have permeated disability studies literature and to be aware of theoretical advancements in the field. These advancements could

have wider applications and implications and such theoretical diversification should be accounted for in disability sport research. I will aim to address this in the following sections.

### **Historical beginnings: Medical model**

Historically, literature within disability studies has been dominated by work founded on individualist perspectives. This is traditionally termed the ‘medical model’ of disability (Shakespeare 1996) and is grounded in notions that emphasise individual impairment, rehabilitation of the body, professional power and oppression (Söder 2009). The (bio) medical view of disability and its focus on ‘normality’ categorises those individuals outside the ‘normal range’ as deviant. Public perceptions generally view the barriers faced by disabled individuals as originating from their mental or physical impairments, rather than being attributed to wider social and cultural factors. Wendell (1996) suggests disability is often related to an individual’s ability to make economic contributions and sustain family life. This perpetuates the idea that disability is undesirable/abnormal and needs to be cured, fixed or hidden. The ‘medical deviance’ lens is what medical sociologists often theorise disability and chronic illness through (Thomas 2007). Furthermore, it has been argued that disabled individuals are strongly encouraged to internalise the perceptions embedded in this individualistic, medical view (Huang 2005). Medicalisation<sup>1</sup> is the process by which a human condition becomes defined and treated as a ‘medical’ problem in need of treatment. This process can be seen across a number of contexts. In relation to the body, examples include sex reassignment surgery (Sullivan 2008); cosmetic surgery (Suissa 2008); surgery to combat obesity (Salant and Santry 2006); and anorexia. It can also be seen across a number of ‘health’ related contexts, for instance menopause (Conrad *et al.* 2010); attention deficit hyperactivity disorder (ADHD) (Li 2013); infertility (Greil and McQuillan 2010); and insomnia (Williams *et al.* 2008). These practices share the belief that medical intervention can (re)produce ‘healthy’ bodies.

The medical discourses circulating disability/impairment are powerful. These discourses are legitimised in Western societies and reinforce ideas that disabled people are weak and in some cases require ‘fixing’ through rehabilitative practices (Gilson and Depoy 2000). Huang (2005) argues that ideologies can exert power over disabled people by becoming infused in public policy. This is a somewhat crude reading of the way in which power works; it fails to account for ‘micro’ level relations and the complex ways in which power is played out. Dennis and Martin (2005) contest that sociological discourse has moved away from a primary focus on

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<sup>1</sup> I am conceptualising medicalisation as a process whereby aspects of daily life come under the control, the influence and the supervision of medicine (Zola 1983).

‘structural’ phenomena; or in this case, institutional policy making. Such ‘macro’ level phenomena should be understood in terms of everyday activities and experiences.

This approach to understanding and conceptualising disability has been termed the ‘personal tragedy’ theory of disability, demonstrating the essentialist assumptions at the heart of the concept. Barnes (1997, cited in Huang 2005) asserts this theory of disability has achieved hegemonic dominance and has become engrained in everyday beliefs. Despite criticisms of the individual model that it is reductive, de-humanising and de-politicising (Oliver 1990, 1996; Williams 1996), it can still be seen as a pervasive force, particularly in the rehabilitative sciences. In this context, it has been argued the concept of ‘normality’ remains the basis for intervention (Barnes 2003; Thomas 2002).

Even with the dominance of the medical model, many criticisms have arisen over recent years. This has led academics and activists to build a distinct and radical sociology of disability (Barnes and Mercer 1996; Barnes *et al.* 1999; Barton 1996; Finkelstein 1980; Morris 1996; Oliver 1996; Zola 1983). Shakespeare (2006) strongly argues:

“The medical view stands for the dominance of professionals. It stands for the idea that disabled people are defined by their physical or intellectual deficits. It stands for medicalisation. The concept of the medical model has become a powerful symbol, but when closely analysed, it is nothing but a straw person” (p.18).

There are broad theoretical diversifications in the development of these new sociologies of disability; however, these stances have roots in the ‘social model’ of disability. These common features focus on the impact of social, cultural and environmental barriers rather than notions of personal tragedy. The critique is aimed at the heart of medical paradigms striving to normalise the impaired body. Such perceptions are challenged by the argument that individuals are ‘disabled’ by social attitudes and barriers (Shakespeare and Watson 1997). This has led to a process of re-conceptualising the ‘disabled’ body.

### **UK social model: A “strong social approach”**

The formation of the Union of Physically Impaired Against Segregation (UPIAS) during the 1970’s by Vic Finkelstein and Paul Hunt provided the foundation for the development of the UK social model of disability. However, it was Mike Oliver who took up the ideas of UPIAS and developed the ‘social model of disability’ (Oliver 2004; Thomas 2004b). This model arose through critiques of the medical approach in conjunction with the formation of UPIAS. UPIAS originated during a time when economic and political upheavals were producing unprecedented levels of political activism for disadvantaged groups worldwide (Barnes and Mercer 2004). The approach asserts that disability is not the result of impairment but of the social/environmental

restrictions imposed upon disabled people. Disability is defined as social oppression. Therefore, from this viewpoint, society fails to address the cultural, ideological, environmental and political barriers that disabled individuals face. At the heart of the social interpretation is the severing of any causal connection between impairment and disability:

“Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society” (Finkelstein 2001, p.1).

The separation of impairment and disability, from the social perspective, does not fully disregard the difficulties associated with living with impairment. It suggests that these difficulties should not make up public understanding of disability and should remain private matters (Thomas 2004a). Morris (1991) argues that if people’s attitudes were to change and there was effective public policy that legislated for the removal of environmental barriers then many of the problems associated with disability would disappear.

The development of the social model has been critical to the British disability movement. Shakespeare and Watson (2002) argue that it facilitated the identification of a political strategy of barrier removal. It challenged the dominance of the bio-medical model and the idea that the problems faced by disabled people were directly caused by their own ‘tragic’ impairments. This has helped facilitate the collective action of disabled people and has been pivotal in the political struggle for disability rights (Huang 2005; Campbell and Oliver 1996). The social model also instigated the extension of research agendas from studying individuals to exposing broader social and cultural processes.

The social model was initially developed by non-academic activists celebrated as ‘organic intellectuals’ (Oliver 1990). Arguments from those in support of the social model contest that it was not developed to be a social theory but originated for political purposes. This has resulted in suggestions that the ‘strong’<sup>2</sup> UK social model has now become an obstacle to the further development of the disability movement and disability studies (Shakespeare 2004; Tøssebro 2004).

When it first originated, the model was ideally suited to its political purpose because it was widely understandable, however it has since been heavily scrutinised by academics. There has been growing criticism of the social model in UK disability studies and wider fields since its

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<sup>2</sup> It is important here to note the use of the word ‘strong’ in the context of the social model, which has been coined by a number of disability theorists (e.g. Shakespeare 2004; Thomas 1999; Tøssebro 2004). The use of ‘strong’ places direct emphasis on the role of the environment in disability processes. There is a failure to incorporate ideas that suggest not all restrictions and difficulties faced by disabled individuals are socially imposed.



inception in the 1970s (Corker 1998; Corker and French 1999; Morris 1991, 1996; Thomas 1999; Wendell 1996). These critiques focus on the distinction made between impairment and disability, the exclusion of personal experiences and the overriding emphasis on environmental barriers. Disabled feminist researchers have been at the forefront of highlighting the marginalisation of different groups by the disability movement, particularly that of disabled women (Garland-Thomson 1994; Thomas 1999).

Supporters of the social model have responded to these criticisms by reaffirming their commitment to the roots of the approach and their beliefs that impairment has no role to play (Oliver 1996), as Bê (2012) simply puts it: “the debate continues” (p.366). The ‘social-relational’ perspective has subsequently emerged and is potentially more useful for future disability work. I have adopted this theoretical lens for the purpose of my research. I believe that focusing solely on social restrictions and oppression is unhelpful for exploring disability on multiple levels. The social-relational approach avoids the reductionist dualisms of body and culture by viewing impairment and disability as simultaneously biological and social in character (Sparkes and Smith 2011). Thomas (2002) argues that disability should be viewed as arising from the interactions between the impaired individual, the environment and social attitudes. These approaches recognise the ‘corporeal reality’ (Shilling 2012) of the body and the presence it has in social situations and interactional encounters. Williams (2006) suggests that work focused on disability and impairment needs to recognise, if not fully incorporate, the corporeal into its theorising. This reinstates the body as ‘active’ in the production of knowledge. On an ontological level, impairment has a ‘reality’ that exists outside of social interaction.

Symbolic interactionist ideas can develop the understanding we have of impairment at both the social and ‘physical’ level and people’s embodied position in different situations. The social encounters that people have on a daily basis are mediated by their body’s presence. Different bodies have different abilities, which should be recognised, however disability should not be reduced to a ‘property’ of a person (Coleman-Fountain and McLaughlin 2013). Shakespeare (2006) affirms this stance, arguing that impairments are important because some are static, some are episodic, some are terminal and others are degenerative. The body is a significant element of the disability experience. I have used this discussion to situate my own position in relation to the ‘reality’ of the body and impairment. I will elaborate on the distinction between impairment and disability more fully in the next section. This will highlight work from alternative theoretical perspectives.

I am foregrounding the participants’ subjective experiences (Crow 1992), because I am inspired by disabled feminist writers who have led the theoretical campaign for the experiential dimensions of disability to be heard (e.g. Crow 1992; Garland-Thomson 1994; Morris 1996;

Thomas 1999). Hardin (2007) has argued that research in disability sport does not adequately explore the relationship between the individual and the environment. I am aiming to address this gap by incorporating recent theoretical work from disability studies literature. I will discuss the application of the social-relational approach more fully in the following sections. Initially, it is important to expand upon the growing critiques of the strong social model to demonstrate how the social-relational model seeks to account for these criticisms.

## 2.2 Critiques of the strong social model

Recently, in the field of disability studies, there has been much discussion about the emergence of ‘critical disability studies’ (Coleman-Fountain and McLaughlin 2013; Goodley 2012; Meekosha and Shuttleworth 2009; Meekosha *et al.* 2013; Oliver 2013). The ascendance of critical disability studies over the past decade or so has opened up the field to a diversity of critical social and cultural theorising. The rise in this movement is reflected in a recent special edition of *Critical Sociology* devoted to the concept of disability; Meekosha *et al.* (2013) argue this is long overdue. Meekosha and Shuttleworth (2009) suggest that this movement is not a paradigm shift but a maturing of the discipline. This ‘maturing’ of the field, recognises the historical significance of the social model but opens up diverse lines of theoretical inquiry. Critical disability studies is characterised by an unwillingness to be ignored by potential theoretical and political allies (Goodley 2012), these include transformative arenas such as feminism, critical race, Marxist and queer theory. These ‘new’ approaches are influenced by phenomenology (Paterson and Hughes 1999; Shakespeare 2006), postmodernism (Corker and French 1999), poststructuralism (Snyder and Mitchell 2006) and queer studies (Goodley 2011), among others.

Despite these theoretical advancements, Goodley (2012) argues that some scholars believe the field has lost touch with the lived problems of disabled people’s lives and their social/economic/political situation. The concerns focus on the place of disability in the academic world. The worry is that as ‘disability studies’ becomes more settled into academia, it transforms into a field of study rather than a phenomenon around which to campaign. Furthermore, Watson (2012) suggests that theory gets in the way of understanding people’s realities. Oliver (2013) has recently offered a vehement defence of the social model, arguing that focusing on impairment and difference will only de-politicise the model. Essentially, this will result in the failure to develop alternative models that could improve or defend the lifestyles of disabled people.

The arguments that permeate this field are somewhat difficult to negotiate and the theoretical terrain is complex. In order to contextualise the debates I will now turn to the major critiques of

the social model, which have led to the theoretical moments outlined above. I believe that moving away from traditional social model ideas is more in touch with contemporary lives and can illuminate the complex nature of disability.

### 2.2.1 Impairment and disability distinction – bring back the body

The dichotomy between impairment and disability formulates the foundation of the social model, however this separation has attracted criticism from an increasing number of disability scholars (e.g. Corker 1998; Paterson and Hughes 1999; Shakespeare 2006). Shakespeare (2006) suggests that the distinction between individual impairment and social/structural disability is conceptually and empirically difficult to sustain. It has been argued that the failure to incorporate impairment into disability theorisation prevents challenges against the ‘personal tragedy’ perception. Hughes and Paterson (1997) highlight this, “there is powerful convergence between biomedicine and the social model. Both treat it as a pre-social, inert, physical object, as discrete, palpable and separate from the self” (p.329). The definition of impairment proposed by the social model upholds the medical perception of the body as a ‘faulty machine’.

The move to include impairment and how individuals experience this has been resisted by theorists with UK social model allegiances. Oliver (1996) defends the strong social approach and raises concerns that attention will be diverted away from external barriers and inadequate structural environments. Recently, Barnes (2012) has re-emphasised the need to primarily focus on structural/environmental forces to explore why policies implemented to address disability have been unsuccessful. This is demonstrated as he argues:

“To shy away from this task and focus instead on abstract and obscure theorising that has little or no relevance beyond the sterile confines of university lecture theatres and seminar rooms will almost certainly usher in the demise of disability studies as a credible academic discipline” (p.24).

These perspectives have been repeatedly challenged, Crow (1996) suggests that letting impairment ‘in’ allows disabled people to redefine what impairment is based on their own experiences. Consequently, the exclusion of individuals’ bodily experiences has been heavily critiqued (e.g. Paterson and Hughes 1999; Shakespeare 1994; Thomas, 1999). Morris (1991), in her book *Pride Against Prejudice*, highlighted the flaws of the social model in accounting for features of disability, such as culture, gender and personal identity. Furthermore, she emphasises the importance of impairment in disability theorisation and acknowledged that impairment creates pain and suffering, which had previously been ‘ignored’ by traditional social modellers (Shakespeare 1994). Crow (1992) adopts a similar line of thinking:

“As individuals, most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake of our physical and emotional well-being, and subsequently, for our capacity to work against disability” (p.7).

In more recent work, Thomas (1999), in her book *Female forms: Experiencing and Understanding Disability*, has continued to provide an account of the role that impairment plays in disabled peoples’ lives. Working in a materialist, non-reductionist ontology of the body she has introduced the concept of ‘impairment effects’ to explore the limits of impairment with groundings in the ‘social’. The theorisation of impairment is theoretically diverse; Thomas (2006) suggests that it would now be inaccurate to say that UK disability studies ignore impairment or the body.

These debates have developed with the rise of critical disability studies. Work emerging from this area is marked by an interest in embodiment or, more specifically, non-normative embodiment (Coleman-Fountain and McLaughlin 2013). Much of this research has theoretical roots in poststructuralism. These accounts rightly emphasise the process of inscribing meaning onto bodies as an important element of interaction. However, where I differ from some of these accounts is the failure to hold onto the corporeal reality of impairment and the body. Extreme social constructionism seems to be a common rhetoric in poststructuralist work (Vehmas and Makela 2009). This can be seen in extracts across the disability studies literature (e.g. Goodley 2011; Hughes 1999; Hughes and Patterson 1997). This is an example of one such statement – “impairment and its materiality are naturalised *effects* of disciplinary power/knowledge” (Tremain 2002, p.34). Tremain’s (2002) view is that impairment is not an intrinsic property of the body; it is produced by categories of diagnosis and labelling. Scholars that utilise such approaches fail to recognise the active nature of the body and focus on the body as a discursive production (Williams 1999).

In contrast, scholars adopting materialist, realist or phenomenological perspectives have argued that impaired bodies have ‘pre-social’ material qualities. These approaches dispute ‘some’ poststructuralist ideas, which suggest that disabled bodies are no more than discursive constructions (Thomas 2006). It is important to note here that the debates concerning the presence of the body in poststructuralist work have advanced. Feminist poststructuralists have addressed people’s lived embodied experiences (Gilleard and Higgs 2013). For example, in the context of girl’s experiences in physical education, Garrett (2004) argues that it is important to recognise language and discourse, together with understanding the body as a material entity. Furthermore, van Amsterdam *et al.* (2012), writing from a poststructuralist perspective, highlight

the body as a site of conflicting political, social and economic forces. The work of Foucault has been influential and concepts such as surveillance and regulation recognise the body as a site through which power operates (Scruton and Flintoff 2013). Within disability studies, Price and Shildrick (2002) and Snyder and Mitchell (2006) have adopted this perspective of the body in their writings.

When thinking about ‘disabled bodies’ and arguing for the recognition of impairment as part of a person’s holistic experience of disability, it is important to distinguish between the terms materiality, biology and corporeal reality that are used somewhat interchangeably in the literature to refer to these impairment debates.

The biological body operates on a naturalistic level and when the body is conceptualised in this way it is viewed as an evolutionary ‘being’. This view of the body has been connected with social model ‘thinking’, as described by Hughes and Patterson (1997), “in the social model, the body is rendered synonymous with its impairment or physical dysfunction. That is to say, it is defined – at least implicitly – in purely biological terms. It has no history. It is an essence, a timeless, ontological foundation” (p.328). Our biological ‘attributes’ are linked with our physical and genetic make up and – at a fundamental level – the biological is a set of living processes, which can be viewed as a subject of scientific study (biology as a discipline) (Williams 2006). The need to recognise the presence of the biological body has been discussed in disability studies literature, but it seems the term refers to the body on a one-dimensional, purely physical level. However, understanding this on a conceptual level reduces it to a universal, ahistorical ‘fact’, which Williams (2006) has termed a ‘genes eye’ view of the world.

Alternatively, the idea of ‘materiality’ when conceptualising the body sees the body in a process of producing effects and meaning, related to expressions and experiences of inequality. The focus during analysis is upon how people’s physical bodies influence their materialistic position in the world. Within disability studies, the work of Thomas (1999) and Garland-Thomson (2011) are representative of such materialistic frameworks. Such positions do not focus on exploring the body’s ‘material’ or ‘organic’ composition but the cultural practices that situate the body in relation to other bodies in specific historical/social contexts (Sofaer 2006).

Following these two conceptualisations, I see my own perspective aligned with the notion of ‘corporealism’, and is the way in which I refer to the nature of the physical body. Rather than operating on a one-dimensional level, corporeal reality (Shilling 2012) recognises the embodied subject does not only possess physical attributes but also feelings, dispositions and an embodied consciousness (Williams 2006). This relates to how the organic matter of the body or the ‘biological’ body influences the content and functioning of health (Bury 1997). Grosz (1994) argues, “the openness of organic processes to cultural intervention, transformation or even

production, must be explored” (p. 23). Set within a social-relational framework, recognising the corporeal nature of the body refers to the ‘matter’ of the body on physical, emotional and social levels and accounts for the complexity of disability. This is succinctly depicted by Shilling (2012):

“The body is possessed of emergent properties and capacities (evolutionarily given and irreducible to presently existing social relationships and technologies) that enable us to act on our environment, and that also constitute it as an active vehicle for lived experience. Thus, embodied subjects are not passive recipients of the structures of indeed the natural milieu” (p.241)”

I see my position in these theoretical debates as a reconciliation of ‘extreme’ social approaches and ‘extreme’ medical approaches. Williams (2006) argues that a weak form of constructionism has a place and is compatible with realist principles. Sociological/corporeal non-reductionist approaches to impairment and the body are required to bridge the gap between these debates, which appear to swing back and forth. The way in which bodies look and function are significant in informing social interactions. Bodies are fundamental in deciding how people ‘fit’ within ‘normative’ frameworks of understanding (Coleman-Fountain and McLaughlin 2013). Furthermore, in keeping with such non-reductionist approaches, the body possesses feelings and emotions (Williams 2006), not just physical attributes. Impairments can cause physical and emotional pain. Shakespeare (2006) supports this, asserting “even in the absence of social barriers or oppression, it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral” (p.41). An interactionist approach can focus on the lived social worlds of the women and their own understanding of their experiences. This day-to-day analysis of the way they make their way through their lives – set within the social, cultural and historical context – is important for exploring the situations/social relations that shape the interplay between their identities and bodily experiences.

In adopting this stance and reinforcing the presence and corporeal effects of impairment, I do not want to devalue disabled embodiment. Overboe (1999) suggests that preconceived categories of body and identity devalue a disabled embodiment and fail to validate this lived experience. Disabled embodiment should be viewed as one way of being, rather than a way of being that is outside of social norms (Overboe 1999). The idea of the ‘super-human’ needs to be broken away from as it reinforces notions of ‘normality’. When people are portrayed as ‘overcoming’ disability, they are viewed as heroes; however, this merely acts to reinforce able-bodied norms. From an interactionist viewpoint, recognising the body’s ‘active’ presence allows for the exploration of what people do with their bodies during social interaction. For example, Newton (2003) argues, “any account of the social world remains seriously deficient if it ignores

the fact that human beings have bodies, and that our bodies are implicated in human communication, development, maturation and reproduction” (p.35).

### 2.2.2 Psycho-emotional dimensions

In addition to critiques that the social model prioritises the exploration of structural and environmental barriers, there is increasing work addressing the psycho-emotional dimensions of disability (Corker and French 1999; Reeve, 2002; Thomas, 1999). These scholars highlight that exclusion can be experienced in various ways and the social model largely ignores cultural and experiential aspects of disability.

Thomas (1999) contends that impaired people are not only restricted in *doing* but are also restricted in *being*. These psycho-emotional dimensions include being hurt by the reactions of others, being made to feel worthless and unattractive, and have their roots in the negative attitudes and prejudices present in society (Reeve 2002). Whilst originally termed the ‘psycho-emotional dimensions of disability’, recently this has been altered to ‘psycho-emotional disablism’ (Thomas 2007). This is to strengthen the connection with other forms of social oppression, for instance, racism and ageism. Corker and French (1999) suggest an important element of this disability dimension is internalised oppression. Feelings of shame when being stared at in the street or anger and frustration when confronted with physical/social barriers are ways that this could manifest.

Furthermore, Reeve (2012) argues that the stubbornness of the body cannot be ignored when analysing psycho-emotional disablism because of the way in which impairment and prejudice are interlinked. It has been highlighted that despite the progress made in removing sources of structural disablism, eradicating psycho-emotional disablism will be much more difficult. This originates from the prejudices prevalent in mainstream society caused by the ‘endemic’ issue of ableism (Reeve 2012). These examples demonstrate that there are many intricate levels to disability, which are not addressed in the UK social model. The arguments against the social model, as detailed above, are related to the critique that it fails to account for individuals’ personal experiences.

### 2.2.3 Exclusion of personal experiences

Feminist disability writers have led the theoretical campaign for the consideration of personal and experiential dimensions of disability. The argument to recognise personal experience is founded on the idea that societal barriers are not an adequate interpretation of lived experiences (e.g. Crow 1996; Garland-Thomson 1994; Morris 1996; Thomas 1999; Wendell 1996). This is inspired by the feminist phrase ‘the personal is political’. Thomas (2006) argues that during the

1980s and early 1990s disabled feminists found they were shut out of the 'sisterhood'. Feminists tended to ignore disability completely or distance themselves from disabled women. The fear was that the societal view of disabled women as weak and dependant would stand to undermine the feminist movement, with the emphasis on the presentation of women as strong and independent. In response, a number of disabled feminists provided poignant accounts of their personal experiences in their own work. For instance, Wendell (1996) talked openly in her book, *The Rejected Body: Feminist Philosophical Reflections on Disability*, about her experiences of living with a chronic illness. This provided an essential documentation of medical power and the social-cultural forces that construct disabled as 'other'. These texts had an important impact and forced feminists to re-think their positions (Thomas 2007).

Thomas (1999) suggests that personal experiences associated with having an impairment should not remain sidelined; these hold great value in understanding the socio-cultural and psycho-emotional factors influencing disabled peoples' lives. Recognising this will allow the experiential nature of impairment to be voiced and the value of individuals' experiences to be highlighted in understanding wider social processes.

Wendell (1996) also introduces the potential of stand-point theory, which is adopted from feminist bodies of work. This emphasises the importance of the unique social location of individuals and their own knowledge and experiences, which may produce a specific *stand point* for disabled people. In relation to culture and society, the knowledge of certain groups and communities is valued over others (for instance, scientific knowledge). Bê (2012) argues that disabled people's specific 'knowledges' have been deemed unimportant or are non-existent. It is important to recognise the potential benefits and richness that can be added to empirical work by including disabled peoples' own knowledge and daily experiences in various societies, cultures and contexts. This shifts the perspective from the macro scale of the economic to the micro-politics of the individual (Thomas 2004b). I will be foregrounding the experiences of disabled, female athletes at the elite level to account for the multifaceted nature of these experiences and to recognise their varied, nuanced and perhaps chaotic realities. The above research clearly indicates the need to incorporate these individual narratives and fully explore the micro interactions between the athlete and wider society.

Debates in UK disability studies are consumed with the failings of the social model in explaining and accounting for a full range of disability experiences. Thomas (2004b) argues that we now need to break away from the preoccupation with the social model in disability studies and develop the potential of social-relational approaches. One of the aims of my research is to aid in the progression of this model and how it can be applied in a sporting context.



### 2.3 Social-relational approach

The social-relational approach to disability study represents the recognition of the environment and the social context in how an individual experiences impairment. This stands in contrast to the individual bio-medical model of disability. Tøssebro (2004) suggests there has been an ‘environmental turn’ in debates about disability. This shift does not imply one single way or approach to understanding disability, but represents a family of ideas, which focus on the environment<sup>3</sup> and social situation. The Nordic countries have aided in the development of the social-relational approach, which views disability as a relationship between the individual and the environment. In Norway, disability has been defined as “a mismatch or gap between the person’s capabilities and the functional demands of the environment” (Tøssebro 2004, p.4). Traustadóttir and Kristiansen (2004) assert this approach to conceptualising disability can also be seen in the government policy documents of the Nordic countries.

The strong social model, developed in UK disability studies is also part of this ‘environmental turn’, however there is a marked difference between this and the social-relational approach. The UK social model argues that the environment causes disability; it does not recognise disability as being a person-environment relationship. Tøssebro (2004) highlights this effectively when he argues the social model overestimates what can be achieved through environmental changes, for instance, for people with severe cognitive disabilities. The individual body and associated functional limitations should not be ruled out of the theorisation process. The Nordic model recognises the interaction between individuals and their context (society). This is underpinned by the relative interactionist position identified by Gustavsson (2004) in a review of theoretical perspectives prevalent in disability studies literature. In addition, he also identified ‘individual and contextual essentialism’, related to the individual and social models along with ‘second generation constructivist perspectives’, which are either linguistic or cultural in nature. It is the interactionist perspective that is important for my research, providing the foundation for social-relational approaches that have been popularised in Nordic countries. The emphasis is on a multi-level approach; it is understood as an alternative to forms of essentialism and favours studying disability on several analytical levels. Thomas (2002) suggests that disability should be seen as arising from the interactions between a person with an impairment, the environment and attitudinal barriers. Empirical work should strive to focus on disability from these different levels. This is in opposition to considering only the impairment (individual essentialism) or only the environment (contextual essentialism).

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<sup>3</sup> In this context ‘environment’ not only refers to the physical surroundings of an individual, but also the socio-cultural setting and the people, places and events that the individual might interact with.

Kristiansen and Traustadóttir (2004) have summarised the main characteristics of the social-relational approach. First, disability is a person-environment mismatch or ‘poor fit’ between the individual’s capabilities and the demands of the broader social environment. This occurs because the individual does not have capacities in the typical range and because the environment is not adapted to the whole range of human existence. Secondly, disability is viewed as being situational or contextual, so whether an impairment is ‘disabling’ or not depends on the situation. For example, a person is not blind when speaking on the telephone. Thirdly, disability is relative; here the social construction of disability is highlighted. This construction occurs between the individual and the environment and in relations between individuals.

This perspective applied in Nordic countries has been relatively inaccessible to the international disability studies community until recently (Schneider 2006), with few Nordic works available in English or other languages. Kristiansen and Traustadóttir (2004) suggest that the The Nordic Network on Disability Research (NNDR) has facilitated the growth and development of an interdisciplinary network of disability researchers in the Nordic countries. These developments have aided in the dissemination of Nordic perspectives on disability studies and the social-relational approaches that have been applied in research (Schneider 2006).

Thomas (1999) has been one of the strongest advocates of the social-relational model in UK disability studies. Her perspective is underpinned by a materialist, non-reductionist ontology of the body, which has been described as both essentialist and constructionist. Thomas distinguishes between impairment and ‘impairment effects’ and recognises the impact of structural and psycho-emotional dimensions of disability. Tøssebro (2004) has acknowledged that Thomas uses the phrase ‘social-relational’ differently to scholars from a Nordic perspective, placing significance on power structures and the relations between social groups. The argument focuses on the analysis of power relations in the impairment/non-impairment distinction. In contrast, the relational aspect typified in the Nordic approach occurs between the person and the environment.

The Nordic approach places the interaction between individuals and the environment at its core. In order to understand the processes behind disability and the manifestations of exclusion and discrimination, it is imperative to look at the individual from a contextual and situational perspective. Gustavsson (2004) argues in order to understand this interaction it is important not to focus on the idea that individuals have certain shortcomings, or to have decided that the context has particular characteristics. Such an approach requires openness to what is going on, whereby reflective persons shape what we study. In adopting this perspective I believe that disability occurs in the ‘gap’ between the environment and the person. Therefore, impairment

cannot be ignored but needs to be recognised as part of a holistic understanding of disability. Individuals' experiences and the psycho-emotional effects of living with impairment need to be considered.

## 2.4 Introduction to Symbolic Interactionism

The previous section outlined the multiple ways in which disability is theorised. Symbolic interactionism is the perspective that has been employed to explore how people make sense of themselves and the world around them. The social-relational model and interactionism combine to formulate the theoretical foundations of my work.

To understand how disabled female athletes at the elite level negotiate their identities in sport and across contexts, I will be utilising symbolic interactionism. This approach focuses on the *nature of interaction* and the dynamic social activities taking place between individuals. Symbolic interaction began with the premise that the individual and society are interdependent and inseparable – both are constituted through shared meanings. Pascale (2011) argues that it emerged as an effort to understand social life through a perspective other than laboratory research and stimulus-response conceptions advanced by behaviourists. The attention is shifted away from individual personality characteristics or how the social structure causes individual behaviour (Longmore 1998).

At the heart of symbolic interactionism is the idea that, as human beings, we rely on symbols, ranging from the tangible to the invisible, to create meanings both deliberately and unconsciously. We use a variety of languages (including verbal utterances, non-verbal signs and textual representations). These languages formulate a symbol system and become constructs of meaning. We also constantly engage in sense-making by deciphering such meanings in relation to other individuals in society (Mills 1982). The philosophical school of American Pragmatism strongly influenced the development of symbolic interaction<sup>4</sup>. Pragmatists argued that reality is not ready-made and waiting to be discovered, rather, the acquisition of knowledge is an active process occurring in individuals' day-to-day lives (Pascale 2011). The pragmatism of John Dewey and William James suggested that truth is a process of becoming. Pascale (2011) argues that pragmatism shifted notions of truth from the academic to the everyday; from what scholars think about the world to the everyday experiences that individuals encounter.

### Establishing the theoretical foundations

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<sup>4</sup> The school of pragmatism originated in the late 19<sup>th</sup> century. American pragmatists John Dewey and William James were influential amongst scholars thinking about social interaction. Mills (1982) makes a distinction between the Peircean tradition of pragmatism and the school of pragmatism advocated by James and Dewey. The works of Charles Horton Cooley, George Herbert Mead and Herbert Blumer are aligned with that of James and Dewey; they are defined as 'social pragmatists' (Mills, 1982). Early scholars working in what became symbolic interaction drew strongly from the concepts in pragmatist philosophy to develop theories of identity, self and interaction.

Historically, there are three scholars who helped to establish the theoretical foundations of symbolic interactionism. The three are Cooley, Mead and Blumer. Cooley helped to establish 'the looking glass self', which is one of the defining features of symbolic interactionism. Cooley (1902) recognises the influence of significant others in how an individual develops a sense of 'self' and how they feel about this self. The self exists as an imaginative fact and we envisage how others would think of us, in terms of our physical and emotional characteristics. This process is explained in the following three principles: "the imagination of our appearance to the other person, the imagination of his (or her) judgement of that appearance, and some sort of self-feeling, such as pride or mortification" (Cooley 1902, p.152).

The key in this approach to the self is the emphasis placed on the reflected appraisals of others; the self is constructed in relation to others during interaction. Some of these evaluations will be internalised by the individual and occur even without the presence of others. For example, a disabled person will perceive how they are viewed in different social contexts, which could lead to positive or negative self-appraisals. One aspect of psycho-emotional disablism is the internalised oppression experienced by individuals when they imagine how others judge them in different interactional spaces. Cooley suggests, "we always imagine, and in imagining share, the judgement of the other mind" (1902 p.153). This implies that individuals develop through the conditions of their unique social experiences.

Based on the conceptions of the self, explored by his predecessors, George H. Mead (1934) examined how the self and mind are constituted through the language process, for instance symbols and symbolic interaction (Miyazaki 2012). Mead provided symbolic interactionism with its three main components: mind, self and society, and belonged to an early tradition of scholars who viewed themselves as both philosophers and scientists (Pascale 2011). As a philosopher, he was a pragmatist and as a scientist he was a social psychologist. Mead's work has close affiliations with aspects of behaviourism and it is noted he had close personal ties with John Watson, the founder of the behaviourist branch of psychology (Shalin 1989).

One of Mead's key arguments concerned the nature of social interaction, which he suggests is an evolving series of gestures that can change direction spontaneously, dependant on how the interaction is unfolding. Mead made a critical distinction between gestures and significant gestures or symbols; a gesture is similar to stimulus-response mechanisms and comes before any form of 'action'. According to Mead, a gesture becomes significant when there is an idea behind it, and it arouses the idea in the mind of the 'other' – in these scenarios, the gesture can be deemed a significant symbol. A language of symbols is formed when people have shared meanings of these significant symbols (Mead 1934). The concept of gestures and significant gestures could potentially indicate how people might respond in different interactional

situations. These lines of action also influence the development of ‘self’ and the way in which we reflect on this.

The self, as defined by Mead (1934), is relational and can only exist in the relationships with other individuals in society:

“The self is something which has a development; it is not initially there at birth, but arises in the process of social experience and activity. It develops in the given individual as a result of his (or her) relations to that process and to other individuals in that process” (p.135).

The notion of a reflexive self is one of the key principles underpinning Mead’s ideas. The individual experiences himself (or herself) from the particular standpoints of other members of the same social group (Mead 1934). This means “the human being can be the object of his or her own actions and act towards himself or herself as he or she might act towards others” (Blumer 1969, p.181). The importance of the self as an object cannot be underestimated. Individuals view themselves from the position of others and can recognise their own selves as various social objects (e.g. women, athlete, or student). People can then act and react on the basis of these interpretations.

Herbert Blumer was a prominent student of Mead and was the first to use the term ‘symbolic interaction’ to describe research being conducted at the University of Chicago with a focus on significant symbols. Blumer (1969) developed Mead’s work on the self, specifically, the distinction made by Mead (1934) between two phases of the self – the “I” and the “me”. The negotiations between the “I” and the “me” help to establish the self. For Blumer, the “I” operates on a personal level and refers to how an individual might see himself/herself. The “me” is social in nature and refers to how an individual imagines others see them. The “I” and the “me” are engaged in continual, internal conversations, which shape our own perceptions and mediate the imaginary image we have of how others view us. These conversations are exemplified through the questions we might ask ourselves during an interactional encounter (Pascale 2011). For instance: will this joke be funny? Will it be embarrassing if I say this? Are these people similar to me? Subsequently, we assume the role of the other person involved in the encounter and imagine what they might (or might not) be thinking.

Symbolic interaction has thrived in a variety of schools; today there is no single school of symbolic interaction. The advancements made by Cooley, Mead and Blumer provided the theoretical foundations of symbolic interactionism. Concepts such as the looking glass self and the “I”/“me” distinction provide an understanding of how the self is negotiated and developed through social encounters. This has implications for identity theory and how people come to

define themselves in different social locations. There are variations among interactionists concerning how the propositions of interactionism, as a theoretical body, should be expressed. These ideas have been applied in a myriad of ways, however, the work of Maines (2001, p.3) has been useful in drawing them together to outline the key assumptions of the approach:

- “1. *People can think and they possess self-awareness.* Despite the variation in abilities among people
2. *Communication is central to all human activity*
3. *All forms of human activity occur in situations.* Human behaviour occurs in different social, cultural and historical contexts
4. *Human relationships and collectivities are forms of activity.*”

Maines (2001, p.3) suggests that from these, interactionists have derived a series of propositions to conceptualise ongoing research:

- “1. *Human activity involves transactions of meaning.* Humans communicate on the basis of symbolic representations and they must interpret these meanings to form a response
2. *Variation, change and uncertainty is intrinsic to human group life.* The key principle underpinning this idea is the probabilistic nature of the future. This constitutes Mead’s observation of society as ‘ordered flux’
3. *Society and the individual are never separable but are merely different phases of social processes.* Individuals are always social beings and societies are always composed of interacting individuals.”

These assumptions and propositions are not exhaustive however, they highlight the key points underpinning interactionist approaches (Maines 2001, p.3). These can be used as a starting point to explore the diverse ways that identity(ies) has been theorised and understood within this body of work.

The symbolic interactionist perspective suggests that the process of negotiating identities occurs through social interaction. The self is social in nature and strongly influenced by individual’s interactions with others and the feedback they receive from both significant others and generalised others. This conceptualisation of identity is exemplified in the work of Jenkins (1996) who argues that identities are formed in a dialectal relationship between internal (what we believe our identities to be) and external factors (how others perceive and react to us). The reflexive sense an individual has of their different identities is recognised as a dynamic collaboration between the person and their social world (McAdams 1993). In analysis, the emphasis is on understanding and exploring how people bring forward their own version of society through the meanings they ascribe to symbols and objects present in their social worlds. This is highlighted by Blumer (1969):

“Symbolic interactionism is a down-to-earth approach to the scientific study of human group life and human conduct. It lodges its problems in this natural world, conducts its studies in it, and derives interpretations from such naturalistic studies. Its methodological stance, accordingly, is that of direct examination of the empirical world” (p.47).

I have used a symbolic interactionist framework to explore the identity negotiations of the elite-level disabled sportswomen across different contexts and historical moments. However, it is important to clarify how I have employed the concepts of ‘self’ and ‘identity’ as they carry different meanings.

### **Self and identity(ies)**

Owens (2003) makes a useful distinction between self and identity, which will inform the definitions applied in my own work. The central quality distinguishing self from identity is “self is a *process* and *organisation* born of self-reflection, whereas identity is a *tool* by which individuals or groups categorise themselves and present themselves to the world” (p.206). Self is defined by Owens (2003) as “an organised and interactive system of thoughts feelings, identities and motives that is born of self-reflexivity and language, people attribute to themselves and characterise specific human beings” (p.206). Identity is not equivalent to a person’s sense of self but a component of self and helps to inform how we come to understand ourselves. Vyran *et al.* (2003) argue that compared to self/self-concept, identity is even more social as it represents a location in the social and cultural structure. It is the public aspect of self, which is acted, perceived and negotiated during social interactions. This is encapsulated in Stone’s (1962) working explanation of identity:

“Almost all writers using the term imply that identity establishes what and where the person is in social terms. It is not a substitute for the word ‘self’. Instead, when one has an identity, he/she is situated - that is, cast in the shape of a social object by the acknowledgement of his/her participation or membership in social relations. One’s identity is established when others place him/her as a social object by assigning him/her the same words of identity that he/she appropriates for himself/herself or announces. It is in the coincidence of placements and announcements that identity becomes a meaning of the self” (p.93).

The key to the self is reflexivity, which allows people to view themselves from an external point of view (Mead 1934). The self includes an idealised version that is relatively unchanging and also a working copy that we import into situations; this is the part that is constantly changing and altering in accordance with situational influences (Burke 1980). Rosenberg (1986) forwarded three principles, which determine how an individual formulates and modifies their sense of self.

These elements are reflected appraisals, social comparisons and self-presentations, and have developed from the original principles defining symbolic interactionism. It is important to outline these principles as they explore how a person comes to understand their sense of self, and ultimately, their identities.

### *Reflected appraisals*

This concept relates to our perceptions of how others view us. Ridolfo (2010) argues this process has largely been neglected from disability studies literature, but is imperative to consider due to its potential impact on the development and negotiation of identities. The principle is implicit in Cooley's (1902) looking glass metaphor<sup>5</sup> and Mead's (1934) idea of taking the role of the other. Individuals' feelings about themselves will be strongly influenced by their own personal judgements of what they believe others think of them, which occurs during social interaction. This process is mediated by the extent to which the 'other' is significant. The more significant in our lives we consider an individual to be, the more influence they will have on how we come to view ourselves. Research has suggested that individuals play an active role in selecting who they interact with (Kaufman and Johnson 2004; Rosenberg 1986) and this demonstrates a certain level of agency in the process.

### *Social comparisons*

Festinger (1954) originally developed this principal, which asserts that individuals learn about themselves by comparing themselves to others. People judge themselves on the basis of comparisons to particular individuals, social groups or categories. Based on these comparisons positive, neutral or negative 'self-ratings' will result. Rosenberg (1986) argues that individuals can choose who they are going to compare themselves to and this has two different dimensions. The first dimension marks individuals as superior or inferior to another based on a criterion of excellence. The second refers primarily to deviance or conformity, here the result is not that the individual is better or worse but that they are either different or the same.

The notion of social comparisons is important when exploring social identities, such as disability. This contrast rests on the idea of individuals comparing themselves to group members (e.g. disabled vs. non-disabled) and constructing a sense of sameness or differentness in order to claim or reject social identities or group membership. In the disability studies literature, Watson (2002) has demonstrated that physically impaired individuals make contrasts to able-bodied individuals. Shakespeare (1996) further exemplifies this suggesting that disabled people are socialised to think of themselves as inferior through strong messages of physical differences perpetuated during

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<sup>5</sup> Cooley's (1902) looking glass self has three principle elements: the imagination of our appearance to the other person, the imagination of the individuals' judgement of that appearance and then some form or emotional reaction whether negative or positive.



social and cultural interactions. Furthermore, individuals make comparisons with other impaired individuals in order to make sense of their place in the disability community (Shakespeare 2006).

### *Self-presentation*

This concept is based on Goffman's (1959) work on the dramaturgical analysis of social interactions and relations in everyday life. In this principle, individuals engage in complex internal negotiations to project a 'desired' impression. This impression is maintained by consistently exhibiting and performing complimentary behaviours. Goffman (1959) has termed this 'impression management'. During social interaction, people act and perform for the 'audience', which leads to the individual and the audience creating a definition of the situation. This definition subsequently guides the individual's performance and the meanings attributed to it. Goffman (1959) asserts that the context defines how people choose to present themselves. Individuals may alter their presentation based on the reaction they wish to receive from others or the context of the situation. Owens (2003) argues that people not only formulate impressions, consciously or otherwise, but project these impressions with the goal of others 'voluntarily' internalising these impressions.

This is highlighted in the work of Thomas (1999), where she openly discusses her own personal experiences of living with a physical impairment. Thomas explains that she actively chooses to make her impairment invisible in most social situations to prevent others from labelling her as disabled. This illustrates the principle of self-presentation in interaction and the way in which individuals choose to behave in order to alter others' reactions and perceptions. This might occur through adapting the identities they present (Goffman 1959), by making the impairment invisible, or through the demonstration of their abilities (Ridolfo 2010). This is particularly relevant in a sporting context as individuals are able to demonstrate skills and abilities that are not commonly associated with disability as a social identity (DePauw 1997).

These three concepts provide the foundation for understanding the dynamic nature of the self and in turn identities.

#### **2.4.1 Symbolic interactionism and gender**

There are many approaches to exploring the nature of gender; I do not have the space to cover each individual theoretical perspective here. However, I will make some broad distinctions to situate symbolic interactionism in the milieu. In the literature review I address the historical development of gender theory in relation to sport/disability including the development of feminist frameworks, therefore I will not repeat this literature here. Oakley's (1972) work first

brought the term gender into the social sciences (Holmes 2007) where the distinction was made between biology and culture. ‘Gender’ refers to the historical and social context that shapes how characteristics associated with terms such as ‘masculine’ and ‘feminine’ are perceived (West and Zimmerman 1987). At a basic level, ‘sex’ refers to the biological characteristics, which distinguish between male and female (Holmes 2007). However, this is a relatively simplistic distinction, which masks the complexities underlying these concepts (West and Zimmerman 1987). Transsexual, transgender and intersexed people further the tensions around distinct gender categories and the binary that exists between male/female as two separate sexes (Tolvhed 2013). The case of Caster Semenya – a South African middle distance runner – has made visible the different positions concerning how ‘sex’ should be defined. Her body was understood as existing outside of the ‘available’ binary categories, which sets science up as the route towards truth (Camporesi and Maugeri 2010), ultimately there is a continuum of bodies that cannot be arranged into two stable groups (Tolvhed 2013).

These complexities help to situate ‘gender’ firmly within the sociocultural context (Lindsey 2010). I am going to draw on the work of West and Zimmerman (1987), written from a symbolic interactionist perspective, to theoretically underpin my approach to understanding gender. Through this lens, gender is something we *‘do’* not something we *‘have’*. There are a myriad of ways to distinguish between the different theoretical approaches to exploring gender. For example, Wharton (2012) makes the distinction between individualist, interactional and institutional frameworks, whereas Holmes (2007) draws the distinction between structuralist and post-structuralist perspectives. I am going to address some alternative perspectives to exploring gender before outlining what is implied from an interactionist viewpoint.

Following the structuralist/poststructuralist framework, functionalism and conflict theory are two perspectives that can be classed as ‘structuralist’ approaches (or at this end of the continuum), which have been influential. Functionalist theory in relation to gender is based on Parson’s model of the nuclear family, which was developed in the 1950s (Lindsey 2010). On a general level, functionalism is based on the idea that society is made up of independent parts, which contribute to the functioning of society – therefore, it is generally regarded as a ‘macro’ approach. When applied to gender, functionalism suggests men and women undertake roles within family units that dictate their wider roles within society. Subsequently family’s benefit when spouses undertake complimentary and non-overlapping roles (Lindsey 2010). Similarly, conflict theory is also termed a ‘macro’ perspective, but it differs from functionalism as the emphasis is on the power differentiation between social classes. It stems from Marxism, but was applied to the context of gender and family roles by Engels (Holmes 2007). Through this lens women are subordinate to men and have less power in the household because they are reliant

on them economically. Conflict theory has now been used in a variety of other contexts to explore the tensions between different social groups, rather than social classes alone.

Similar critiques have been levelled at both functionalism and conflict theory in regards to the dominance of social structure in both perspectives. These approaches create deterministic positions, which fail to account for individual agency and the diversity that exists between women (Holmes 2007). Furthermore, the diversity of gendered relations need to be considered and accounted for outside of household structures, particularly in regards to continual processes of social change that are unfolding in society (Lindsey 2010; Wharton 2012). Following this, poststructuralist theorists have developed thinking around gender and shifted thinking away from structuralist ideas. Work is characterised by dynamism and fluidity rather than placing emphasis on rigid social structures (Lindsey 2010). Judith Butler has been an influential figure in the application of poststructuralist thinking to gender. Butler (1990) maintained that the dualism between male/female is false and gender is performative in nature. Messner (2011) has termed these approaches “multiple constructionism” (p.153), and they develop the idea that binary categories of men/women are limiting. The work of Foucault in relation to gendered bodies has also been influential in this field and has been applied across a number of different contexts within sport and gender research. From the gendered discipline practices controlling Norwegian basketball players’ bodies (Strandbu and Hegna 2006) to women’s rugby bodies (Chase 2006) and the construction of bodies in marathon running (Bridel and Rail 2007). In adopting a symbolic interactionist viewpoint, I recognise the contested nature of gender and the different ways this could be ‘done’, whilst foregrounding the importance of different interactional experiences in these processes (West and Zimmerman 1987).

Symbolic interactionism theorises gender as a routine and recurring accomplishment that is constituted through social interaction (Brickell 2006). Gender is the activity of managing our situated conduct in relation to ideas about what is considered to be ‘masculine’ or ‘feminine’ in respect of normative conceptions (West and Zimmerman 1987). ‘Doing’ gender in this way means that we create differences between men and women that are not ‘essential’ or biological. As West and Zimmerman (1987) state, doing gender “involves a complex interplay of socially guided perceptual, interactional and micro political activities that cast particular pursuits as expressions of masculinity/femininity” (p. 126). This moves masculinity and femininity from naturalised or essential properties of a person to social properties that are maintained in interaction, within shared communities of understanding (West and Zimmerman 2009). West and Zimmerman (1987) suggest we engage in self-regulating processes and appropriate gendered identities that we strive to maintain (otherwise we are held accountable); consequently we reinforce gendered differences, which achieve the status of ‘objective facts’. Scholars have used interactionist approaches to understand how gender is ‘being done’ in a number of

different contexts. For instance, Sweeney (2014) utilised these concepts to explore the intersection of sexuality and masculinity in a group of male collegiate athletes, Loftus and Andriot (2012) investigated the effect of infertility on women's life course transitions and sense of 'femininity'. From a completely different angle, Williams (2005) focused on how gendered inequalities are produced during encounters between customers and sales clerks in the context of a toy store. These examples demonstrate the wide applicability of interactionist ideas concerning gender at a day-to-day level and how these might subsequently extend into 'assumed' social and institutional understandings. Exploring gender from this perspective has not been widely utilised in relation to disability and sport respectively. However, this approach can fulfil an important role by providing fuller insights into the negotiations that are occurring around gender/disability. It also operates as a lens to explore the interactional scaffolding and social structures, which operate to sustain ideas about what is 'appropriate' gender behaviour in sport and other contexts.

## 2.5 Identity(ies)

The sociological and psychological literature exploring identity is diverse with various approaches to theorising the concept. The first important distinction is the contrast between social and personal identities. These concepts relate to individuals' larger and more durable sense of social location. There is an array of definitions for these aspects of identity, however, the similar approaches of Hewitt (2000) and Snow and Anderson (1995) provide a clear distinction between the two.

Social identity refers to a sense of self that is built up over time as the person participates in social life and identifies with others (Hewitt 2000). These identities are attributed to others in an attempt to make sense of them as social objects. Snow and Anderson (1995) state, "they are not self-designations or avowals but imputations based primarily on information gleaned on the basis of appearance, behaviour and the location and time of action" (p.240). Owens (2003) further asserts that one's social identity is derived from the groups and categories to which the individual is *socially recognised* as belonging.

Personal identity refers to the meanings attributed by the individual (Snow and Anderson 1995). This form of identity emphasises a sense of individual autonomy rather than of communal involvement (Hewitt 2000). Personal identities are tied to the individual rather than being attached to a role in society. The meanings of these identities are regulated so there are no dispositions to act in a certain way (Stets and Burke 2000). We construct our narratives around this personal identity and our biographies are maintained, negotiated or altered in different contexts and when in the presence of different audiences (Vyrant *et al.* 2003).

It is possible for these personal and social identities to be in conflict. For instance, the way an individual perceives him/herself might differ in comparison to how others see them. In relation to disability, a person might be labelled as ‘disabled’, however they may not internalise such identities (Shakespeare 1996; Watson 2002). There has been research that has demonstrated these two are not always harmonious. Shakespeare (1996) has explored this by interviewing participants about the choices they made in ‘coming out’ as disabled. This involves accepting ‘disabled’ labels and self-identifying as such. The work demonstrated that, often, people do not identify as disabled, but are perceived as such in wider society. I think it is important to recognise both personal and social identities because of the potential for clashes between the two and how these are negotiated.

There are a wide variety of approaches to theorising identity in a symbolic interactionist framework. It has been suggested that from the milieu there are two main accounts for understanding identity(ies), these can be drawn on a continuum ranging from structural to processual (Allen-Collinson and Hockey 2007). It is important to note the term ‘continuum’, approaches can fall between the two, but it has been useful to make this distinction to clearly highlight the differences. For the radical processual symbolic interactionist of the classic Chicago school, identities are always negotiated once a person enters a social situation. For the radical structural symbolic interactionist, often associated with the Iowa school, the person enters the event with identities that are predetermined through social structure and/or culture. This sense of identity might change only marginally during interaction (Schneider 2006). It is imperative to be aware of differing theories and perspectives. I will now discuss these approaches to identities to contextualise how they are being understood in my own work and in relation to wider disability studies literature.

### **2.5.1 Structural approaches**

The structural nature of identities is exemplified in the work of Stryker (1968, 1980), Burke (1991) and McCall and Simmons (1978). The key element in the structural perspective is the focus on the roles that individuals occupy in relation to the social structure. The term role refers to the behavioural expectations associated with a position or status in a social system. Identities are developed in relation to social and cultural structures and the extent to which individuals internalise these positions. Owens *et al.* (2010) suggest that these theories focus on the stable, internalised aspects of identity formation and how these affect behaviour as the individual moves between social situations. Stryker’s identity theory (1968, 1980) has been the dominant structural approach in the symbolic interactionist literature. Identity theory proposes that individuals have different levels of commitment to various role-identities. An individual is motivated to act through their conception of an identity and their desire to maintain and protect it. Stryker

(1980) developed the 'hierarchy of salience' model, which refers to the exhibition of these different commitment levels. It is predicted that the more salient an identity is the more likely it is to be adopted in a situation that involves some form of agency. This approach shares the symbolic interactionist assumption that humans have the possibility of choice, even though choices are constrained by the situation (e.g. social structure and social interaction). Therefore, people are proactive and not merely reactive.

Identity control theory, proposed by Burke (1991), suggests that the self is an occupant of a role. This role is formed in a relationship with the wider social structure. It is founded on shared interpretations and meanings in different situations and contexts. Owens *et al.* (2010) suggest that Burke developed Stryker's (1968) original theory to account for how meanings guide action, and is more focused on the internalisation of these meanings. Burke's version of identity theory evolved somewhat differently to Stryker's. The latter focuses on how social structures affect the self, the former concentrates on the internal dynamics of self-processes as these affect social behaviour (Stryker and Burke 2000). Burke's theory is concerned with the roles that individuals enact. The individual is in a process of comparing and reflecting on the roles they are undertaking and whether these performances are consistent with meanings attributed to that role.

A further approach in the structural symbolic interactionist tradition is role-identity theory developed by McCall and Simmons (1978). This perspective also emphasises the concept of 'role identities'. These are defined as "the character and role that an individual devises for himself/herself as an occupant of a particular social position" (p. 65). In this approach, the organisation of identities occurs in a 'hierarchy of prominence'. This differs from Stryker's (1980) 'hierarchy of salience' as the focus is on what an individual values and does not attempt to predict their behaviour in a given situation.

The identity that maintains prominence depends on how much support an individual gets for that identity, the extrinsic and intrinsic awards associated with the identity and their own personal commitment to the identity (Stets and Burke 2000). McCall and Simmons (1978) argue that identities are always negotiated and constructed in relation to an opposing identity in a given situation. The counter-identities of teacher and student provide an example of how these roles are enacted. In the interaction of these two individuals each has perceptions of their own identity and that of the 'other' identity. Each party is attempting to act the role that meshes with the other (Stets and Burke 2000). This approach again emphasises the importance of the social structure in organising and determining the identities that individuals undertake. Consequently, the potential roles are relatively fixed and stable.

### 2.5.2 Processual approaches

At the opposite end of the continuum, processual approaches recognise the active negotiation of identities in various situations and contexts (Allen-Collinson and Hockey 2007). The interactional nature of identity negotiation is emphasised and the dynamic characteristics of individuals' identities are explored. Gecas (1982) suggests that processual interactionists view identity(ies) as being situated, emergent, reciprocal and negotiated. These accounts consider the impact of identities founded on group level (social) characteristics, with emphasis on contextual factors rather than individual roles. We perceive a private and contained world in our heads but this image is a snapshot from a constantly changing public panorama (Gergen 1991; Polkinghorne 1988). The fragments of these different identities are combined to form an intelligible 'self' that is recognisable to us and others (Christiansen 1999).

In the thesis I refer, on a conceptual level, to performing, negotiating and managing identities, which I will now clarify. Performing is linked to the work of Goffman (1959) with the concept of 'impression management', which understands the individual as an actor on stage who performs their identities for the specific social audience. I will elaborate further on Goffman's work and the relevance for my own research later on in this section. The idea of 'negotiating' identities is drawn from processual accounts of symbolic interactionism, which is linked with the dynamic characteristic of identities (Allen-Collinson and Hockey 2007). This recognises the fluidity of identities, not only from situation to situation but also from moment to moment during interaction, and the reflexive sense people have of themselves. Managing identities builds on the idea of performing and negotiating identities, but implies a 'burden' associated with how people navigate social interaction. For instance, when an impairment is visible/present, and consequently, people impose 'disabled' identities. This could also refer to when social/environmental barriers are encountered and the 'hidden labour' (Scully 2010) or identity work required to 'manage' these.

The work emerging from the Chicago School has further developed how identities are understood. Stone (1962) explores this by addressing the concept of meaning proposed by Mead. Mead (1934) assumes that meaning is established during interaction when the symbol is perceived and agreed on by individuals. Stone (1962) suggests that meaning is always variable and argues that symbolic interactionism places too much focus on human discourse. Stone emphasises the importance of not only verbal communication during interaction, but also the impact of appearance on individuals' identities. The work of Stone and Erving Goffman has directed attention to the nonverbal aspects of human communication. Goffman developed the frameworks of self-presentation and impression management, which focus on the nonverbal aspects of human behaviour and how individuals define different situations. *The Presentation of Self*

in *Everyday Life*, written by Goffman (1959) depicts the body as a medium for the expression of self in interaction. It documents how people actively negotiate and alter these presentations during interaction.

Goffman's work on stigmatised identities is a specific example of a processual approach that is highly relevant in the disability studies literature. This is particularly prominent in his work *Stigma* (1963), which brought issues of impairment and identity into the sociological mainstream (Watson 2002). According to Goffman (1963), impaired individuals encounter stigma when they possess an attribute that is marked as different or unusual in comparison to the 'norm'. This attribute is attached to a stereotype(s) that serves to discredit the individual. Stigma refers to the process by which the reaction of others spoils the 'normal' identity. Goffman (1963) identified three different types of stigma. The first type of stigma concerns abnormalities of the body, such as physical impairment, character blemishes and 'homosexuality'. The second type is mental impairment. The third relates to race, religion or nationality. In the context of my own research the first type of stigma is directly relevant. The concepts developed by Goffman provide a platform to explore how individuals with 'compromised' bodies try to control information and negotiate their identities.

Through the dramaturgical analysis of everyday interactions, Goffman (1959) explained the self as a product of an individual's performance on the stage, which is constructed in relation to the audience's judgements. These performances relate to the identities of individuals and illustrate how we situate ourselves in different contexts through verbal and nonverbal interactions. The outcomes of these performances can be both positive and negative, or potentially stigmatic. Miyazaki (2012) argues that it is through this sense-making process that we create, understand and interact with meanings in society. Symbolic interactionists, through their analytical scopes, explore how individuals manage the micro-interactions occurring in everyday life. I adopted this perspective during my research to focus on how elite-level female athletes involved in disability sport manage these interactions and, subsequently, negotiate their identities.

Goffman's work into stigmatised identities has been highly criticised in the field of disability studies. It has been argued that it further perpetuates the stereotype that physically impaired individuals are weak, inferior or, simply, 'passive' victims. A major criticism of these works is that they attribute a helpless role to individuals. The emphasis is on their adjustment to loss, coping and mourning (Shakespeare 1996).

There is research that contradicts the 'passive victim' representation. For some, disability is a valued social identity, which offers resistance to the idea of being a 'victim' in society (Fine and Asch 1988; Watson 2002). Oliver (1990) suggests that individuals are able to reject and ignore stigma as a management strategy, which is not recognised in Goffman's work. Furthermore,



Finkelstein (1980) asserts that Goffman's conceptualisations focus on the source of the stigma as residing in the individual, which removes responsibility from wider society in the process of emphasising 'normal' behavioural practices. This argument has been further developed by Hahn (1985) with the suggestion that Goffman's work fails to account for the political dimensions of disability that were forcefully perpetuated during the 1970s.

However, considering its extensive criticism Goffman's work it is still highly regarded; Susman (1994) asserts that his contribution to understanding disability experiences can hardly be overstated. It demonstrates that it is not the functional limitations of impairment that constitute the greatest problems faced by disabled individuals, but rather societal and social responses to it (Carnevale 2007; Susman 1994). Vyran *et al.* (2003) suggest that Goffman was a master at demonstrating the complexity of the processes we use to maintain our identities and how we process such information during social encounters. This sentiment is reinforced by Scheff (2005), who notes the intense effects of Goffman's writings on his readers and the self-recognition it sparks in people.

### 2.5.3 Disability and identity(ies)

In the field of disability studies there have been a myriad of approaches to understanding and conceptualising identity. These approaches adopt a variety of theoretical orientations. It has been useful to follow the distinction made by Hall (1996), between two contrasting applications in this body of work. The first model has essentialist foundations and suggests that there is an intrinsic aspect to individuals' identities. These identities can be founded on a shared experience, origin or structure. Watson (2002) argues that much of the writing on disability identity and identity politics in disability studies can be classified under this approach.

In relation to the medical model outlined in the previous chapter, Shakespeare (1996) suggests that theoretical references to identity based on psychological and biological differences are biased and entwined with medical definitions of impairment. In society, dominant disability discourses define the identities of a person in terms of what he/she 'cannot' do. Subsequently, on a daily basis people with impairments are confronted with narratives of 'otherness', tragedy and medicalisation. This is reinforced by Hargreaves (2000), "the impaired body immediately and conspicuously signifies difference and abnormality. The disabled body is tied to self and identity in a most intense and evocative way" (p.185). In this individualist framework, the presence of impairment is the basis for identity formation and the 'ascription' of disabled identities.

This approach is also exemplified in writings from a social perspective in disability studies (Watson 2002). In the disabled peoples' movement, concepts of identity and the 'self' have been

founded on notions of oppressive social relations with a focus on the collectivity of individuals' experiences. Watson (2004) argues that the social model rests on an unreflexive acceptance of the disabled/non-disabled distinction with an essentialist understanding of disability as a category. Thomas (1999) has termed these 'categorical approaches' to theorising disability. Typically, from this perspective, identity is understood as a common experience that is based on societal oppression. The underlying assumption is that individuals are unified in their attitudes towards disability rights and culture. This can be seen in the work of feminist disability writers such as Wendell (1996) and Morris (1991) who both undertake 'categorical' approaches to their understandings of disability and identity. Thomas (1999) argues that Morris sees no difficulty in referring to other disabled women as being 'like' her and utilises phrases such as 'us' and 'we', which signifies a collective experience. This demonstrates the idea that an individual's identities are determined by the 'categories' to which they belong. Barnes (2012), Oliver (1996) and Finkelstein (1980) are other key authors writing in disability studies that promote the social model and the development of identities founded on collective experiences.

Thomas (1999) argues that categorical approaches suffer from a paradox. The difference that is identified and celebrated by disabled people might reinforce categories, which have been socially produced. For instance, one cannot assume that all individuals will have similar social and cultural experiences based on being part of a 'disabled' category. It can also be argued that these approaches isolate individual experience and present disabled people as a homogenous group. In disability studies, identity is often presented as something that is relatively stable, which denies the individuality of disabled people (Watson 2004). Potentially, this enforces an ahistorical, essential unity of disabled people; the assumption is that being disabled always gives rise to disabled identities.

Oliver (1996, cited in Huang 2005) suggests that disabled people can be identified through three key elements. These are, "the presence of impairment, the experience of externally imposed restrictions and self-identification as a disabled person" (p.5). Self-identification appears to be an important factor in essentialist approaches and is exemplified in the elements listed by Oliver, above. The underlying implication here is that individuals should take pride in their 'coming out' as disabled and should not feel shame in this. However, as Watson (2004) identifies, a key question then becomes: what about those individuals who wish to be ordinary, not different? Research has demonstrated that many disabled people do not self-identify as disabled (e.g. Huang and Brittain 2006, Watson 2002). This approach to understanding disabled as an identity fails to accommodate the individual in combination with contextual and situational factors.

The second model identified by Hall (1996) has poststructuralist roots and suggests that identities are developed through relations of discourse and power. There is a rejection of identity based on identity categories. The main argument suggests that a person is in a continual process of constructing a sense of 'self' through differentiation from that which is 'other'. This is exemplified in the writings of Corker (1998, 1999) and Shildrick and Price (1996). Thomas (1999) argues that in these approaches one cannot just 'be' something or someone because one's beingness has to be 'performed'. It is suggested that 'fixed' categories need to be destabilised by deconstruction. Through the problematisation of identity categories and the destabilisation of binaries a new type of radicalism is believed to be possible (Thomas 1999). Poststructuralist writers would suggest that emancipatory movements, such as the disability movement, undermine any concept of identity and self. The argument focuses on ideas of disability and impairment. These are 'empty' concepts as they are constructed through relations of power, which means they cannot serve as a foundation for identity (Watson 2004).

There has been heavy criticism aimed at such 'anti-essentialist' understandings. The majority of these arguments focus on the emergence of identity through discursive means. Agency is understood through processes of reflection and 'positionality', which leaves little room for agency in a 'humanist' sense (Calhoun 1994). Dunn (1998) argues that this type of understanding requires the recognition of a presence of self or a 'doer behind the deed'. This has led some to question why they should deconstruct their own identities when the oppressors' identities are still so strong (Shakespeare 1996).

The tensions highlighted above, when looking at the theorisation of identity in disability studies literature, suggest a need to look beyond essentialist and deconstructionist ideas. Identities are formed in interaction between body, environment and social relations. 'Biological' determinism can be avoided by highlighting the cultural processes that shape different identities. The body is perceived of as a corporeal fact with its own unique reality; therefore, bodily experiences are not marginalised. In the symbolic interactionist tradition, identities are multiple and conveyed through signs or symbols (Blumer 1969). The social-relational approach to disability, in recognising the corporeal and social make-up of the body, is conducive to the interactionist idea that identity begins with the body.

### **Identity as narrative**

Scholars in the field of disability studies are increasingly turning to the concept of narratives and narrative inquiry to explore identity in various situations and contexts (for example, Goodley, *et al.* 2004; Smith and Sparkes 2004, 2008; Sparkes and Smith, 2003; Thomas 1999). In the idea that identity is narratively constructed, self-identity is not something that is just given, it has to be routinely sustained in the reflexive activities of the individual (Goodley *et al.* 2004). It is the

individual's sense of biographical continuity that provides the foundation for their own identity, and there is an argument for the ontological self (Somers 1994), living in the body. This means that group membership is not synonymous with identity formation; one is able to choose an identity and they can ignore or reject identities forced on them based on ascribed characteristics. However, the individuals' biography cannot be wholly fictive, it must continually integrate events that occur in the external world and organise them into an ongoing 'story' about the self (Giddens 1991).

My own research emphasises providing a space for elite-level, disabled athletes to articulate and voice their experiences. However, I am not undertaking a narrative approach to theorising identity(ies) as it can be argued that this perspective fails to recognise what is happening outside of verbal communication and the non-verbal aspects of social interaction.

In an article on the 'identity' crisis in the social sciences, Brubaker and Cooper (2000) strongly critique narrative identity as outlined by Somers (1994). They contest "social life is indeed pervasively storied, but it is unclear why this storiedness should be axiomatically linked to identity" (Brubaker and Cooper 2000, p.12). The argument follows that there is a missing link between individuals' stories and how this manifests in the formation of identities. They question how narrative location endows people with identities – however multiple, conflicting, or ambiguous they might be? This paper questions 'soft' approaches to identity formation, which, it can be argued, the narrative approach can be categorised under. They further argue:

"Weak conceptions of identity may be too weak to do useful theoretical work. In their concern to cleanse the term of its theoretically disreputable 'hard' connotations, in their insistence that identities are multiple, malleable, fluid, and so on, soft identitarians leave us with a term so infinitely elastic, as to be incapable of performing serious analytical work" (p.11).

With these critiques in mind it is important to clarify the nature of the processual approach that I have utilised. Some processual interactionists take an extreme situational view of the self and identities. The core argument is that there is no real self, only situated performances. Instead of carrying a core self from situation to situation, the person creates a new self in each situation, thus managing the impressions of the audience. However, the lens I have adopted takes a less 'situated' view of the self. It is important to acknowledge the influence of social and cultural forces that are potentially mediating the negotiation of identities, for instance race, class or gender (Allen-Collinson and Brown 2012). These aspects of a person's identities will create a fairly stable sense of self but may change over time and could vary in different interactional situations.

## 2.6 Synopsis

This chapter has provided an overview of various ways to theorise disability and identity(ies). I have identified the Nordic social-relational model and symbolic interactionism as the theoretical approaches that I have adopted to explore my research questions. This combination of concepts provides a way to account for individual experiences and emphasises the importance of interaction and social perceptions in the process of negotiating identities. I will be focusing on the processual nature of identities with the acknowledgement of socio-cultural forces and influences. This will foster understandings of how social identities such as ‘athlete’/‘disabled’ intersect in different interactional spaces, particularly sport. Furthermore, this relational approach recognises the uniqueness of people’s impairment experiences and accounts for environment, culture and policy as part of their holistic realities. The range of factors that contribute to the participants day-to-day experiences with ‘disabled’ identities, alongside how their physicality shapes different interactional situations, can be drawn out with this overarching perspective.

The concepts of reflected appraisals, social comparisons and self-presentation (Rosenberg 1986) help to inform how disabled female athletes understand and portray themselves in different situations. The key tenets of symbolic interactionism also inform the looking-glass and dramaturgical body concepts. These provide insights into peoples’ embodied experiences and how they are related to the understandings people have of their identities. In the context of sport it is important to explore how elite-level, female athletes with impairment draw meanings from different identities. A wide range of factors, such as physical barriers, social barriers, individuals’ reactions and the influence of different reference groups could all potentially impact on these processes.

This approach aims to move away from previous perspectives utilised in disability studies, which can be classed as ‘essentialist’, ‘poststructuralist’ or ‘narrative’ methods of inquiry. There are many potential factors at play when discussing ‘identity(ies)’. This range encompasses: personal and social identities; environmental opportunities and constraints; situational contexts; visibility/invisibility of impairment; congenital or acquired impairment; gender; and psycho-emotional effects. This theoretical framework provides the flexibility to explore these areas and generate an understanding of how elite-level female athletes in disability sport negotiate their identities.

### 3. Literature Review

Building on the previous chapter, which was theoretically driven, I will use this chapter to explore the literature that has focused on disability sport. The work that is discussed covers a broad spectrum of research themes, methodologies and approaches to help highlight the current empirical terrain. I will outline this research to illustrate the position of this thesis in the milieu and the relationship it has with this wider work.

#### 3.1 Isolated fields

In Western culture, sport has long been considered by scholars as a condensed reflection of society in which marginalisation, social exclusion and power relations can be found (Markula and Pringle 2006; Wickman 2008). In this context, disability sport has grown rapidly as a cultural phenomenon. Brittain (2004) suggests that, in many ways, sport is designed to highlight and appreciate different extremes of physical bodily perfection. Under these circumstances it is possible to see why, for some people, the idea of elite sport for ‘the disabled’ or indeed any sport at all is not understood by wider Western society. The past decade has seen a significant increase in the amount of socio-cultural work pertaining to elite disability sport in general (Berger 2009; Francis 2005; Hardin *et al.* 2006; Huang and Brittain 2006; Moola and Norman 2012). There has also been a specific focus on the Paralympics (Brittain 2004; Bush *et al.* 2013; Gilbert and Schantz 2008; Howe 2008; Howe and Jones 2006; Silva and Howe 2012) and the classification of athletes (Jones and Howe 2005; Howe and Jones 2006; Sherrill 1999). I will elaborate on the detail of the work outlined above in the relevant sections of this chapter.

Much of this recent literature embraces a social, rather than medical model understanding of disability, which I have detailed more explicitly in chapter two. However, in some studies, the approach to understanding disability is not identified. In the context of the social model, disability is understood not only in terms of physiological factors but also as a result of disabling contexts (Brittain 2004; Hardin *et al.* 2006; Huang and Brittain 2006). For instance Huang (2005) asserts:

“The social model of disability provides an alternative understanding of the experience and reality of disability, which has given people with disabilities the basis for identity politics” (p.11).

Brittain (2004) also supports the use of the social model in this context:

“Very few authors have approached this topic [disability sport] from a social model perspective. It is my intention with this article to explore how perceptions of disability

within British society affect social relations and the self-perceptions of people with disabilities” (p.431).

I have critiqued the social model in the previous chapter for failing to account for the nuanced experiences of disabled individuals. Smith and Sparkes (2012), in a review of literature in disability sport and physical activity, have critiqued scholars in this field for failing to incorporate theoretical developments from disability studies. Much of the work on the body, sport and physical activity has failed to recognise the presence of the body on physical and social levels. As a consequence, Smith and Sparkes (2012) argue that one or more of the following occurs:

“The body is depicted as independent from society; the materiality of lived experience is a shadowy presence; very little is said about oppression and disabling barriers; impairment is reduced to a discursive production, experiences of embodiment are overlooked; the emotional expressive body is obfuscated; and/or people’s bodies disappear behind the social and cultural constructions that produce them (obscuring the human agent)” (p.343).

Macbeth (2010) supports this and suggests that as new conceptualisations of disability have emerged, there has been limited critical debate of these discussions in the field of disability sport. Disability studies and the sociology of sport have tended to progress in relative isolation. Moola and Norman (2012) argue that the failure of disability studies to investigate the sporting lives of disabled people and the under-theorisation of their multifaceted experiences from a sociology of sport perspective has resulted in the under-development of theory in this area. I do not believe that people’s experiences within the context of disability sport can be adequately explored without taking sufficient account of disability studies literature. Rather than perpetuating the simplistic, dualised juxtaposition of the medical model pitched against the social model, I am moving the empirical work forward by recognising the social-relational nature of disability. There have been few scholars working in the field of disability sport that have taken note of, or implemented, the social-relational model. Furthermore, disability sport provides a context that could significantly influence the social understanding of disability because of the perceived tension between disability and the practice of elite sport (Silva and Howe 2012).

Disability, as it is understood in Western society, is a widely negotiated and complex way of ‘being’. It arises out of the interaction between a wide range of impairments, and other characteristics, such as age, gender, ethnicity, etc. The social model fails to account for the relational nature of impairment, disability and society (Macbeth 2010). The theorisation of disability in the sporting context needs to engage with the interaction between impaired bodies and excluding environments. It cannot be reduced to an individual medical problem or to a socially-created oppression (Shakespeare 2006). The essential ambiguity of human embodiment

is that it is simultaneously personal and interpersonal, objective and subjective, social and natural (Paterson and Hughes 1999). In this regard, Moola and Norman (2012) argue that scholars must bring the tools to consider pain, emotion and other corporeal experiences to their analysis of disabled athletes' sporting lives. I am developing this previous empirical work by incorporating recent theoretical developments from disability studies and focusing on the lived experiences of disabled female athletes both inside and outside of sport.

Moving on from the engagement between these two fields of scholarly work, I am going to provide an overview of the literature on disability sport and recently emerging themes. This will allow me to contextualise the different narratives permeating disability sport.

### **3.2 Disability (and) sport**

The social institution of sport reflects a society that governs the norms and standards of the majority, which subsequently dictates who can participate and who can be considered an 'athlete' (Anderson 2009). These relations of power determine the way athletes are viewed and perceived across a variety of sporting contexts. Sport as a space where physicality is admired has presented a 'challenge' for disabled people. DePauw (1997) asserts that 'ability' is at the centre of sport – as a socially constructed concept in society it means 'able' and implies a finely tuned, 'able' body. Fitzgerald (2012) suggests that a tension arises when 'disabled bodies' are expected to conform to the normalised practices that dominate sport.

Cole (2002) supports this, arguing that sociologists view sport as an institution in which the production of desirable and normalised bodies has been paramount. In this regard, the 'disabled body' is the antithesis of the hegemonic ideals associated with an 'athletic body' (Berger 2008b). Sociologists of sport often view it as an institution that reflects and reproduces hegemonic relationships of domination (Berger 2008b; Coakley 2004; Hardin and Hardin 2004). This is in relation to both ability/disability and also in constructing ideas about masculinity/femininity.

Van Hilvoorde and Landeweerd (2008) argue that, for many people in disability sport, the athlete is still a patient combating limitations, rather than an elite athlete with specific talents. Purdue and Howe (2012) articulate the relationship between the sporting body and the socially 'imperfect' impaired body as complex. Hughes (1999) suggests, "perhaps there is some awkwardness and discomfort in watching athletes with some obvious disability perform. They pose issues of 'otherness', reminding the sporting public that not all elite athletes have ideal physiques and attractive body shapes" (p.171). Following this, Purdue and Howe (2012) argue there is a need to rearticulate sporting bodies if elite disabled athletes are to have their sporting performances acknowledged. DePauw (1997) asserts that the able-bodied physicality of sport is reaffirmed through mega-events, such as the Olympic Games. Impaired athletes have competed



in past Olympic Games, however, their ‘disability’ was masked. Moreover, males (primarily Caucasian) with lower spinal cord lesions and unaffected upper bodies were the first to be included in marathons and Olympic demonstration events. DePauw (1997) argues that societal views on desirable physicality and athleticism dictate the selection of athletes for such events. More specifically, the audience was able to view these individuals’ sporting bodies as ‘athletic’ with only slight modifications to the stereotypical ideal of an ‘athletic body’.

It is crucial to explore complex and contradictory relationships that exist between society and embodied individuals. I have focused on these relationships in my research by analysing the experiences of disabled female athletes and the ways they negotiate their identities and bodies in relation to wider socio-cultural factors.

### **Sport as empowerment?**

Building on the idea of disability sport as a space for disabled athletes to attempt to achieve various standards of physicality, scholars have argued the sporting space empowers disabled athletes to overcome and/or resist disabling social contexts (Ashton-Shaeffer *et al.* 2001; Blinde and McClung 1997; Blinde and Taub 1999; Berger 2008b; Huang and Brittain 2006). Empowerment is a highly subjective and wide-ranging concept, it refers to an increased level of control that individuals have over their own lives; to live the type of life chosen and valued in respect of the basis principles of human dignity (Berger 2009). The term is often used within Paralympic institutional discourses with ‘strap lines’ that focus on enabling athletes to achieve sporting excellence and inspire the world (Silva and Howe 2012). It implies the freedom to live without others’ interference and also concerns the awareness people have of potential choices at their disposal whilst possessing the resources to realise them. It is also important to recognise the multiple identities possessed by individuals, which are pertinent when discussing empowerment. For instance, gender, sexuality, race and/or impairment could be significant in determining people’s experiences, depending on the context. As such, the multiple identities possessed by individuals with varying types of impairment may be perceived as influential in shaping their ability to be empowered by their sport participation (Purdue and Howe 2012).

For example, Ashton-Shaeffer *et al.* (2001) utilise a grounded theory approach and a poststructuralist feminist framework to explore the sporting experiences of disabled people at a ‘sport camp’. They argue that participation in sport for disabled people enables physical and mental empowerment and also provides a space for ‘resistance’; “through their participation in sport and the camp experience, the participants found a way of challenging traditional attitudes towards disability” (Ashton-Shaeffer *et al.* 2001, p.106). Berger (2009) adds to this idea by arguing that participants in wheelchair sports gain a sense of bodily mastery, along with a heightened sense of self-esteem that positively influences other social pursuits. Huang and

Brittain (2006) used semi-structured interviews and a theoretical perspective informed by feminism combined with the social model of disability to demonstrate how athletes involved in elite disability sport achieve a sense of personal empowerment through participation. Generally, this work views disability sport as having positive benefits for athletes involved.

‘Sport as empowerment’ research has emerged from a variety of theoretical positions, from poststructuralism (e.g. Ashton-Shaeffer *et al.* 2001) and feminist theory (e.g. Huang 2005), to unspecified qualitative work (e.g. Blinde and Taub 1999). The work of Blinde and Taub (1999) is an example of a ‘medical’ approach to understanding disability, which fails to recognise its relational nature. This is exemplified below:

“Skills learned through sport and physical activity heightened their [participants] sense of participatory competence and promoted the adoption of a proactive approach to life situations. This involvement also broadened individuals’ social experiences and strengthened their beliefs about being effective social actors” (Blinde and Taub 1999, p.198).

This extract demonstrates the emphasis on the individual to ‘fit in’ with social expectations and ‘norms’. In the context of their research, empowerment was achieved through sport, which facilitated people to become more effective ‘social actors’. Berger (2008b) suggests that in symbolic interactionist terms, athletes involved in disability sport could be viewed as engaged in a process of ‘oppositional identity work’. This occurs by attempting to transform a potentially discrediting identity (disability) into a credible one (athlete). Both mind and body are ‘empowered’ by striving towards such able-bodied ideals.

These ideas around empowerment seem to project a romanticised view of sport and what it can do for disabled people. Hardin (2007) argues that insitutionalised disability sport, like mainstream sport, might serve not only to resist but also reinforce sexist and ableist ideologies. The perpetuation of such ideologies has led critics to question whether disabled people actually benefit from ‘able-bodied achievement’ values (Berger 2009), and whether the athletic model is an appropriate one to emulate. Being empowered by sport is encapsulated in the idea of the ‘supercrip’ athlete; a figure that triumphs over the ‘tragedy’ of disability.

*“Supercrips”*

Supercrips are those individuals whose inspirational stories of courage, dedication, and hard work prove that one can defy the odds and accomplish the impossible (Berger 2009). Hardin and Hardin (2004) argue the supercrip model presents the disabled person as heroic by virtue of his/her ability to perform feats not normally considered possible, or by living a ‘regular’ life *in spite* of being disabled. In this current contemporary moment, the supercrip has become the

dominant image of disability. This can be linked to the infusion of sport with technology and the techno-utopian vision, which generates questions around what can be considered a ‘normal’ body, and sees elite disabled athletes ‘overcoming’ previous performance ‘boundaries’ (Burkett 2010; Burkett *et al.* 2011; Manderson 2011). Posthumanist ideas about cyborgs directly influence the creation of supercrip imagery and the cyborgification of disabled athletes as they engage with technology in a variety of ways from the use of wheelchairs to wearing prosthesis (Howe 2011). Donna Haraway’s work on cyborgs and posthumanism is pertinent here due to her focus on the inclusion of technology into human lives and bodies.

For the purpose of my research, I have drawn on the work of Silva and Howe (2012) to understand the supercrip as a stereotyping process, which requires an individual to fight against his/her impairment in order to overcome it. The problem with these stories of ‘success’ is that they raise unrealistic expectations of what disabled people *should* achieve and perpetuate a sense of individualism (Berger 2009). These narratives permeate disability sport; quite often, impaired people become ‘super’ in contexts where an able-bodied individual would just be an ordinary person. It is important to recognise the potential impact of these narratives to generate a holistic understanding of the participant’s experiences.

Berger (2009) argues that previous work has failed to critique supercrip narratives. Uncritical examination of these narratives could lead one to interpret such descriptions of disabled athletes in a positive way. These understandings, on the surface, seem to contest dominant views of disability as ‘negative’ by recognising athletes’ achievements. This is not to say that such achievements should not be valued but that there is a distorted tendency to either ‘undervalue’ or ‘overvalue’ achievements whenever disability is present, which needs to be challenged (Silva and Howe 2012). Smith and Sparkes (2012) highlight the problems associated with the ‘supercrip’ image:

“When elite sporting athletes are depicted as supercrips, as well as when disabled athletes themselves operate or seek to be a supercrip, they support the low societal expectations of disabled people, reproduce a tragic image of disability, perpetuate heroic and hegemonic notions of masculinity, and reinforce social systems of domination, equating individual’s self-worth with coming out on top in the competitive struggle for achievement” (p.338).

The reinforcement of low expectations makes the supercrip figure problematic. In addition, successes are judged in terms of an individual’s ability to conform to able-bodied norms. The idea of ‘overcoming’ disability ignores the complexities associated with disability experiences and perpetuates the idea that disability is an individual matter. Ultimately, this generates a false impression that all is required, when a person is impaired, is heroic effort to overcome social

barriers (Smith and Sparkes 2012).

The contemporary celebration of supercrip athletes has been critiqued by Silva and Howe (2012). They offer a critical overview of the supercrip iconography associated with the London 2012 Paralympic marketing campaign launched by Channel 4 (the host broadcaster) in the build-up to the event. Analysing a documentary titled 'Freaks of Nature', Silva and Howe (2012) highlight examples of 'supercripization' at play. Language is a key mechanism that frames the athletes as supercrips with the use of superlatives such as 'incredible', 'extraordinary abilities' and 'amazing athletes'.

Silva and Howe (2012) suggest that such expressions and portrayals act as exclusionary mechanisms by creating the *'other'*. The presence of impairment encourages people to recognise exceptionality in a person, which might not have been considered otherwise. Peers (2012) takes this one stage further and argues that it creates a modern-day version of the 'freak show'. The freak show serves to reproduce able-disabled and normal-abnormal dichotomies by creating a spectacle that draws the audience's focus to the abnormality of the 'freak's' body. Comparatively, this renders the audience member's body 'normal' (Peers 2012). Peers (2012) used a Foucauldian discourse analysis to highlight the most salient discursive shifts across Paralympic history. This work demonstrated the unequal power relationships perpetuated by Paralympic discourses and practices. These practices reproduce (and produce new) disabled, able-bodied and expert subjects, which limit the possibilities of those experiencing disability. People are imbued with a fascination for such bodies.

'Super' (i.e. supercrip, superathlete) disability stories overemphasise difference; this process reaffirms the 'normal' condition of the viewer whilst retaining focus on the athlete's impairment (Silva and Howe 2012). Another implication of such success stories is the pressure of social expectations placed on people with impairments to 'overcome' them. Ultimately, this overlooks the nuances of disability experiences and reinforces a medicalised view of the body that does not account for peoples' unique social worlds.

According to Berger (2008b), a more nuanced view of competitive disability sport and disabled athletes is required. Hardin and Hardin (2004) and Berger (2009) propose that competitive sport can be *both* a disempowering and empowering experience for disabled people. Berger (2008b) conducted interviews with elite-level basketball players in a collegiate programme. The results highlighted the majority of the players interviewed were troubled by their lack of acceptance as *athletes*. They sought to be recognised for their accomplishments and not to be reduced to a stereotype – the supercrip – that denigrates them as inauthentic representatives of the disability experience. The nuanced approach that Berger argues for sees the participants engaged in oppositional identity work that subverts the 'hegemonic' ideal of the normal body. This allows

them to exhibit a body that seeks a new integration of body and self. Overboe (1999) argues that disability should be viewed in society as a different way of being – a variation amongst a milieu of potential embodiments. This supports the position of Berger in suggesting that disabled athletes should be considered neither ‘super’ nor (less than) super.

Peers (2009) also provides a more critical and ‘sophisticated’ view of disability sport. In an autoethnographic account of her experiences as a Paralympian, she reflects on the various ways this has influenced her, for better and for worse:

“I see my origins declared, not at the moment of my birth, but at some tragic moment of my physical disablement. I read my new coherent life narrative: my salvation from the depths of disability by the progressive, benevolent empowerment of sport. My destiny reads as a coming of age. I am the heroic Paralympian: pedestal, medal and all” (p.654).

She felt that the pedestal she was placed on as a Paralympic athlete turned the social inequality of disability into something to overcome, rather than something to challenge and change. In Peer’s words, “the Paralympian relies on narratives of the pitiful cripple who can’t overcome and the burdensome gimp that won’t” (Peers 2012, p.654). These narratives serve to set disabled people apart. Smith and Sparkes (2012) affirm this with the observation that not all disabled people can be, or wish to be, an elite athlete. Purdue and Howe (2012) suggest that elite-level disabled athletes risk being alienated from the population of impaired bodies who do not partake in regular physical activity. This distances them from broader populations of disabled individuals and some of these athletes question the need to self-identify as disabled (Huang and Brittain 2006).

The supercrip figure is underpinned by neoliberal values, which emphasise the role of the individual in taking responsibility and in some way (i.e. through sport) overcoming any barriers they might face. The relationship between disability and neoliberalism has been demonstrated in contexts outside of sport. On a broader scale, studies have addressed disability in relation to a range of different issues. Employment is one area that has received critical attention; in Western society paid work is positioned as one of the key mechanisms that can secure ‘social inclusion’. Through these social and political practices the focus is on the individual to improve his/her human capital and employability (Harris *et al.* 2012; Soldatic 2013; Wilton and Schuer 2006). Scholarly work has also focused on welfare reforms in Western societies and the changing nature of paid employment whereby medical knowledge determines a disabled person’s work-capacity (Wilton and Schuer 2006). Following this, Sothorn (2007) links the geographies of neoliberalism to disability experienced in people’s day-to-day lives. Sothorn argues the failure to provide adequate protection in ‘sweatshops’ (related to the globalization of neoliberalism), the increasing emphasis on the development of ‘technoscientific’ solutions to rehabilitate disabled people, and

the widespread presence of ableism built into the urban landscape – resulting in the spatial segregation of disabled bodies – all represent ways in which neoliberal ideals are present in disabled people’s lives. Furthermore, research has also demonstrated the existence of such social values in the transitional experiences of young disabled people attempting to move from education into work. Yates and Roulstone (2013) in an analysis of the policy and practice around these processes, purport that the policies of New Labour and the current Coalition are highly individualised and responsibility is shifted to the young disabled person to determine their own employment outcomes. Ultimately, Yates and Roulstone (2013) suggest that such approaches fail to address the complexity of disablement and disadvantage.

These examples help to highlight the different ways neoliberal narratives potentially shape people’s lives, either through sport, work, welfare benefits, environment or technology. These are the narratives, assumptions and perceptions that underpin the disabled athlete’s social encounters. There are multi-level complexities associated with their participation in sport. It is not enough to view disability sport as either empowering or disempowering as this literature demonstrates. Research has moved on from work that frames disabled athletes participation in sport as something that should be celebrated and is inherently beneficial. Furthermore, debates about how participation in sport upholds able-bodied ideals cannot be ignored. I feel it is important to understand how these complexities play out in the lives of elite-level disabled female athletes, taking into account the socio-cultural context of disability sport.

### **Media representations of elite disability sport**

Aside from the analysis of wider social and cultural narratives of disability/disability sport and people’s experiences with these, scholars have also explored the media representation of disability sport to analyse the relationship between sport and disability. Media can refer to newspapers, television coverage, or indeed forms of social media such as Twitter, Facebook, Instagram and online blogs. Smith and Sparkes (2012) summarise the key concerns, which have been raised from this body of work. A prime focus has been on the media’s inadequate coverage of major disability sport-specific competitions. Moreover, this coverage is limited to a few weeks surrounding the Paralympic games. Alongside the lack of representation generally, scholars have critiqued the way in which disabled athletes are (re)presented during such high-profile events. These studies tend to focus on the textual/pictorial forms of media, such as print and television coverage, rather than forms of social media. Moreover, there are a lack of studies that address the actual ‘consumption’ and public perception of what the media produces.

For instance, Thomas and Smith (2003) examined the British newspaper coverage of the 2000 Sydney Paralympics. They focused on the terminology used to describe athletes’ impairments and how their performances were portrayed. What their findings highlighted was the print

media's portrayal of disabled athletes in line with 'medicalised' understandings of disability. That is, the athletes are presented as 'victims' or 'heroes' that had to overcome the 'painful' experience of disability to participate in sport and progress to the highest competitive levels. These portrayals reinforce disabling attitudes and stereotypes (Peers 2012) by presenting disability as a 'burden' to be battled against.

Across various contexts, in both print and visual media, similar commentaries are present in the literature (Brittain 2004; Schantz and Gilbert 2001; Schell and Duncan 1999; Schell and Rodriguez 2001; Smith and Thomas 2005). Smith and Thomas (2005) analysed six British national newspapers and their coverage of the 2002 Commonwealth games held in Manchester. Their analysis suggests that in the eyes of many media commentators, the inclusion of elite disabled athletes signaled the end of a 'sporting' apartheid between able-bodied athletes and disabled athletes. However, critical analysis of such suggestions contradicts claims like this. Increased media coverage does not equate to a demonstration of society's inclusiveness or acceptance of disabled athletes and disabled people generally. Moreover, portrayals that reinforce social assumptions about disabled people and perpetuate able-bodied ideals are potentially damaging to disability perceptions.

This is exemplified in recent work by Fitzgerald (2012), which demonstrates the negative reactions disabled people receive even in light of Paralympic mega-events and increased media coverage. Using focus groups, Fitzgerald (2012) explored young, non-disabled, people's understanding of Paralympic athletes and disability sport generally. The findings illustrated that the participants reproduce normative conceptions through their understandings of disabled athletes and the sports they participate in. For instance, one of the participants expressed strong views about the physicality of the athletes, commenting "honestly my gut reaction is yuck yuck yuck" (Fitzgerald 2012, p.249). This study was set in the context of post-London 2012 'fever'. In spite of this unique context, the perceptions of Paralympic athletes competing at the games were consistent with wider social ideas about being disabled. The work also reflects how some people perceive disabled bodies and subsequently react to them.

Moola and Norman (2012) argue where the sports-media nexus communicates deeply cherished societal and cultural ideas, the way it (re)presents disabled bodies imparts important information about the value of differing 'sporting' bodies. Furthermore, Thomas and Smith (2003) argue that when the sporting achievements of elite-level disabled athletes are recognised, these achievements are often juxtaposed with those of able-bodied athletes. Their research on the written and photographic coverage of the 2000 Paralympic games demonstrated a preoccupation with 'able-bodiedness', which reinforced stereotypical perceptions about disability. The illumination of 'select' sporting bodies is also exemplified in the choice of which

disabled sports are covered. As Thomas and Smith (2009) have noted, the coverage of disabled sport tends to focus on particular athletes, with particular impairments, competing in particular sports. Athletes with cerebral palsy and learning difficulties are afforded less coverage than athletes with other impairments (Thomas and Smith 2003). Conversely, wheelchair athletes tend to receive greater media coverage; Schantz and Gilbert (2001) suggest this is possibly because their impairment is not perceived to deviate substantially from able-bodied 'norms'. Arguably, this is the same for able-bodied sports, as particular sportsmen and sportswomen become dominant figures and some sports feature more strongly during media coverage. However, this seems to be more prevalent in elite disability sport and what is considered 'desirable' for audiences to 'view'.

Alongside the various ways in which disabled bodies have been (re)presented in sport media coverage, gendered disabled bodies have also been marginalised in the coverage of disabled sports events (Schell and Rodriguez 2001; Thomas and Smith 2003). Schell and Rodriguez (2001) explored the televised portrayal of a female Paralympic tennis player – Hope Lewellen. They observed that the athlete was depicted as 'genderless and asexual'. Pappous *et al.* (2011) argue that disabled women are under a double silence when it comes to media messages. In a review of studies exploring the media's representation of disabled female athletes, Pappous *et al.* (2011) highlight a general paucity of academic research in this area. The scarce work that has been conducted has yielded conflating results. The lack of empirical research in the context of media representation and disabled female athletes, exemplifies the wider lack of research in this field generally.

I started this chapter with a discussion of the lack of engagement between the field of sport sociology and disability studies literature. This critique can also be drawn out in relation to the majority of the studies focused on the media representation of disabled athletes and female disabled athletes specifically. The absence of clear conceptualisations concerning the theorisation of disability has implications for fully understanding disabled peoples' lives, how they are perceived and how they are being (re)presented. Moreover, it is imperative to make this clear during the research process to avoid internal inconsistencies about how disability is being explored. Otherwise, it becomes the job of the reader to interpret scholars' theoretical positioning, which can lead to confusion and a failure to adequately justify key decisions undertaken during the research course (Söder 2004). For example, Schell and Rodriguez (2001) employ an unspecified disability studies approach in their research and fail to engage with a discussion about their theorisation of disability. The following highlights this:

“The authors of this paper are not persons with disability and do not write from that perspective: however, we do assert that our analysis must be informed by a disability



studies perspective. An analysis done through this perspective does not uncritically accept Hope Lewellen's identity as it is superficially depicted by sport media" (p.129).

Even though the authors discuss a disability studies perspective, subsequently this is not clarified. A 'disability studies perspective' is a broad-brush approach to analysing the data and has a wide variety of potential interpretations and applications. I would argue that the authors have failed to adequately engage with disability debates, based on their theoretical approach (or lack of) towards understanding media representations of Hope Lewellen and disability generally.

I am not undertaking a media analysis of the representation of female disabled athletes. However, I feel it is important to explore some of the contradictions and ambiguity surrounding disabled athletes in sport media, as these are potentially indicative of wider social perceptions. Media institutions reflect a variety of social narratives that are embedded in the wider public consciousness. Moreover, this is the information people receive about athletes competing in disability sport. This is played out in the day-to-day lives of the research participants and is indicative of the ideas they face in their experiences inside and outside of the sport context. There is an under-representation of disabled female athletes in media coverage of elite disability sport, in comparison to male disabled athletes and also non-disabled male/female athletes. This previous work has also highlighted the portrayal of disabled women as 'asexual' beings and the subversion of gender. This demonstrates the need to gain a fuller understanding of the dynamic interaction between gender and disability and how this plays out in peoples' lives. It also highlights, in a media studies context, the 'under-theorisation' of disability. Ultimately, this is indicative of the disengagement between sport sociology and disability studies research.

### **3.3 Paralympic sport and Paralympism**

Paralympic sport and the Paralympic movement is another important area of disability sport research. The Paralympic Games are now a global spectacle (Howe 2008). Such disability sport 'mega-events' can be understood as 'sites' through which social forces and discourses intersect in a manner that contributes to the shaping of human relations and experiences (Bush *et al.* 2013). The way Paralympic sport is promoted/received and the perceptions people hold of female disabled athletes at the elite-level could potentially influence their day-to-day experiences. Moreover, these assumptions, perceptions and ideas frame the way female disabled athletes are received in society and what people 'think' more generally about impairment, disability and ability. I will use this section to explore the literature around Paralympic sport and what this means for my research.

Paralympism is often celebrated as a movement that empowers disabled people. Peers (2012) argues that substantial critiques of this movement and its practices and institutions are extremely

rare. However, research has started to turn a critical eye towards the Paralympic Games and the Paralympic movement generally (e.g. Bush *et al.* 2013; Fitzgerald 2012; Howe 2008; Jones and Howe 2005; Peers 2009, 2012; Purdue and Howe 2012). The literature in this field has focused on a broad range of areas, including classification, media, empowerment, Paralympic discourses and the governance/legacy of Paralympic events. I have outlined in the previous section some of the research approaches focused on media representations of elite disability sports and competitors. Howe (2008) critiques such research for being ‘disembodied’ and argues that scholars should focus on the body culture of sport for the disabled. I am aiming to address this lacuna through my own work. Concentrating on how disabled female athletes are (re)presented/portrayed by media institutions fails to engage with their own experiences and perceptions in sporting spaces and across other contexts.

### **Classification**

Moving on from media-based studies, Paralympic classification is one aspect of elite-level disability sport that is increasingly interrogated by scholars (Howe 2008; Howe and Jones 2006; Sherrill 1999). Classification is the process through which disabled bodies are categorised as eligible (or not) for participation in disability sport. Competitors are classified by their body’s degree of function – the process aims to ensure ‘equity’ is achieved across Paralympic sporting practice – enabling athletes to compete on a ‘level playing field’ (Sherrill 1999). Howe and Jones (2006) use the concept of *practice community*, derived from critical theory, to argue that recent changes to Paralympic sport classification systems serve to marginalise certain athletes. Furthermore, the system as a whole fails to provide ‘fair’ competitions and diminishes the control that disabled people have over their sporting opportunities (Peers 2012).

Building on this work, Howe (2008) uses ethnographic methods and draws on Bourdieu’s conceptualisation of habitus to situate athletes’ bodies within the social environment of sport classification. Howe links the process of classification and the attempt to achieve an equitable environment with each athlete having an equal chance of accumulating physical and cultural capital after a ‘successful’ competition. The ability of disabled athletes to acquire physical and cultural capital is contested by Howe (2008) on two fronts. The first is the number of competitors in an event. In the case of having a small number of competitors, the amount of capital that can be accumulated is limited. The second factor relates to the nature and degree of impairment. Howe suggests that a component of the habitus of elite-level disability sport illuminates a hierarchy of ‘acceptable’ impairment within the community of athletes. Arguably, the Paralympic athletes that receive the greatest exposure are the least impaired. Therefore, the organisation of disability sport and the classification system used to ‘sort’ disabled bodies perpetuates a further disempowerment of disabled athletes and reinforces power/control. The

'normalised' body is celebrated in these instances. However, the dichotomy perpetuated by these social perceptions of 'able-bodied' athletes and 'disabled' athletes fails to account for the nuances between people's experiences and how they perceive their own physicality. Furthermore, these boundaries are blurred by technological advancements in elite disability sport (for instance with prostheses), which create tensions concerning what is seen as a 'normal' body (Marcellini *et al.* 2012). At the crux of these debates lies the argument over whether or not the technology, on an ethical level, affords the athlete an unfair advantage. Furthermore, there are questions raised about the issue of equity and whether access to such technology is fairly distributed to all potential athletes (Burkett *et al.* 2011). These debates represent the 'grey' area that exists around what can and should be considered a 'normal' body or a 'disabled' body.

### **(Dis)empowerment**

The question of whether disability sport is an empowering space for disabled athletes has been a focus of critical work addressing the Paralympic Games as an event. It is important to address how 'empowerment' as a concept is contested through such high profile sports events. Quite often, such events are the public face of elite-level disability sport. Gilbert and Schantz (2008) provide an overview of such debates in their book titled *Paralympic Games: Empowerment or Sideshow?* In their concluding chapter, Gilbert and Schantz call for an epistemological rupture to transcend common sense and 'taken for granted' assumptions that position the Paralympics as empowering for disabled people. They argue that even though many of the Paralympic performances are exceptional, they could also be perceived as exceptional in the sense of 'curiosities' rather than in the sense of human sport performances. This is emphasised by Purdue and Howe (2012), who draw on Bourdieu to argue that the 'image' of the Paralympic Games may provide economic capital, but it lacks respect for impaired bodies. Subsequently, the capability of impaired bodies to convert cultural capital, acquired as a Paralympian, into symbolic capital afforded to other elite sports performers is limited.

The Paralympic Movement is driven towards promoting exceptional athletic performances, however, these performances do not always fit body culture standards in societies. Ultimately, the Paralympic Games are relegated to the sideshow arena and dominated by the Olympics (Gilbert and Schantz 2008). Purdue and Howe (2012) conceptualise the dual role that Paralympians play (related to the demonstration of athletic performance and the recognition of an impairment) as a 'Paralympic paradox'. The paradox represents the complexity of elite disability sport and lies at the heart of the tension between the desired reception from an *able-bodied audience* and a *disabled audience*. Purdue and Howe's work in some way demonstrates the convoluted position of a Paralympic athlete. The desired reception from an able-bodied audience arguably focuses on valuing sporting achievement, independent of disability.

Paralympians are then asked to play a second role for a disabled audience. In this instance, the viewer is encouraged to identify with the impairment the athlete has, whilst appreciating their performance. However, these are conflicting processes that require an individual to be seen as a justified member of a disability sport competition, whilst simultaneously de-emphasising their impairment. Purdue and Howe (2012) use this ‘paradox’ to illustrate the contentious nature of any ‘empowerment’ athletes might receive from the Paralympic Games. Ultimately, disabled athletes’ bodies and their performances are controlled through these tensions and complexities.

Howe and Jones (2006) also critically address whether or not the Paralympic Games is an empowering space for disabled athletes. The heterogeneity that exists in the group commonly termed ‘the disabled’ interacts with how people are ‘empowered’ and what this actually means for people. An elite disabled athlete competing at the Paralympic Games can arguably draw identities from their status as an elite athlete, as an individual with an impairment, or both. Howe and Jones (2006) assert that the latter (i.e. both) is problematic as often being an elite disabled athlete stands in contradiction to societal perceptions of disability and the presence of impairment (DePauw 1997). Arguably, this can lead to the separation of Paralympians from individuals who may identify as disabled. A Paralympian could feel empowered by their sporting achievements and physical capabilities – but this may also detach them from disabled individuals not involved in sport. In this case, the disabled community, as a whole, is disempowered.

Peers (2009) further asserts the disempowering nature of Paralympism and strongly supports its critical examination. Peers argues that the reputation and publicity campaigns of the Paralympic movement revolve largely around its role of empowering disabled people. In a review of two histories of the Paralympic movement – Steadward and Peterson’s *Paralympics: Where Heroes Come* and Bailey’s *Athlete First: A History of the Paralympic Movement* – Peers demonstrates the implicit discourses pervading these pasts, which sustain the contemporary discourse of Paralympic empowerment. These histories represent Paralympians as passive and marginalise their stories, reproducing the ‘tragedy’ of disability (Peers 2009). Following this, Brittain and Green (2012) have explored the ‘fast-tracking’ of military personnel to elite-level, which has highlighted the perception of disability sport at this level as a means of rehabilitation, rather than recognising athletic performance (on its own merits). Ultimately, scholars should be more skeptical when making proclamations about the empowering nature of disability sport and the Paralympic movement (Peers 2012).

### 3.3.1 'Behind' the spectacle

It is important to situate my research within wider narratives surrounding contemporary disability sport, as these narratives permeate the social world in which disabled female athletes negotiate their identities. The Paralympic movement is representative of potential views concerning elite-level disabled athletes and provides an insight into the consumption and perception of sport for 'the disabled'. The studies I have discussed in relation to the Paralympic Games and classification/(dis)empowerment specifically, illustrate the tensions, ambiguities, power and paradoxical nature of disability sport generally and the athletes involved. Bush *et al.* (2013) have recently highlighted the disjunctures between material elements of the 'Paralympic' spectacle and the harsh realities of everyday life. Six Paralympic athletes engaged in compelling narrative reflections, which offer a glimpse into this world and demonstrate the need for research to listen to the voices of those whose worlds/bodies are subject to (mis)representations. Even though previous work has addressed and increasingly critiqued 'Paralympism' and Paralympic events, there has been limited empirical work examining the stories of the athletes who compete at the elite-level of disability sport. The experiences of those people directly influenced and engaged in disability sport have largely been left unchecked. Drawing on Denzin (2012), research must focus on the active, agentic, human body.

The most commonly celebrated elite-level bodies are "those most heroic (the returning wounded soldier) and those most accepted (those, like us, but with just a bit missing)" (Bush *et al.* 2013, p.643). This leads one to wonder about the athletes that are marginalised in the process. Moreover, in celebrating reaching the Paralympic stage, such representations fail to account for those athletes who have reached the 'elite-level' but are not Paralympians. For instance, representing your country or participating in a sport that is not part of the Paralympic Games. I am addressing this by exploring the multifaceted experiences of women who have competed nationally, but not necessarily at Paralympic level. My research captures a range of voices and the participants' nuanced and, at times, chaotic realities. It is imperative to view new and emerging narratives about disability sport, particularly at the highest levels, through a critical lens and to question what lies behind (re)presentations and 'growing' public interest in light of London 2012 and Sochi 2014. I am focusing on the day-to-day lives of the women involved and the stories they tell about their experiences in sport. This provides a platform for their marginalised realities and highlights the ways they have navigated the cultural and social milieu to negotiate their identities within sport and across different contexts/situations. The previous work I have outlined also demonstrates the limited empirical work focused on female, gendered bodies and what happens at the nexus of gender and disability, which I will now discuss further.

### 3.4 Gender and sport

Gender is not an expression of biology, nor a fixed dichotomy in human life; it is a pattern in our social arrangements and in everyday activities and practices (Connell 2002). Shilling (2012) asserts that the body itself is not an empty shell, which has gender placed onto it. Rather, it forms a basis for and actively contributes to social relations. In sport, ability, femininity and masculinity are demonstrated. The able and gendered body is confirmed, admired and commercialised (Wickman 2008). Sport as an institution has been a key site for exploring the social construction of gender and ability. The construction of gender in sports practice is strongly linked to the history of sport, which was created primarily as a masculine space at the end of the 19<sup>th</sup>/beginning of the 20<sup>th</sup> century to allow men to affirm their masculinity (Guerandel and Mennesson 2007).

I am going to provide a brief snapshot of the history and coverage of literature focused on gender and sport to contextualise the inception of my own work and demonstrate the most pertinent shifts in thinking. Throughout the 1980s, scholars began to adopt feminist perspectives to generate insight into the gendered nature of sport. The use of feminist frameworks – including liberal, radical, socialist and Marxist – helped shift attention away from individual levels of analysis that focused on behavioral traits and motivation of female athletes. Instead, these frameworks enabled the exploration of wider contexts to understand sport in relation to various systems of structure and power (Knoppers and McDonald 2010). Feminist approaches such as these were critical of sport as an institution and demonstrated women’s inferior status within its domain. They highlighted that the acquisition of strength, muscle tone and athleticism were all empowering body commodities for men, whereas they had far less ‘value’ for women (Hargreaves 2000).

Developing writing from the broader feminist movement, scholars of sport explored the link between the concept of compulsory heterosexuality and how this was perpetuated through sport as a gendered activity (Knoppers and McDonald 2010). Women who transgress culturally prescribed ideals of femininity by engaging in ‘masculine’ sports are subject to marginalisation and homophobic ridicule. This has been demonstrated in work focused on sports such as bodybuilding (Boyle 2005; Grogan *et al.* 2004; Krane *et al.* 2004), boxing (Mennesson 2000), rugby (Ezzell 2009; Joncheray and Tlili 2013) and football (Drury 2011; Jeanes 2011; Pfister 2010). The experiences of women in these sports highlights the gender contradictions that occur when women present an image of being muscular girls, but nonetheless continue to meet the classical standards of femininity (Guthrie 1999; Hargreaves 2000). Knoppers and McDonald (2010) argue this process “discourages female erotic and emotional bonding, while producing apologetic responses where women attempt to promote more feminine and/or ‘heterosex’y’

appearances” (p.317). Research has extended these ideas into male sports to investigate the role of homophobia and heterosexuality (Caudwell 2006; McCormack and Anderson 2010).

Following on from research founded on feminist frameworks, Knoppers and McDonald (2010) suggest the next historical moment saw the emergence of work dedicated to illustrating the influence of gender ideologies. This work originated from Marxist and Gramscian ideas about the power of ideologies and social structure, and can be linked with the development of cultural studies perspectives within sport studies.

The notion of hegemony (originating from Gramsci’s analysis of Italian social class power relations) refers to the (re)production of dominant societal ideas via social and political power relations (Huang 2005). The development of hegemonic masculinity has been a defining moment in the analysis of masculinity and femininity (Connell 1987, 1995). Connell’s work has proven highly influential in the field and has facilitated deeper insights into the gendering processes that occur in Western society. In the context of sport, male hegemony is achieved by the performance of ‘masculinities’ (Connell 2002). While there are multiple masculinities, hegemonic masculinity is the form that has achieved social dominance through cultural practices (Birrell 2000; Connell and Messerschmidt 2005). Subsequently, the female body is stereotypically viewed as powerless/frail, and assertions are made about ‘appropriate’ feminine physical activity (Caudwell 2011).

Quite often, this approach to exploring the pervasiveness and resistance to gender ideologies has been applied in the study of sport media and its portrayal of female athletes in magazines, newspapers and televised events. Despite its continued popularity among sports scholars, the concept of hegemonic masculinity displays inconsistencies when it comes to understanding the fluid relationships between political categories of gender and between men and women in contemporary sporting cultures (Thorpe 2010). Furthermore, the relatively dualistic model – the dominance of hegemonic masculinity set against submissive forms of ‘emphasised femininity’ – does not sufficiently explain the agency of sportswomen or the subjective experiences of people who have been exposed to varying social, cultural and political contexts.

Building on this now burgeoning body of research focused concerning the contested nature of gendered sport relations, work from the early 1990s began to look outside of ideological analysis and use inter-disciplinary perspectives, influenced by cultural studies (Knoppers and McDonald 2010). Within this context, scholars have increasingly embraced the work of Foucault and poststructuralist perspectives. The ideas of Foucault in relation to the workings of discourse, power and knowledge have been utilised to explore the production of disciplined and normalised subjectivities (Wickman 2008). Commonly, the conceptual tools of surveillance, discipline and normalization have been used. Flintoff and Scraton (2001, cited in Huang 2005)

assert that gender power in these accounts is fluid and unstable, and is constantly being challenged and resisted. Ultimately, the studies that have been founded on these workings of 'power', offer a critique of 'oppression' and the assumption that dominant groups can 'oppress' marginal groups. Greater recognition is accorded to the subtle ways people might resist preconceived ideas or find their own, unique ways to resist dominant 'norms' or practices.

This work has examined the female sporting body to understand the normalising practices that govern women's experiences (Cole 1993; Markula 2000, 2001; Theberge 1991). These regimes of domination have been explored in relation to the nutrition strategies of female gymnasts (Johns and Johns 2000). This study demonstrated that the female athletes were subjected to the normalising discourses of the ideal body 'required' in high performance gymnastics and were continually defined as fat/lazy if they deviated from the 'ideal' body shape. Chapman (1997) illustrated similar accounts in the weight management of female light rowers and the power relations related to biomedical training and health. Later research has drawn upon Foucault's 'technologies of the self' to explore women's resistance to sporting practices and how they challenge the 'control' these have (Markula 2001).

I am 'diverting' from these contemporary theoretical pathways by using an interactionist framework to explore the gendered relations in women's disability sport. In this approach, there is greater focus on how gender is symbolised across contexts. I also think the athletes are active and agentic in negotiating their social encounters. Therefore, I have been able to explore how they 'present' themselves in different situations and the wider processes shaping such decisions.

The embracing of inter-disciplinary perspectives and the rapidly developing theoretical sophistication of the sports studies field also gave rise to intersectional analysis. These analyses recognised the interaction of different forces – for example race, class and sexuality – which mediate people's experiences and, subsequently, their identities (Knoppers and McDonald 2010). These ideas question categories such as 'man' and 'woman' and assert the heterogeneity of individual experiences. Work in the field of sports studies has focused on a broad range of these intersecting forces, for example the experiences of black, female basketball players (Hanis-Martin 2006); the experiences of female, Maori sport leaders in New Zealand (Palmer and Masters 2010); the interaction of race, ethnicity and gender in English women's football (Scraton 2005); and also how Muslim women experience sport in various contexts (Hargreaves 2000; Walseth 2006b). Scholars have also looked at the intersection of gender and disability (Anderson 2009), however Knoppers and McDonald (2010) argue that the dynamic interaction of gender/disability has not been adequately explored in the field of sports studies.

I am aiming to address this empirical literature gap by exploring the coalescence of gender and disability. I recognise the importance of such interactions in the process of negotiating identities,



and meaning-making (With-Nielsen and Pfister 2011). Symbolic interactionism as a theoretical perspective has allowed me to address how these social relations are exhibited through face-to-face interaction (West and Zimmerman 1987). Gender and associated femininity(ies) are not innate but accomplished and learned through day-to-day encounters. This position also aligns with a social-relational approach to conceptualising disability. It is important to problematise the nature of social categories, such as male/female and disabled/non-disabled and illuminate how these interact across various contexts.

Further developments in understandings of femininity should also be recognised here. It has been observed that new forms of femininity are emerging, which are not tied to dichotomist ideas pitching ‘masculinity’ against ‘femininity’. Research is increasingly exploring emerging forms of femininity presented by women in response to various social and cultural narratives; in particular neoliberal values. These are marked by moments of celebration, freedom and fun (Kehily 2002). This is demonstrated in the work of Harris (2004) with her book *Future Girl: Young Women in the Twenty-First Century*. Kehily (2008) asserts that terms such as ‘post-feminism’, ‘third wave feminism’ and ‘new femininities’ have been deployed to characterise the changes in how women engage with the social world and the ambitions they harbor. These terms are open to contestation in different contexts, but provide new ways of understanding feminine ‘identities’ in contemporary times. In sport research, Azzarito (2010) has put forward the ‘future girl’ and ‘alpha girl’ as two forms of femininity emerging in school sport contexts. These new femininities aim to regulate girls’ bodies to produce competitive, fit, sporty, healthy and productive identities. Finley (2010) has also discussed the emergence of the ‘derby girl’ in relation to women that are involved in flat track roller derby. This version of femininity contradicts the position of femininity traditionally understood in sport, i.e. supportive or timid. The athletes involved in the research feminised their position in an aggressive sport through resistance, adaptation, mockery and parody of hegemonic femininity.

It is important to recognise these emerging narratives around ‘new’ femininities (Kehily 2008) as they potentially have a key role to play within interactions between gender and disability. They also demonstrate how identities are negotiated in relation to gender and how the women (re)present themselves during social interaction. They offer new ways of exploring how women resist and challenge sport as an institution by the creation of alternative femininities and different ways of ‘doing’ gender. Moreover, there has been no empirical work in the sport context that has explored the interaction of gender/disability whilst recognising alternative femininities. I have explored a slightly condensed version of the literature pervading gender and sport, and articulated my interactionist position in the milieu. This approach draws on recent debates that express the dynamic interaction of ‘structural categories’ (e.g. gender, ethnicity, race, class) and demonstrates the negotiated (re)presentation of such identities across social

settings. I am now going to discuss in more detail the work that has focused upon disability and gender in the sport domain to highlight the empirical ‘void’ that my research fills.

### 3.4.1 Gender, disability and sport

Building on research that has examined sport as a ‘gendered’ site, there has been growing recognition of the importance of exploring how the relationship(s) between gender and disability are played out in sport. DePauw and Gavron (2005) highlight the parallels between the *women’s* and *disability* sport movements. The parallels include; specific cultural and attitudinal similarities; medical restrictions to participation in sport; socialisation via and into sport and other common barriers to sport participation. Sport as the domain of the elite and the masculine has played a key role in preserving social order and gender segregation. The ‘masculinity’ of sport has excluded women from full participation (Anderson 2009). Similarly the ‘physicality’ of sport has tended to exclude disabled individuals (DePauw 1997). Traditional ideas about the body and the processes that objectify the body – which have been themes within both the disability and women’s movements – arguably gain greater significance in the context of sport (DePauw and Gavron 2005).

Even though women share with men many of the effects of impairment and disability, they can experience them and be affected by them in very different ways (Hargreaves 2000). For instance, women generally fare worse socially and economically in comparison to men (Hardin 2007). Feminist writers within disability studies have been amongst the strongest critics of research founded upon homogeneous assumptions concerning disabled people as a ‘group’ (Garland-Thomson 1994; Morris 1996; Thomas 1999; Wendell 1996). Such approaches can commonly be seen in disability work that is guided by medical and social model perspectives. These studies fail to recognise how varied and unique people’s experiences are. Ultimately, the key message from critical feminist writers is – disability is always gendered (Morris 1991; Thomas 1999; Traustadóttir and Kristiansen 2004). Thomas (2004b) argues that the prism of gendered locations and gender relations invariably refracts the forms and impacts of disablism. Sport is a gendered activity that not only welcomes men more readily than women, but also able-bodied athletes more than disabled athletes (Hargreaves 2000).

Research investigating women’s participation in disability sport has focused on a broad range of areas including; how women manage their identities/body image and the role of physical activity in this process (Anderson 2009; Guthrie 1999; Guthrie and Castelnovo 2001; Sands and Wettenhall 2000); how women are socialised into sport and physical activity, and the support mechanisms they utilise (Anderson *et al.* 2008; Ruddell and Shinenew 2006); the perceived opportunities and barriers to participation (Hargreaves and Hardin 2009; Odette *et al.* 2003;

Rolfe *et al.* 2009) and how women overcome perceived constraints to participation (Anderson *et al.* 2005; Ashton-Shaeffer *et al.* 2001; Goodwin and Compton 2004; Henderson *et al.* 1995)

However, these studies have predominantly utilised quantitative approaches. For instance, in attempting to examine how female wheelchair athletes understand their body image and to encourage 'positive' perceptions, Sands and Wettenhal (2000) implemented a psychological intervention program. The results indicated that after a cognitive behavioral intervention the participants' self-esteem and physical self-perceptions 'improved'. Not only does this study use questionnaires to understand participants' multifaceted experiences, it implies a medical understanding of disability that attempts to help people adjust to their 'tragic' circumstances. Personal experience should be a central tenet to understanding people's lives (Thomas 1999). The majority of the research has failed to address and incorporate critical literature from disability studies. There has been limited focus on the individual and their unique identities and social perceptions.

Moreover, there have only been a handful of studies, focused on the interaction between gender and disability in the context of sport (Blinde and McCallister 1999; Hardin 2007; Sherrill 1993). The previous research discussed in this review has demonstrated the lack of empirical work that has focused on gender and gendered relations in this context. The writers above argue that being 'disabled' and being a 'woman' operate to create a 'double disadvantage', and this argument can also be seen outside of sport (Habib 1995; Lloyd 1992; Lonsdale 1990). Blinde and McCallister (1999) argue, "the everyday experiences of women with disabilities are viewed as more problematic than those of both women without disabilities and men with disabilities" (p.309). Hardin and Hardin (2005) also emphasised the 'double exclusion' perspective in the context of sport. However, these understandings do not incorporate the complexity of relations between gender and disability and how these mediate people's experiences (Seal 2012). Morris (1996) asserts that such writings do not empower her as a disabled woman because individuals are positioned as the passive victims of a 'double oppression'. Vernon (1999) argues the effects at an intersection of different 'stigmatised identities' (e.g. black, female, disabled) can be experienced simultaneously, singularly, if at all, depending on the context.

It is imperative to explore the intersection of gender, disability and sport as these interact in dynamic ways. Hargreaves (2000) argues that dominant images of gender have discouraged disabled women from competing in disability sport. In line with the theoretical developments I discussed in the previous section, research needs to recognise the emergence of 'new femininities' and the fluid nature of such contestations between identities/ways of identifying. The way in which negotiations are mediated by the presence of 'disability' should also be considered. Previous work has already demonstrated the rejection of ascribed disabled

identities (Huang and Brittain 2006; Watson 2002). Consequently, such ways of identifying cannot be assumed. A key aspect of my research has been on how the women involved identify themselves – as disabled, athletes, both or neither? Moreover, gender needs to be considered in these fluid negotiations as a force that interacts in various ways across different contexts and interactional spaces.

What has also been missing from studies that have focused on women in disability sport is a picture of how they experience and negotiate their day-to-day lives. This means not only focusing on their views in relation to their sporting experiences, but also generating an understanding of their lives outside of this context in relation to wider social and cultural factors. Recently, Kavanagh (2012) explored the life history of one female Paralympian who became paralysed from the neck down after a motorcycle accident. This demonstrates that research is starting to look more closely at the experiences of women involved at the highest levels of disability sport. However, the work was linked with an ‘affirmation model’ of disability, with an emphasis on the role of sport in enhancing a person’s sense of self. I believe this places too much focus on sport as a space for resistance and empowerment, which does not critically address the part it plays in wider social perceptions of disabled people and athletes specifically.

My work fills the ‘gap’ in current research by specifically focusing on the life histories of women competing at the elite-level of disability sport and addressing how they negotiate their lives in relation to wider factors. By using a qualitative approach that is aimed at foregrounding the stories the participants tell, I can explore their own unique perspectives. This approach also answers Smith and Sparkes’ (2012) call for researchers in the field of disability sport to expand the range of qualitative methods being used in order to help generate new insights. The work of Andrew Sparkes and Brett Smith has helped to foreground the ‘gendered’ experiences of disabled *male* sports competitors. They have published widely on how men negotiate spinal cord injuries and the ‘stories’ they tell about their experiences (Smith and Sparkes 2004, 2005; Sparkes and Smith 2002, 2003). However, this is not reflected in relation to women involved in disability sport, at any level or within any specific setting. The limited scope of previous research in this area leaves many questions unanswered and fails to engage with the people living out these realities and moments.

Symbolic interactionism as a theoretical framework has me allowed to get closer to these ‘voices’ and understand the dynamic and interactive nature of identities, and how these are embodied in different interactional encounters. Allen-Collinson and Hockey (2007) have used symbolic interactionism as a theoretical perspective to explore how long distance runners negotiated their identities during a period of injury. This work demonstrates the processual nature of self and identity, actively developed and negotiated via interactional work between the social actor and

others, in an intersubjective, ongoing social process. By adopting this approach in my own work, I can explore the ‘micro’ relations that shape the participants’ experiences, whilst recognising how wider social and cultural factors are mediating those interactions. It also allows me to bring the body back into these spaces and explore the corporeal reality of the ‘impaired’ body (Thomas 2007).

It is important to account for the fatigue, discomfort and pain that can be part of competitive sporting cultures. The normalisation and routinisation of pain have been noted in various sporting ‘subcultures’ (Allen Collinson and Hockey 2007). Prus (1996) offers a succinct definition of a subculture:

“The term subculture signifies a way of life of a group of people. Subcultures are characterised by interaction, continuity and outsider and insider definitions of distinctiveness. It is useful to envision subcultures with respect to the perspectives characterising their members and the identities people achieve as participants” (p.85).

The concept of subculture has focused routinely in interactionist writings and can be found in different sports or leisure pursuits. Tendencies towards such pain ‘perspectives’ have been highlighted in the literature across a spectrum of physical activities, from classical ballet (Turner and Wainwright 2003) to boxing (Wacquant 1995). Differences have also been recorded in relation to gender (Young 2004). In such scenarios athletes learn to define sacrifice and pain as unavoidable aspects of competitive sport (Allen Collinson and Hockey 2007). However, Safai (2003) notes the hazards of these types of practice.

In relation to my study, literature around the routinisation of pain and injury in the context of sport is relevant for the experiences of disabled athletes competing at the elite-level. Work in the field of disability studies, which has built on critiques of the medical/social models, has illustrated the need to bring people’s experiences of impairment and pain back into understandings of disabled bodies (Paterson and Hughes 1999; Reeve 2012; Thomas 1999). In using a social-relational conceptualisation of disability it is important to account for the ‘corporeal’ body as well as the ‘social’ body. This is particularly relevant in the context of sport, where previous research has already demonstrated how experiences of pain and discomfort, along with pleasure and joy, are embedded within (sub)cultural understandings. The interaction of physical impairment and athletes’ perceptions of this in disability sport has not been addressed within sports studies literature.

### 3.5 Synopsis

I have aimed, during the course of this review, to demonstrate the diverse and contested nature of research that has been conducted on disability sport generally and in relation to gender and disability sport, specifically. I have highlighted how interactionism as a theoretical framework can develop previous literature and account for the fluid and contested nature of identities. I will now briefly reaffirm the main points that my research is addressing. The review has illustrated the lack of engagement between disability studies and research in disability sport. It is important to draw on work that has been conducted within the field of disability studies in order to theoretically advance research in disability sport and understand the complexity of ‘disability’ in female athletes’ lives. This also advances theoretical approaches to understanding the ‘body’, by recognising its corporeal/social character and exploring how the body mediates/shapes interactional encounters.

Furthermore, it is important to grasp how female athletes at the elite-level feel about their sporting worlds and negotiate how they are seen and attempt to manage people’s impressions in different contexts. I have shown how the ‘empowerment’ of disabled athletes is somewhat assumed in sporting spaces. However, it is important to explore the personal experiences of disabled sportswomen and the impact wider narratives associated with ‘supercrip’ representations and neoliberal values have on them (if any). By using this perspective I can also explore the intersection between ideas around ‘elite’ within disability sport.

Crucially, I have illustrated the dearth of empirical work focused on female disabled athletes. This is not just at the elite-level of disability sport, but across physical recreation and leisure contexts also. The way they see themselves and how they negotiate their identities across contexts needs to be developed, whilst utilising theoretical advancements from the field of disability studies. This involves a commitment to (re)presenting their unique and individual experiences and the role of sport in their lives, particularly with increasing attention being directed at mega-events such as the Paralympic games. This goes further than critiquing the presence of a ‘double disadvantage’, but attempts to understand how gender and disability interact dynamically and how such ‘social categories’ influence individuals’ experiences.

## 4. Methodology

The overall aim of this thesis is to explore the negotiation of identities by disabled female athletes at the elite level of disability sport. The aim of this chapter is to detail the research processes behind the exploration of the research questions and the justification for why these methods are the most appropriate. Bateson (1972) argues that all qualitative researchers are philosophers in a universal sense, in which all people are guided by highly abstract principles. These principles combine beliefs about ontology, epistemology and methodology (Denzin and Lincoln 2003). I will address the paradigm the work is situated within, the data gathering tools I have utilised and how the data has been analysed. Subsequently, I will discuss the ethical considerations that have been made and how the quality of this study should be judged. At certain points in the chapter I have included brief extracts from my research diary, which I kept throughout the research process. The diary was a space for my ongoing thoughts, interpretations and perceptions. This is to help demonstrate the thinking process underlying the decisions I have made and to illuminate my 'presence'.

### 4.1 Research paradigms

Increasingly in research there is a conceptual blurring between paradigms. Despite this blurring, Silk *et al.* (2005) argue the qualitative researcher cannot afford to be naïve to the axiological, ontological, epistemological and methodological assumptions of each paradigm. In this section I am going to discuss the various paradigms of research to illustrate the underlying principles that have guided me throughout the research process. I will also relate my position to different methods relevant to symbolic interactionism, which provides the theoretical thrust of this work. Historically, the field of research design has been engaged in a bitter battle about what makes 'valid' research designs and methodologies. Denzin (2010) has conceptualised the animosity in 'science' as a set of 'paradigm wars', which have evolved as different ways of conducting and understanding research have emerged.

The work of Thomas Kuhn (1962) brought the word paradigm to the world of research. Kuhn (1962) suggests it embraces the entire constellation of techniques, beliefs and values shared by a given scientific research community. Guba (1990) conceptualises a paradigm as a 'net' that can be considered an interpretive framework or a "basic set of beliefs that guides action" (p.17). The way that research is conducted is guided by the set of beliefs and feelings that the researcher has about the world and how it can be understood. Denzin and Lincoln (2003) propose that a paradigm encompasses axiology, ontology, epistemology and methodology. The various paradigmatic approaches have been conceptualised into five flexible typologies. These approaches are logical empiricism, logical positivism, post-positivism,

humanist/interpretive/critical and poststructuralist/postmodernist (Markula and Silk 2011; Young and Atkinson 2012). These paradigms are contradictory by nature, therefore researchers may find themselves situated at the intersection of different paradigms, according to the purpose of the research.

#### 4.1.1 Methods of Symbolic Interactionism

These paradigmatic debates have pervaded the different applications of symbolic interactionism as a theoretical perspective. It is important to recognise the nuances between these philosophical positions and how they influence the overall methodological approach. Herman-Kinney and Verschaeve (2003) suggest that, for most interactionists, the debate between positivist (quantitative) and interpretive (qualitative) is understood as the divergence of thought between Herbert Blumer of the (interpretive) Chicago school and Manford Kuhn of the (positivist) Iowa school. Quantitative and qualitative research approaches are not mutually exclusive; neither are the underpinning philosophical assumptions, but they are based on different ways of thinking and seeing (Young and Atkinson 2012). There are many complexities and nuances between the application and understanding of different research approaches. For instance, post-positivist work started to incorporate qualitative methods to address the shortcomings of positivist work in the social sciences. This was based on the promotion of participants' meanings and to ground theories more firmly in participants' views. However, even with these methodological adjustments, researchers in this canon remain limited by the philosophical confines of positivist work.

Kuhn and Blumer claim to have based their work on the writings of Mead, who is widely recognised as one of the theoretical founders of symbolic interactionism (Chamberlain-Salaun *et al.* 2013). Mead had a great deal of influence across a number of disciplines and drew heavily from social behaviourism. Therefore, as Herman and Reynolds (1994) suggest, there is no unified understanding of his ideas among scholars, and throughout Mead's writings there are both positivist and interpretivist assumptions. Herman-Kinney and Verschaeve (2003) suggest that this demonstrates the "insurmountable genius of Mead" (p.217) as both strands of thought have legitimate claims to Mead's ideas.

Historically, the debates between quantitative and qualitative approaches are well documented (e.g. Bogdan and Biklen 2003; Creswell 2003; Denzin and Lincoln 2003; Hammersley 1989; Suárez-Ortega 2013; Young and Atkinson 2012). Scholars immersed in the principles of positivism did not embrace qualitative research (Denzin and Lincoln 2000) and quantitative research was viewed as one of the crowning achievements of Western civilisation. It was assumed that 'truth' could be elicited from data, which was free from personal opinion and bias.



Qualitative research is seen as an assault on this tradition and researchers adhering to these approaches have been termed ‘soft scientists’. Challenges to this positivist hegemony began to emerge around the beginning of the twentieth century (Denzin and Lincoln 2003). The exploration of the lived realities of women competing in disability sport calls for a qualitative approach that can effectively capture these complexities. The axiological, epistemological and ontological positioning driving this research requires a perspective that gives credence to the participants’ individual realities and their own ways of understanding and approaching the world. I have used life histories to emphasise the central importance of human action and meaning-making in the construction of the social world. At the centre of the life history is the individual and their own unique ‘story’ (Suárez-Ortega 2013).

In chapter two I outlined the rationale behind using symbolic interactionism as a theoretical framework and how this relates to the theorisation of identities. It is important to explore how these philosophies translate into method. My work is founded on the Chicago school tradition. I will briefly discuss the two prominent schools of thought below to demonstrate the differences in research approach. The way in which a researcher sees the world will dictate the methods they use to engage with that world and explore the questions they are striving to answer – as Denzin and Lincoln (2003) comment, these beliefs guide *action*.

### **The Iowa school: The ‘positivists’**

Scholars within this tradition argue that, through standardisation and experimental procedures, hypotheses can be empirically tested to produce generalisable statements about human behaviour. One of the most recognisable experimental tools developed within this tradition is called the “Twenty Statements Test” (TST) (Kuhn and McPartland 1954). This was developed by Kuhn in his attempt to quantify the self. The test comprises questions that require responses to the question ‘who am I?’ Herman-Kinney and Verschaeve (2003) suggest that Kuhn’s mission was to define social life as predictable, stable and controllable. The aim of this approach is to study patterns of interaction between individuals and between individuals and society.

This work was progressed by Sheldon Stryker of the Indiana school with the development of quantitative approaches within symbolic interactionism. This is exemplified in identity theory (Stryker 1968, 1980) and identity control theory (Burke 1991). The Indiana school has developed the traditions of the Iowa school to study not only the structure of interaction, but also the meaning of this interaction. Stets and Burke (2000) summarise this particular philosophical position as supporting the assumption that there are patterns of conduct to human interaction that define the larger social structure. It is these patterns, on an individual level, that constitute social structure in a reciprocal relationship. These various theories developed under the guise of the Iowa/Indiana schools predominantly follow quantitative research designs based

on the assumption that individual behaviour is patterned and can produce generalisable outcomes. ‘Positivism’, as a general term, encapsulates both logical empiricism and logical positivism. Logical empiricism focuses on examining how natural phenomena occur through objective research conducted in laboratory settings. Such natural science disciplines as biology, engineering, bio-medical research and physiology base their research on this logic. Logical positivism is underpinned by the same principles but relates to research within the social sciences. Ontologically, both of these approaches seek to understand how things ‘truly’ happen. On an epistemological level, the researcher attempts to remove any subjective influences that would hamper the discovery of this ‘reality’ (Markula and Silk 2011). These ‘positivist’ approaches assume that research can be value-free and that researchers can control any outside influences (Creswell 2003).

### **The Chicago school: The ‘interpretivists’**

Scholars following this tradition predominantly adopt qualitative approaches to their research methods and designs (Allen-Collinson 2011; Allen-Collinson and Hockey 2007; Allen-Collinson and Brown 2012; Piassnos and Allison 1996). Goodson (2013) argues some of the most important life history studies were conducted at the Chicago school of sociology. Books such as *The Gang* (Thresher 1928), *The Hobo* (Anderson 1923) and *The Ghetto* (Wirth 1928) were significant early works in developing this approach. These studies, among others emerging from the Chicago school at this time, were important because they attempted to put people’s subjective experiences back into the equation (Goodson 2013).

The ‘individual’ from within this tradition is characterised as a dynamic and evolving entity. It is not possible to explore the complexity of human life in a laboratory-style setting, focusing specifically on one context. It is important to recognise lived experiences and the resulting data as emergent and part of a process. Herman-Kinney and Verschaeve (2003) explain the qualitative research methods associated with the Chicago tradition of symbolic interactionism are thought to have been born of one particular philosophical tenet. Mead borrowed this tenet from the work of Weber and it has been conceptualised into ‘subjective realism’. This involves recognising the unique perspective of the individual and the reality of their own experiences. Work from this school of thought utilises qualitative methodologies alongside methods that foreground people’s day-to-day lives. I have taken forward this school of thought and the approaches it affords, based on my own philosophical assumptions and the research question(s) driving my work.

Critiques of positivist and post-positivist work resulted in the ‘interpretivist turn’ (Sandberg 2005). This is founded on the premise that the social world is complex; that people, including researchers and their research participants, define their own realities (Markula and Silk 2011).

The aim of an interpretive project is to understand an individual's behaviours, meanings and realities within particular social settings. It is within this paradigm that my work is situated. Young and Atkinson (2012) suggest the interpretive researcher's main aim is to understand the participant's subjective experiences and, through these experiences, interpret the participant's meanings. Methods based on these assumptions provide the tools for excavating behind-the-scenes layers and processes of social life (Berg and Lune 2012; Young and Atkinson 2012).

I have a commitment to shedding light on the multiple meanings that frame how the female disabled athletes involved in this study understand, manage and negotiate their lives. Social realities will vary from person to person (Silk *et al.* 2005). The way they see their identity(ies) and how these vary from situation to situation, across contexts, is influenced by wider social, cultural and environmental factors. My methodological practices are guided by the comprehension that realities are multiple and subjective (Crotty 1998); the women involved are active agents of articulation (Riessman 2008) and insight is gained through approaches that are fluid and flexible. Interrogation of the sporting empirical needs to recognise the intricate interactions between people and the socio-historical worlds in which they exist (Silk *et al.* 2005). Therefore, research cannot treat the complexities of the physically active human being as a set of static, mechanical and artificial variables (Hammersley 1989). In reference to these, as a researcher grounding my work on interpretivist roots, I am driven by “relativist ontologies, interpretive epistemologies and naturalistic methods” (Silk *et al.* 2005). This does not mean that I subscribe to extreme constructionist ideas about the nature of reality. I do not believe that the world exists only in terms of the conceptions and images people hold of it. It exists in a world of *shared* symbolic meanings that emerge through interaction.

As I have demonstrated in the previous chapters, disability sport is a widely debated and somewhat contentious issue in research literature across a variety of disciplines. Fitzgerald (2012) has recently highlighted that disabled athletes are still struggling to achieve a parity of status with non-disabled athletes, even in light of the 2012 Paralympic Games. The struggle that disabled people have for equity and recognition in the social institution of sport seems to be ongoing. It is important to account for the range of experiences people have with various physical impairments. Even though the predominant focus of this research is on the ‘micro’ social interactions that result in moments of ‘negotiation’ and how these identities are played out, I also recognise the wider power politics that are potentially moulding and transforming the women's interpretations. These spaces of ‘power’ can be found in the everyday situations the female athletes find themselves in as they negotiate the narratives that inform contemporary understandings of disability and disability sport.

By (re)presenting the experiences of the female athletes involved in the research, I am hoping to expose the wider social and cultural forces operating in their lived day-to-day contexts. I recognise the presence of these forces, but I am not approaching the research from a definitive ‘critical’ stance. Berg and Lune (2012) suggest researchers undertaking this standpoint aim to expose the workings of ideology to reveal the powerful groups that benefit. Researchers are guided by questions of social inequality, domination and subordination. This is a somewhat crude description, however it serves to distinguish the explicit aims of the research, which are not guided by emancipatory action or to fight imbalances between powerful and marginal groups. However, the presence of such social inequalities and imbalances needs to be acknowledged and challenged as they operate in the participants’ lives.

Poststructuralist and postmodernist work has also developed from the disillusion with positivist approaches. I cannot do justice here to the nuanced differences between poststructuralist and postmodernist work and I am not going to engage with an in-depth discussion of these two approaches. Research utilising such perspectives again embody a critical outlook on power. Markula and Silk (2011) expose the differences between the beliefs surrounding this work and the values underpinning ‘humanist’, interpretivist work. In much of the research surrounding these areas of thought, language powerfully structures social meanings, power relations and individual consciousness (Kvale 1992). Again, based on the aims of the research and the research questions, the best opportunity for exploring these is from an ‘interpretivist perspective’. Emphasis is on the subjective ‘meaning making’ of people and understanding participants’ views. Silk *et al.* (2005) suggest that, in the quest for knowledge, the interpretive project is in pursuit of understanding the particular behaviours, meanings and realities of individuals within particular social settings.

## 4.2 Research approach: Life history

In life history research, researchers study people’s experiences, their lives and the various social contexts they inhabit. This approach has its roots in anthropology and the study of ‘alien’ cultures, which has strong links with the classic Chicago school life history research (Berger 2008a). This work languished during the 1920s/1930s but has since seen a resurgence with the turn from “objectivities to subjectivities” (Goodson 2001, p.137). It has now been adapted for other social sciences, such as education, sociology, ethnography and cultural studies (Germeten 2013). Life history and narrative are often interchangeably used as terms and approaches; both depict the storied nature of lives (Cole and Knowles 2001). However, from a life history perspective, emphasis is on the importance of subjective experience within particular social and historical contexts (Bathmaker 2010; Cole and Knowles 2001). What is captured in the stories is a mediation between personal voice and wider cultural imperatives (Goodson and Sikes 2001).

Narrative inquiry, as a distinct methodology, places more emphasis on the sequential ordering of events combined with the assumption that these are connected in meaningful ways for particular audiences (Phoenix *et al.* 2010; Riessman 2008).

I am using a life history perspective as the overarching methodological approach because this type of research concerns people's subjective/personal experiences set within specific social relations and historical contexts. The use of participants' stories allows a focus on both the personal and the social. Stories prioritise individual experience, but they also reveal social and cultural context and influence. Plummer (1983) suggests it is important to tap into the "continuous, lived flow of historically-situated phenomenal experience, with all the ambiguity, variability, malleability and even uniqueness that such experience usually implies" (p.65). This method foregrounds the subjective definitions of situations held by one person, one group or one institution and, importantly, how they interpret such experiences. Carless and Douglas (2013a) assert in this form of research that an empathetic and trusting relationship needs to be developed between the researcher(s) and the participant(s) within which hopes, fears, values and vulnerabilities can be discussed. In this kind of relationship, silenced stories can be voiced and taken seriously. This provides an opportunity to deepen our understanding of female disabled athletes' sporting and personal experiences. It also addresses the under-representation of this group in current literature.

This approach has been diversely termed the 'biographical method', 'document analysis', 'life story', 'life history method' and 'self-stories' (Denzin and Lincoln 2000; Herman-Kinney and Verschaeve 2003; Ward 1999). Denzin (1989) provided a succinct overview of these different approaches under the umbrella term '*Interpretive Biographies*' in a book of the same name. I will use the term 'life history' as this refers to an individual's descriptive, first-person account of his/her life, in whole or part.

The whole life history or comprehensive life history spans the entire life of the participants and attempts to cover all aspects of their experiences. This form of life history research incorporates a number of different data sources and aims to provide a description of all life events. An example of this form of life history is *The Jack Roller*, written by Shaw (1966). This portrayed the life of a juvenile delinquent and aimed to bring together perspectives of biology, psychology and sociology. The comprehensive life history has no sharp focus but tries to capture the development of a unique human being (Plummer 1983). However, in these types of studies there is typically only one single participant or two to three participants. I believe it is important in the context of this study to have a larger number of participants as the focus is on a specific issue, i.e. the sporting life/career of the individual.

The edited topical life history does not aim to grasp the fullness of a person's life, but confronts a particular issue. It offers a more fragmented picture of people's lives. For instance, an earlier example of this approach is the study of *Jane Fry* by Bogdan (1974). Bogdan's research focused specifically on Jane's experiences in relation to being a transsexual. This was set against cultural attitudes towards transsexuality in that historical moment. Plummer (1983) argues documenting the full flow of life is not necessary as the document is used to throw light on a specific subject or timeframe. From within the family of potential life history perspectives, I decided to adopt a '*topical*' approach as I focused on how the participants came to understand and negotiate their participation in sport as informed by their experiences across a wide range of social contexts. Therefore, the edited topical life history is the preliminary research tool, providing a guide through the process of gathering and analysing the data.

The defining characteristic in the topical edited account is the role of the researcher in questioning the data (Herman-Kinney and Verschaeve 2003). Ward (1999) suggests the editing of the accounts can range from minimum interpretation by the researcher to extensive cutting and arrangement. Plummer (1983) provides an insightful continuum outlining this process. This ranges from the subject's 'pure' account, to edited personal documents, to systematic thematic analysis, to verification by anecdote and, finally, to the sociologist's 'pure' account. The continuum identifies the extent to which the sociologist imposes his/her own analytic devices upon the subject, or alternatively, the extent to which the world of the subject is allowed to stand without analytic interference. Utilising a topical life history to explore the stories of female disabled athletes competing at an elite level is a useful method to showcase their unique lived experiences. These in-depth accounts have allowed me to explore their identities across different interactional spaces and points in time; the stories that people tell have the ability to resonate with us where other forms of information do not.

When asked questions about their lives, there is an intersection between the 'life' as the storyteller remembers it and the recreation of these past moments. Germeten (2013) suggests our reflections are influenced by the *critical incidents*, which have been most significant. Riessman (2003) has termed these occasions *turning points* and they are short, long or key incidents that have meaning in our lives both in the past and present. Focusing on these points across the participants' historical experiences generated insights into the social relations and cultural contexts that shaped and had pertinence in their interactional encounters. I will address in more detail at the end of this chapter the practical elements of the research process and the analytical phases that I manoeuvred through. Life history is the overarching methodological framework and analytical approach to exploring the women's lives.

### 4.2.1 Life history and Symbolic Interactionism

It has been widely highlighted that there are strong theoretical affiliations between symbolic interactionism and life history research (Denzin 1989; Goodson 1980-1981; Ward 1999). Ward (1999) argues that if one is to adopt the theoretical framework of symbolic interactionism, then they must penetrate the subjective world of the subjects, their experiences, expectations and perceptions. This can be achieved through the use of life history methodology and methods, which focus on personal reality and process. Ward (1999, p.55) suggests there are three theoretical assumptions that are common to life history research and symbolic interactionism:

1. Life is viewed as a concrete experience. This means acknowledging ‘experiencing’ individuals must be considered in relation to their functioning bodies and external social world.
2. Life is regarded from a relativistic perspective. Therefore, reality shifts across individuals and people act in accordance with their own understandings, irrespective of any ‘objective’ nature.
3. Life is viewed as marginal and ambiguous. This allows for differences between individual accounts in the way that people perceive and interpret the social world and the same or similar events.

The influence of life history methodologies on the development of the Chicago school of symbolic interactionism originated with the publication of Thomas and Znaniecki’s (1918-1920) *The Polish Peasant*. This pioneered the use of personal documents in research, primarily the life history. Bulmer (1984) argues that before this publication, American Sociology had largely been abstract theory and library research. The Polish Peasant foregrounded the idea that knowing an individual’s subjective intention or definition of a situation was necessary for understanding human behaviour and social processes.

Understanding people’s subjective intentions and the meaning they ascribe to objects, events and situations in their lives formulates the empirical orientation of interactionism. This can be facilitated through the use of field research techniques that were pioneered at Chicago, which include the use of life histories and participant observation. Musolf (2003) suggests interactionist assumptions about human nature entail a corresponding method aimed at exploring peoples’ intersubjective worlds. Blumer (1969) noted that reality is the “world of everyday experience” (p.35), as it is known through individual perception. In the symbolic interactionist approach, social life should be studied through first-hand exploration followed by theoretical inspection. Individuals interpret the world in order to act (Blumer 1969). Society consists of individuals *acting* with one another, which involves taking account of one another and engaging in interaction.

The emphasis in my own research is on understanding the realities of the participants and exploring how interpretations of their social environments influence the negotiation of identities across time and context. I believe the theoretical tenets of symbolic interactionism intertwine with the tenets of a life history perspective. The world of everyday experience discussed by Blumer must be understood by developing close acquaintance with the social life under scrutiny. I understand myself to be an outsider to the worlds of these athletes competing in disability sport at the highest levels. Therefore, the understanding gained through this research will be situated and partial. I will address the relationship between researcher and ‘researched’ later in this chapter.

### **4.3 Purposeful sampling**

Qualitative research involves purposeful sampling to choose information-rich cases for in-depth study and to help illuminate the questions being investigated (Patton 1990). One method of purposeful sampling is ‘snowball’ or ‘chain’ sampling, and is the approach I used to find participants. This approach for locating participants involves asking well-situated people for recommendations (Patton 1990). The metaphor of the ‘snowball’ relates to the main function of the approach with its cumulative and dynamic qualities. This method is arguably the most appropriate in the context of my own research. I chose to ‘recruit’ participants in this way due to the limited population of potential participants and the difficulties associated with accessing them – predominantly on a geographical level. It has been highlighted that this is a particularly effective tool when recruiting from marginalised or ‘hidden’ groups (Heckathorne 1997; Noy 2008).

Snowball sampling is arguably the most widely employed method of sampling in qualitative research across the social sciences (Noy 2008). However, it is often utilised in an auxiliary sense to access new participants and social groups when other contact avenues have dried up. It is perceived as being an informal procedure that is ‘commonsensical’ and does not require reflexive consideration. Noy (2008) argues that the snowball method is a particularly effective procedure, which deserves to be employed on its own merit. It should not be perceived as a default option and was of great importance in enabling me to access participants, which I will now discuss in more detail.

I began my journey into ‘the field’ full of enthusiasm and optimism. I had a few contacts that I hoped would prevail and start the ‘snowball’ rolling. Looking back now, this was a somewhat naïve assumption. I started by getting in touch with specific individuals that were known to me either directly or through contacts. This proved to have limited success and, as the weeks passed, my concerns grew about having a sufficient number of women willing to share their stories. It



seemed that the timing of this phase (during and directly after the 2012 Paralympic games) was a major contributing factor that somewhat overshadowed research participation. Mikecz (2012), in an article entitled ‘methodological issues in interviewing elites’, describes the difficulties that can be faced by researchers when attempting to access people in such positions – whether political, sporting or social. Mikecz (2012) argues that locating ‘elites’ might seem relatively easy due to their high visibility, however, making contact and obtaining their personal accounts can be very challenging. Having struggled to access people through the channels I thought would prove fruitful I turned to social media and, more specifically, Twitter to try and facilitate this process. Ultimately, this did put me in contact with people that could participate in the research. By setting up an account and ‘tweeting’ calls for participants, people were able to approach me to express their interest in being part of the research. Web 2.0 platforms such as blogs, forums, Facebook and Twitter are now increasingly used to recruit participants. It has been recognised these platforms are a valuable tool for accessing hard-to-reach and hard-to-involve populations (Baltar and Brunet 2012; Calvi and Cassella 2013; Hadgkiss *et al.* 2013). These platforms also allow for more ‘targeted’ information to be seen by potential participants (Baltar and Brunet 2012). I specifically tweeted disability sport organisations and governing bodies in an attempt to gain ‘retweets’, which would potentially be seen by disabled women in elite disability sport.

It can be said that the final ‘sampling’ approach delineated from a traditional ‘snowball’ in action. The final seven women became involved in my research through a combination of recommendation and social media outlets. Diversity was sought in terms of age, cultural background, impairment and sport. However, it must be acknowledged that it was impossible to cover every possible permutation of cultural background, sporting type, impairment, race, etc within the scope of the study. Furthermore, the focus on individual stories and the unique lived experience of each participant opposes the ‘requirement’ to have a sample from which generalisations can be made. I have ensured that it is as ‘representative’ as possible of the factors listed above (Patton 1990). Snowball sampling has been critiqued for creating potentially biased samples of participants who are well connected and alike (Sulaiman-Hill and Thompson 2011; Westwood 2013). Therefore, I feel the approach I undertook strengthened the sample and the potential heterogeneity of the participants’ experiences.

Even though I have diverged slightly from what would have been a characteristic snowball sample, I did undertake a systematic approach to the process of finding, contacting and selecting participants. This involved being prepared to turn away those whose stories would not have illuminated the research aims/questions as brightly. For example, I was contacted by two visually impaired Para-skiers but was unable to include them in the study because my focus is on physically impaired athletes. The main considerations I made included the level of sport

participation, gender and impairment ‘type’, i.e. physical. Variance amongst factors such as sport, sport classification and the nature of the impairment (for example congenital/acquired) add to the nuances of the participants’ stories.

#### 4.4 Strategies of inquiry

“I cannot collect a life. Stories do not provide a better way to locate truth, but in fact remind us that all good stories are predicated on the quality of fiction” (Munro 1998, p.13).

When I read the above statement it reminded me of the values underpinning my research. In a first draft of the ‘methodology chapter’ I had termed this section ‘*data collection*’, which encapsulates an idea that now seems entirely at odds with the way I have navigated (or desired to navigate) the research process. There is a blurring of authority lines between the researcher and the participant(s) and reconciling this was not a desired or attainable facet of this project. Rather, I appreciate there is no singular truth and no voice of authority (Angrosini and Mays de Perez 2000; Munro 1998). The meanings and emotions expressed were individual experiences; there is no right/wrong answer when people tell you about their lives (Goodson and Sikes 2001). In life history research, people, situations, events and experiences are in focus. Supplementing this position, the women involved were never seen as sources of ‘data’, but instead, as being implicated in the work. They were central to the research process and I was wary of treating them like ‘others’ or making them feel ‘used’ in some way.

In total I had fourteen interviews, two interviews with each participant, that each lasted at least an hour with the longest taking just over two hours. *Asking* is fundamental to life history research (Germeten 2013), however, not every moment in a lived life will be interesting to a researcher. This is why I focused on the experiences of the women across different areas of their lives, such as school, work, relationships, family life and the meaning of sport in their lives. By (re)presenting the voices of the women at the centre of the research it is hoped the potential power imbalance between researcher and ‘participant’ may have, in some way, been managed. Nevertheless, my study remains bound by the competing positions that were occupied. Subsequently, throughout the research process from initial contact with each person to immersion in their stories, I have attempted to make sense of the data in respect of their own meanings (Denzin and Lincoln 2003). This somewhat collaborative approach to research is increasingly emerging as an important factor in an ethical and moral project. These considerations have been strongly emphasised in feminist research and approaches to interviewing (DeVault 2004; Oakley 1981; Riessman 1987). Markula and Denison (2005) argue too often the researcher acts as an absent, objective observer of social events. I recognise that my

own values in relation to gender, sexuality, class, disability and race will intersect with the participants' values. In this vein, through recognising and discussing these intersections, I hope to be transparent about these influences and the fundamentally subjective nature of qualitative research (Markula and Denison 2005).

#### 4.4.1 The interviews

In life history research, the primary method is the conversational interview (Goodson 2001; Mischler 1983). The interview space almost automatically evokes the use of spoken language, but during these conversational exchanges it is not only speech and language that initiate conversation. Any conversation, including qualitative research interviews, also consists of eye contact and body language (Germeten 2013). These aspects of nonverbal communication generally help us to understand language better during these moments, but can also minimise or highlight anything that is said. I was aware of the verbal as well as the non-verbal exchanges I shared with each participant, therefore I maintained a research diary to document anything I felt was pertinent or revealing after each interview.

I was conscious of my presence in the interview and how the interviews would unfold before starting down this part of my research pathway. I was wary that I was a 'stranger' to all of the women who I hoped would reflect on their lives openly and share experiences that may not necessarily be reminiscent of 'happy' times, and that could elicit uncomfortable memories:

*"The first interview is tomorrow and I am feeling pretty nervous about what lies ahead and how comfortable I am going to be asking about potentially very personal experiences. I feel like I am asking myself what right do I have to talk about these moments. Even though I am presenting myself as a 'researcher', the interview is as dependent on the asking as it is on the answering. I need to balance the sensitivity required with the desire to discuss these experiences and how they relate to wider issues that are relevant for the aims of my research"*

Research diary entry, August 2012

Before embarking on the interview process I had read extensively around the methodological literature. During the interviews I wanted to be aware of the participants' reactions and rely on my instincts as much as anything else if themes of crisis or grief arose. Germeten (2013) suggests the line between qualitative interviews and therapeutic conversations can be thin. The researcher is always responsible for paying close attention to and remaining on the right side of this line. If themes such as the above emerge, then the researcher must decide whether this should be included in the final life history (Germeten 2013). My research diary reflects the decisions I was making throughout the research/interview process to ensure I was working

within the aims of the research and maintaining sensitivity to the topics discussed. Goodson and Sikes (2001) note it is easy to get carried away when involved in a research interview; there might be exciting, familiar or intimate topics that come up, which are not related to the research questions. There is a need to keep the research questions in focus and to be constantly aware of what is being disclosed.

Generally interviews range on a continuum from highly structured to less structured, with the emphasis in the latter upon the conversational nature of the process (Mischler 1983). I took forward the idea of ‘conversational interviews’. I have included an interview transcript as an example in appendix four. By approaching the interviews in this way, the women’s stories were allowed to unfold in their own words. I did find that some participants were ‘chattier’ and more open with details and memories in our conversations, which I reflected on heavily in my research diary. These themes were pertinent in my reflections after each interview:

*“This interview was more difficult in comparison to the other ones, I knew this going in having met the participant once before. The questions have to be directed in a certain way in order to make her really open up about certain issues. I was more prepared with these sorts of prompts during this second round of interviews, having already had a chance to meet her and develop some rapport. I felt this interview went better than the first time we met – after our first meeting it did make me worry about how the interviews would go, especially when discussing sensitive topics”*

Research diary entry, July 2013

With the research aims in mind, I compiled a list of themes to address during the interview. I wanted the interview(s) to feel more like a conversation/discussion, therefore, I used the themes as a catalyst for conversation and to bring up new topics once previous lines of discussion had ‘dried up’. Furthermore, in using a ‘topical’ version of the life history method, having a set of themes reminded me to discuss different experiences over the participants’ lives. To briefly elaborate on the themes I used during the interview, I focused on the athlete’s life across their sporting pathway, paying specific attention to each participant’s sporting experiences whilst exploring the social, cultural and historical contexts. By situating these narratives within a wider context, I aimed to draw inferences about the factors determining the participants’ thoughts, and actions (Ward 1999). We discussed the experiences they had in relation to ‘disability’, impairment, family life, support networks, school and how sport transcended these areas.

Bogdan and Biklen (2003) argue when the interviewer rigidly controls the content then the participant is unable to tell his or her story personally. The interview space is being reconceptualised as an occasion for participants to construct versions of reality and share their experiences rather than purvey data (Holstein and Gubrium 2003). This reflects an increasing

appreciation for the constitutive character of social reality and the constructive role played by active 'subjects' in authoring their own experiences. This interactional space is lost when the interviews are standardised with a rigid set of questions. Charmaz (2003) further argues that this transforms the participant from a repository of information and 'data' into a productive source of knowledge. This position aligns with the moral and ethical values I was keen to maintain throughout the research process. The interviews were a site where I could attempt to grasp the participants' subjective meanings. Guided by my own ontological/epistemological assumptions, I sought to understand how the athletes perceive their social environments and *act* within these environments.

The interviews were arranged via email contact and I also spoke to three of the participants over the phone before the first interview to discuss the research in more detail and facilitate the organisation of interview logistics, i.e. date and place. I forwarded all of the participants an informed consent form (appendix one) and an information sheet (appendix two) to ensure they had full written details about the project and the ethical considerations that had and would be observed. In the first round of interviews three took place in meeting rooms at a University in the south west of England; one took place in a meeting room at a University in northern England; one took place in a meeting room at a college in the south west of England, one took place at a hotel in the south east of England; and one took place in a caravan belonging to the participant in northern England. On an ethical level, I was concerned about the comfort levels of the participants in these different locations (Berg and Hune 2012). Therefore, I addressed this before each interview and ensured each individual was happy to go ahead in these contexts.

The second round of interviews took place in the same locations, however two that I had originally travelled for were conducted over Skype. These two participants reside outside of England and I travelled to meet them for the first interviews when they were competing at closer locations. There were no logical dates that would have worked for the second interview, therefore, based on geographical constraints I took the decision to complete these online. I had built up a good rapport with both participants during the first interview and for the Skype follow-up we used webcams to generate a sense of face-to-face interaction. Skype has been recognised as a valuable research tool, which can offer participants a degree of control over the research process and a 'safe location' with less imposition on personal space (Hanna 2012). There are potential issues associated with this medium, such as the risk of a more stilted conversation or technical problems. However, I didn't feel doing the second interview online negatively impacted the conversations we had because we were able to have a face-to-face discussion without any disruptions. Holt (2010) has made a strong case for the use of telephone interviewing on ideological and methodological levels, which can be expanded to using Skype with the addition of having 'visual' contact during the interview.

I recorded all of the interviews with the participants' permission. I began each interview with a brief introduction, which I used to explain what I was aiming to discuss. This also gave the participant an opportunity to flag up any areas/issues they would not feel comfortable talking about. At appropriate moments during the interviews I would ask questions to encourage elaboration on any emerging key points, or for clarification purposes. I tried as much as possible not to interrupt the flow of the story and would follow up any points at appropriate moments in the conversation.

The use of multiple interviews provided an opportunity to follow up on any themes that had started emerging in the first interview. I transcribed the interview material straight after each was finished, which allowed me to read through the transcripts before the next interview and identify areas that could be explored further. Meeting each participant for a second time also allowed rapport to be developed. I kept a 'reflections diary' that I filled in after each meeting; on reading this back, I can see I felt more at ease during the second interviews. Kathy Charmaz has written extensively in the field of medical sociology from a symbolic interactionist perspective, particularly around identity and chronic illness (Charmaz 1983, 1995). In this work, Charmaz argues the 'one shot' interviewing technique does not allow the participant's story to gain depth and resonance. Multiple sequential interviews form a stronger basis for creating a nuanced understanding of social process (Charmaz 2003). This is pertinent to my own work and research aims. It was important to fully explore how the athletes perceive and interpret the wider political, familial, educational, cultural and social spheres of their lives.

In this project I do not attempt to account for the 'reality' for female disabled athletes competing at the highest levels of their respective sports. I am instead providing a space for their lived experiences to be discussed and how they perceive their bodies, identities and their understanding of themselves to be explored. I am wary of claiming that I am 'giving voice' to the women involved, as this 'voice' is refracted through several layers of the research process – from the decisions I have made on various theoretical levels and the relationship I developed with each participant, to the way I have handled the stories and written up the final analysis. What we say, how we write, edit, interpret and conceptualise the research is a culturally, historically and socially mediated endeavour. Richardson (2000) argues that it makes little sense to ignore this. The thesis communicates the partial understanding I have gained within a specific historical and social context, undertaking the research in a particular way, using my own frames of reference. The research is predominantly orientated towards a 'realist telling' (Sparkes 2002), however I have adopted elements of a 'confessional tale' by describing the decisions and dilemmas during my fieldwork experience (Finlay 2002). Increasingly politics concerning how qualitative work is (re)presented has challenged the interpretive omnipotence of the researcher (Elliot 2005). I have included the narratives in the thesis to invite the reader into the interpretive

process (Elliot 2005). However, the subsequent analysis is structured in a way that allows the moments of interaction and critical incidents in the women's lives to be illuminated.

#### 4.5 Introducing the researcher

Some dismiss the idea of 'reflexivity' as ego-centric or self-indulgent (Patai 1994), however others believe the failure to acknowledge factors that silently influence a research project is negligent (Ellingson 2006). Ellis and Berger (2003) suggest that self-reflexivity involves understanding ourselves as part of the process of understanding others. I am a white, female, non-disabled, middle-class PhD researcher; there is no denying that my own social location has influenced the overall research process. I did not enter the process with a political agenda. However, I hoped to explore smaller 'everyday' pockets of power by focusing on the micro social relations the women negotiated. This stance undoubtedly influenced the interactions I have had with the overall research process, from the interview space to the analytical/interpretive space.

I originally embarked on my research journey with an ambition to 'give voice' to the women involved in the project. I now realise this was a slightly naïve epistemological idea. However 'fairly' I may try to represent the experience of others, data collection, analysis, interpretation and writing can only be accomplished within my own epistemological assumptions and values. The ethical considerations of (re)presentation must be carefully considered. In the analysis, quotes from the women were carefully chosen to represent them, but also to represent my own sociological interpretations. I have included narrative extracts – but even these are laden with researcher choice and construction. How can you represent the experiences of others without it saying more, or just as much, about the researcher?

These deliberations have led me to believe that the reconciliation of researcher positionality and participant voice is impossible. All representation is selective and involves interpretation. My situated knowledge of theory and academia can contextualise the women's own words and represent them (Douglas 2013). Opening up during the research process and attempting to understand the meaning we are attaching to events can encourage self-reflection and create a space for the negotiations that we must acknowledge and navigate (Bott 2010). I have been explicit about my own position and have engaged with self-reflexive dialogues to maintain a 'critical' self-consciousness.

Feminist literature has long recognised the importance of subjectivity during the research process (Oakley 1981; Morris 1996). Feminist writers, in particular, draw attention to issues of power in the researcher-researched relationship (Lather 1988) and how researchers both recognise and address such issues. Brown and Boardman (2011) suggest much of the literature addressing ideas related to reflexivity concern how far the characteristics of researchers 'match'

those of the participants and how they should be ‘matched’ to reduce inequalities of power and status. I find this position troubling due to the very nuanced differences in each person’s experience and the diversity of ‘influences’ shaping such experiences.

This idea is also prevalent in disability studies literature. Proponents of the social model have argued that only disabled people should conduct research on issues related to disability (Bury 1996; Oliver 1990; Shakespeare and Watson 2002) and I was particularly wary of being an able-bodied researcher entering this field. Goodley (1999), as an able-bodied researcher commenting on his work with participants who have learning difficulties, suggested that all he could claim ontologically was “not knowing” (p.28). I felt the same way entering this research. To help mediate this relationship, I kept a reflexive research diary that I used before, during and after the field-work phase. This enabled me to reflect on the process as it unfolded and think about my positionality.

I have included an extract below that helps to highlight one moment in particular that made me quite uncomfortable. This occurred as I walked with the participant to the interview room I had booked for our first discussion.

*“This was evident when she was walking to meet me, maybe I didn’t realise how far she would be able to walk comfortably as every step seemed to be hard work, especially in the heat. When we were walking to the room she seemed quite unsteady but neither of us commented and conversed about various things unrelated to the research. I checked a couple of times to see if she was okay but she didn’t appear too bothered/fazed by this, other than to say she thought the room was a bit closer. In hindsight I should have checked how far she would be able to walk and what was manageable, my perception of her ‘near’ was obviously not accurate”*

Research diary entry, July 2013

Reflecting on the situation afterwards, I felt a sense of guilt – that I had misconstrued what was meant by ‘near’ to the meeting point. For me, a five-minute walk felt nearby, however, I couldn’t embody what felt near to the participant. I felt that in this moment, as the ‘researcher’, my own body had the power and privilege. Obviously, for the next interview I was aware of the situation and subsequently made a ‘better’ (closer) booking to address the relative power I had in organising the interview space. I found myself tussling with these tensions around embodiment and questioning how the participants viewed my body and my status as a ‘non-disabled’ researcher.

The above extract demonstrates how I was trying to regulate any power imbalances between researcher-researched, it also highlights the need to disrupt ideas concerning the ‘epistemic privilege’ accorded to people who ‘belong’ to the same social groups. There are many nuances



influencing people's experiences across different contexts. For instance, in relation to the example above – a disabled researcher with an impairment that did not influence how far they could walk might have had a similar experience to me. Brown and Boardman (2011) argue that assumptions made about commonalities of experience overlook ways in which any social group is cut across by sexual, ethnic, class and impairment differentials. Disability, like age, nationality, gender or social class involves divergent experiences, representations and identities (Seymour 2007). Hughes (1999) argues that markers of difference are inscribed on the body (e.g. sex, age, ethnicity, impairment) and it is on the basis of these markers that bodies, identities and subjectivities are 'read' and assumptions are made.

I was aware of the way in which my body was 'marked' throughout the process. I have attempted to 'write myself' into this by confronting situations where these differences came into play and by recognising the interaction of these 'body signifiers'. Goodley (1999) suggests another way of considering the position of the researcher is in terms of "getting to know" (p.28). This concept has anthropological and ethnographical roots; 'knowing' refers to an ongoing project of building a researcher subjectivity that learns from the experiences of people in the field being researched. I attempted to learn as much as possible about each participant before the interviews and to form a familiar 'relationship' with them to facilitate a process of 'getting to know'. The researcher-researched dynamic is a complex relationship and using such examples demonstrates the negotiated terrain of the interview space. As I have already discussed, it is not possible to reconcile these differing positionalities. Being self-reflexive encourages the researcher to 'open up' about these experiences and recognise them as unavoidable aspects of the research process. I can only use my position of relative privilege to provide a space for these stories and encourage debate about these experiences.

#### **4.6 Data management and analysis**

When I embarked on the research I had a desire to foreground the stories of the women involved and allow their perspectives to shine through, away from any analytical processes. The literature I was engaging with around 'life history' kept bringing me back to the idea of narrative research. Subsequently, I went through a long, tumultuous process to pin down the best approach to gathering, exploring and analysing the participants' stories. Therefore, I have drawn from some aspects of 'narrative' literature in the following section. This helped me to clarify my own position in relation to the participants' stories, and I have incorporated these ideas into my work. The 'uncomfortable' phase I went through is evidenced in the following extract from my research diary:

*“It seems I fall somewhere near the narrative end of the spectrum but I haven’t found the best way of representing this yet, or I haven’t found the best way to describe ‘myself’ and my own positioning in the research. I am not sure if symbolic interactionism would work with a narrative analysis as there is more emphasis on how people act and present themselves and the decisions that lie behind these presentations. Does a narrative analysis really deal with this? Would the emphasis not be on the story and how the person chooses to construct the story and their identities through these stories?”*

Research diary entry, August 2013

The field of narrative study includes a large number of conflicting theories, philosophies and methodologies. It is characterised by diversity and fragmentation and is often difficult to navigate (Phoenix *et al.* 2010). The ‘narrative turn’ has entered folklore, psychology, sociology, education, socio-linguistics and medicine (Riessman 2008), to name just a few. In relation to my research there are growing bodies of literature endorsing narrative work in the fields of sport studies (Carless and Douglas 2013b; Sparkes and Smith 2005), disability studies (Smith and Sparkes 2008), medicine and illness (Charmaz 1995; Frank 1995; Thomas 2008). The term ‘narrative’ in the social sciences has a broad range of working definitions, underpinned by a variety of epistemologies and approaches to social life. Riessman (2008) suggests that narrative can refer to texts at several levels. These include stories told by research participants, interpretive accounts developed by an investigator based on interviews/field work observation and the narrative a reader constructs after engaging with the narratives of the participant and the researcher.

Andrew Sparkes and Brett Smith have contributed widely to narrative research and inquiry in the field of disability studies. They are strong advocates of this approach to explore disabled bodies and impairments (Smith and Sparkes 2004, 2008, 2009; Sparkes and Smith 2011). Their work is characteristic of how narrative analyses can be written up with a focus on the plot lines of people’s stories and the narratives they draw upon to situate them. In the field of disability studies it has been argued that narrative research can offer insights into impairment as a social phenomenon, which is storied and negotiated in diverse ways. However, because my research is focused upon the wider interactional experiences of the participants, I could not adopt this type of approach. Instead, their work has highlighted the need for the in-depth exploration of the lives of female athletes in elite disability sport with some focus on people’s stories.

#### **4.6.1 Role of the ‘story’**

Stanley and Temple (2008) emphasise the coexistence of a wide variety of approaches under the umbrella of ‘narrative’ work. However, they make an important distinction between narrative ‘studies’ and narrative ‘inquiry’. Narrative studies indicates a focus on narrative as a particular

kind of data or the content of this data. Narrative inquiry refers to the methodological approach adopted by the researcher. This is an important differentiation to make. I have drawn on aspects of narrative work as a tool for the (re)presentation of the gathered data. A narrative methodology has not been adopted, instead, I have used the idea of structuring the separate interview transcripts into one ‘narrative account’, which provides a more holistic understanding of the participants’ interactional encounters. This is an act of textual arrangement, rather than analysis (Barone 2007), which subsequently involves an analysis *of* narratives rather than a narrative analysis (Taber 2013).

I have included extracts of these stories to allow their powerful reflections and experiences to come through. Therefore, when undertaking the analysis process I followed an inductive, thematic approach (Plummer 2001). The focus was not on the structure, plot lines or characters of the ‘story’, instead (re)constructing the interview transcripts allowed the critical incidents, pertinent social relations and social contexts to become clearer. This provided a holistic picture of the interactional experiences the women were describing in the interviews. Therefore, in the context of my research, ‘narrative’ refers to the interpretive accounts I constructed from the participants’ interviews. During the course of this thesis I refer to the participants’ stories as ‘narrative accounts’ or ‘narratives’.

I have used the terms narrative and story throughout the course of this thesis, however there is some contestation regarding their use in this way. For some scholars, the two terms represent distinct forms of inquiry and representation (Boje and Massoud 2014; Mattingly and Garro 2001). Ojermark (2007) makes the following definition of narrative, “narrative refers to a distinct method of inquiry, whereby a narrative signifies a specific form of representation and discourse form in which events and happenings are configured into personal unity by means of a plot” (p.4). Alternatively, a story has a beginning, middle and end and flows in that order (Abbott 2002), narrative refers to the representation of a story (Ricketts 2007). Smith and Sparkes (2008) follow this and make the following distinction, “we use the term story when referring to actual tales people tell and narrative when discussing general dimensions or properties, such as tellability, consequences, sequences of speech act, structures, thematic/categorical content, rhetorical tropes, and/or temporality, which comprise particular stories” (p.2). In the context of this work I use the terms narrative and story interchangeably to refer to the actual analysis material, i.e. the women’s experiences and the representation of these experiences, which have been analysed in accordance with a life history methodology. I am not referring to them as differing forms of inquiry with defining analytical features, for example I have not analysed the data in terms of ‘plots’ or ‘characters’ (Sudtho *et al.* 2014), this approach is congruent to my overarching methodological framework.

The contestations I experienced in regards to life history/narrative research also manifested in the philosophical assumptions, which underpinned my interpretation of the women's stories. Germeten (2013) suggests that in starting to develop life histories we have to ask: Whose life history is this? What kind of story is created? Is it possible to connect the story to research or is it fiction? The truth of the stories told in everyday life are rarely questioned and seldom discussed. In the realm of research, discussions about 'truth' are fundamental and provide the philosophical foundations upon which 'social science' work rests. Looking back at my research diary, questions of this nature permeated my thinking:

*"I am still grappling with what the life histories can represent, or what the narratives will mean. We can only offer a version of a person's life – the narrated life cannot be the life as lived. I keep going back to the idea that, through using the life history perspective, I am claiming that the participants' stories are in some way an 'accurate' representation of reality. However, this characterises a positivist stance, searching for objective truths and knowledge that is value-free. In an interactionist world, these truths and knowledge cannot exist. They can only represent 'truth' in so much as what was relevant or pertinent to an individual across time and what these representations mean in relation to wider social and cultural factors"*

Research diary entry, April 2013

There is a risk that life history work could take a 'romanticised' view of people and their stories and, as a result, take insufficient account of interpretivist social science. It has the potential to endorse a romantic image of the interior self – a self that is anterior to the realm of social (Atkinson 1997). A common critique of life history work is that there is too much emphasis on the individual instead of the social context in which life is lived (Connelly and Clandinin 1999). Subsequently, participants' stories are 'celebrated' rather than analysed. I recognise the importance of the stories people tell, but also how these are founded in interactional encounters and broader social/cultural processes.

Therefore, during the analysis process, I focused on the content of the stories and what these could mean in regard to social context. In the interviews I discussed participants' reflections on past interactional encounters to explore the 'situational' nature of negotiated identities. This approach understands an individual as more than just a 'storytelling animal' (Dhunpath 2000). It recognises the stories told as some form of experience representation of people's realities. This is reflected in the way I conducted my analysis and the 'narratives' that I have included in the thesis, which demonstrate the power of stories on their own, away from theoretical interpretation. By asking the women involved in my research to share their experiences, I gained a better understanding of the nuances and complexities involved in how they understand their identities, the wider 'shapers' of this process and the agency they have in these negotiations. I

define agency as the ability a person has to act on their own behalf. I have therefore looked for instances within each narrative that refer to a 'sense' of agency.

Using this approach, data is interpreted in respect of thematics developed by the researcher, such as prior/emergent theory, research purpose, political commitments and the raw data. There is minimal focus on the structures of speech a narrator selects, audience, local context or the complexities of transcription, which are exemplified in discourse analysis (Riessman 2008). The use of a thematic, life history analysis provides an opportunity to open up the lived experiences of the participants and understand how these relate to moments of identity negotiation. There was less focus on *what* stories were selected to be 'told' and *how* they were 'told' (Goodson and Sikes 2001).

This typifies a symbolic interactionist perspective with a desire to delve into the micro-relations that shape people's lives and how day-to-day interactional encounters influence (or not) their identities. In a thematic analysis, prior research and theory guides the overall process (Taber 2013). In the context of this study, I searched the literature for theoretical insights. I also examined previous empirical work that had explored the experiences of female disabled athletes to better understand the diverse factors that potentially influenced them. Themes associated with the disabled body in sport and the interaction of gender and disability are two pertinent examples. These concepts carved out unique and specific directions for the ongoing research process. Riessman (2008) criticises the often-obscured role of the researcher in their research. Therefore, I am now going to discuss the practical steps I took through the interview process, from transcribing the material to the subsequent 'cleaning up' of the transcripts. This will enable the reader to understand more fully the analysis process and the role I had in the construction of the narratives.

#### **4.6.2 Phases of analysis**

I have conceptualised the analysis phases as commencing straight after the first interview was complete – it was an ongoing process, which I adapted as the empirical material developed and I refined the analytical insights. I have mapped out the phases below. On the surface it appears to be a clean, linear pathway, however the experience was very different. It was a somewhat 'messier' course. I navigated this with support from both the research methods literature and 'trial and error' attempts at finding the most fruitful ways to explore and present the depth of material.

*“Hearing the stories”*

This phase came directly after each interview and involved reflecting on the interview with attention given to the behaviour/body language of the participant, the interview context and my own thoughts on how the interview progressed. The reflections I made helped to build my research diary. Bogdan and Biklen (2003) suggest there are two distinct types of field notes – descriptive and reflective. Descriptive field notes provide a word picture of the setting and the participants. Reflective field notes capture the researchers frame of mind, ideas and concerns; they reflect a more personal account of the process. The emphasis is upon speculation, problems, ideas, hunches, impressions and prejudices. I have avoided labelling these as ‘field notes’ as they are expressed in the literature, instead opting to conceptualise these accounts as forming part of my research diary. I ‘labelled’ them in this way to alleviate the potential pressure involved in writing them and to allow the reflections to develop organically as part of a continued process of reflection. Scott and Usher (1999) stress the importance of the reflective style of such accounts as their goal is to allow the researcher to consider who they are, how they think and where their ideas came from during the course of the study.

*“Transcribing the material”*

This phase involved the transcription of the interview material. The transcriptions of the interview were verbatim, including all utterances by both the participant and myself. I also included all of the non-lexical parts of speech, such as ‘mmm’ or ‘uh-huh’, etc. and places where there was laughter or moments of silence. Conducting a life history analysis involves immersion in the transcripts (Allen-Collinson 2011); personally I undertook transcription of all the interviews. Transcribing interviews is a time-consuming exercise, however it allowed me to ‘get closer’ to the data and develop an additional layer of familiarity with the raw material.

The initial transcript was then sent back to each participant so they could correct any spelling mistakes, names or terms. This also provided them with the opportunity to add information that might have come from the first interview and also delete any parts of the conversation they were uncomfortable with. None of the participants asked for anything to be removed; however one of the participants changed a technical term that is used in archery, which I had spelt incorrectly. The seven women involved indicated that the transcripts were an accurate reflection of their experiences.

*“Interpreting the first interviews”*

After the first interview with each participant I read the transcript closely to look for any emerging themes and ideas to follow up in the second interview, which is a common approach in life history research (Allen-Collinson 2011; Walseth 2006a). This phase correlates with the

idea of ‘multiple interviews’ previously discussed. I used this time to draw out topics that could be followed up during the second interview (Charmaz 2003). Tentative themes began to emerge and I compiled a table of these that included blocks of text from each interview. When I had completed this, I practiced a ‘free-flow’ writing exercise for each participant’s transcript with some initial analytical reflections. Engaging with the data in this way helped me to record my ideas – it also enabled me to trigger ‘new’ meanings as I went through the process.

*“Engaging with the interview transcripts”*

This phase commenced after both interviews with each participant. I immersed myself in the interview ‘texts’ and began identifying their smaller sub-stories. I linked these with the tentative concepts I had started to see after the first interviews. I also explored the variety of factors that could have contributed to how the participants described themselves, as well as the contexts. With both interviews now collated as texts, I slowly began the process of combining the data from both interviews. I started this through a slightly ‘old fashioned’ method, utilising highlighter pens – each colour matched a ‘theme’ that was being discussed in the interview(s). For instance, if the participant was talking about their experiences in relation to impairment, school, sport or barriers related to ‘disability’, then these were illuminated with a different colour. These all represented different ‘life themes’ that helped me to organise the data. This was to facilitate the next phase of the analysis process, which involved combining all of the interview data into one ‘narrative’ (Germeten 2013). It also demonstrated more clearly the areas of the participants’ lives that were most pertinent.

*“Narrative construction”*

It was during this final part of the analytical process that the narratives were constructed. Constructing the narratives was both holistic and fragmented as I moved between the two interview transcripts. The narratives were formed in light of the themes highlighted in the preceding phase. Each narrative has been broken down according to these ‘life themes’ (Taber 2013). As much as possible within each theme, I attempted to keep the events in chronological order. The nature of storytelling contributed to the difficulties associated with this process. When a person is recalling memories or reflecting on past experiences, these moments are not prefaced with a specific time and date. Therefore, I pieced them together chronologically based on a holistic picture I built up of their story and timelines. For instance, if they were talking about a memory of when they were first involved in sport, I knew this would have come before an experience at a national competition.

I ‘cleaned’ the transcripts up and did not include any of my own speech from the interviews. Life history analysis focuses on ‘representation’, so I did not attend heavily to these interactional

dynamics. Furthermore, I was not using a form of analysis that required a ‘detailed’ transcription. Germeten (2013) argues that the researcher constructs a ‘new’ story with a logic that may be different from the order in which the participant presented things. The researcher controls the logic and it derives from the statements that were selected to create a holistic history/story. Finally, I ended up with seven full narratives and I have included a brief snapshot of each in the following chapter. I believe that (re)presenting the data in this form is more powerful and this force would be lost if the words were confined to a dense interview transcription.

“The question of which concepts should be accorded strength and weight is always the researcher’s dilemma. Construction of research narratives is perhaps closer to fiction than we like to think” (Germeten 2013, p.623). This is an aspect of the ‘narratives’ I have considered many times. By reflecting on this, I am attending to Riessman’s (2008) call for researchers to make clear the role they play in constructing the narratives of their research. Germeten (2013) suggests on an epistemological level the ‘fit’ between the narratives as presented and the life that has been told will never be perfect. The social world will always be an interpreted one, both from the participant’s and the researcher’s view. Being transparent about the role I have played encourages a dialogue of self-reflexivity – the narratives will only be one form of interpretation/representation. Notwithstanding this, they are rich and valuable products of the research process. The seven narratives provide a complex insight into the interactional negotiations these women are engaged in.

I then immersed myself in the narratives as a whole and went through another ‘close reading’ phase. I started to look for situations and contexts where the participants discussed how they viewed and felt about themselves in these moments. I was drawing the concept of ‘identity(ies)’ out from implicit descriptions and specific experiences that seemed pertinent for these women. This involved unpacking how the participants were talking about themselves, how they were (re)presenting their bodies in different contexts, how they were viewing their bodies and the expectations/perceptions they had of other people in these interactional spaces. This stage of the analysis involved drawing together the themes around identity, gender and the body that were emerging from the narratives, and framing these within the broader theoretical framework. I took an inductive approach to the analysis (Patton 1990), which involves immersion in the details and specifics of the data to explore the important categories and dimensions.

After I had taken these tentative ‘inductive’ steps, I conducted another ‘free-writing’ exercise. This time I was engaging more explicitly with the data using the theoretical framework by looking through the lens of symbolic interactionism to see how the participants brought meaning to their experiences. I was also thinking about what I couldn’t ‘see’ using this approach and how



I could incorporate other theoretical concepts. At the end of this phase I collated the connections I made between the empirical and theoretical material, which subsequently resulted in seven theoretical ‘commentaries’. These commentaries formed the basis of the following analytical chapters. The analytical phases that I negotiated provided a way of looking at the empirical material that would not have been possible with the raw transcripts alone (Barone 2007).

#### **4.7 The research participants**

This section introduces the participants and provides an overview of their backgrounds. An extract from each of their narratives is included in the next section of the thesis, therefore I will limit the detail concerning their stories. At the time of the interviews all except one of the women, who was injured, were competing in sport. The names of each participant are pseudonyms to help protect their anonymity.

##### *Andrea*

At the time I interviewed Andrea she was in her mid-twenties, participating in wheelchair rugby league. Andrea is of white-British background and was one of the participants who contacted me via Twitter. We then exchanged emails, subsequently spoke on the phone and set up the first interview. During the telephone call I explained a little about the project and the reasons behind the research, Andrea was keen to be involved and share her experiences. The first interview took place during the Wheelchair Rugby League World Cup – this was a really exciting context for the interview. I met with Andrea at the hotel where all the competing squads were based. We then conducted the second interview using Skype (video and voice) for logistical reasons. Andrea is based in Scotland, is currently undertaking a degree in medicine, and competes in wheelchair rugby at both club and country level. Andrea has lupus or mixed connective tissue disease, which is an acquired condition. This was diagnosed in 2009 after a period of decline in her health. At the time of the interview in 2013 she had been in a wheelchair permanently for eighteen months. Before the onset of lupus, Andrea was a keen kayaker but doesn’t feel able to participate in this activity anymore.

##### *Angie*

Angie was in her mid-sixties at the time of the interviews and competes in archery with a classification of W1. This means she has been classified as only being able to shoot from a wheelchair. Angie is of white-British background, originally born in the south east of England and is currently living in rural Scotland. A contact that I have from a national governing body of archery put me in touch with Angie, we then exchanged several emails before talking on the

phone to organise a date for the first interview. Angie and her husband travel with their caravan to archery competitions in England. Therefore, the context for the first meeting was in their caravan; this felt somewhat unfamiliar to me but it provided a comfortable space for Angie to share her experiences. The second interview took place via Skype – again this was a decision based on logistics and finding a mutually convenient date. Angie has degenerative nerve damage in her spine, which is an acquired impairment and she has required the use of a wheelchair since 2001. Angie first tried archery in 2000 and has since competed in two Paralympic Games and has medalled at a World Championship event.

#### *Anna*

Anna was in her early-twenties at the time of the interview, she competes in archery and is officially classified as a stool shooter. This classification dictates that she should shoot from a stool; therefore she is unable to shoot from her wheelchair during competition. Anna is of white-British background and was born in the south west of England, where she currently resides. I was put in touch with Anna through a contact, I sent her an email and we arranged to meet up. This was during the early phases of my project and acted as a ‘pilot’ conversation. We then arranged another interview following this. The first meeting was in a coffee shop and the second interview took place in a meeting room at a University in southern England. The contexts for the two were quite different – the coffee shop provided an informal, relaxed atmosphere and the meeting room provided a sense of familiarity for us both. Anna has complex regional pain syndrome, which is a chronic pain condition. This is an acquired impairment and at the age of onset, Anna was fifteen. She is able to walk short distances with the aid of crutches, but uses a wheelchair the majority of the time and shoots from this for archery. Anna is currently competing at regional level in the sport and was previously on the development squad at national level. However, due to the nature of her condition she is unable to pursue Paralympic competition. She is currently undertaking a part-time PhD alongside these sporting pursuits.

#### *Sarah*

Sarah was in her early-twenties at the time of both interviews, she is a track sprinter over one hundred and two hundred meters with a T38 classification. Sarah was the only participant not actively engaged with sport when we met, due to injury. Sarah is of white-British background and was born in northern England, where she currently resides. Sarah contacted me via Twitter after seeing the ‘participant calls’ I had tweeted, we emailed after this and then spoke on the phone to organise the first interview. This took place at a University in northern England – again this was unfamiliar territory for me but provided a comfortable space for Sarah. The second interview took place in a coffee shop in the same city. I was unsure about recording in such a public place, however it was a quiet weekday morning, which alleviated my concerns. We

found a deserted corner and remained uninterrupted for the duration of the interview. Sarah has cerebral palsy, which is a congenital impairment. She has a twin sister who has a more severe form of the condition. The left side of Sarah's body is affected – she is able to walk unaided, but not for long distances. Sarah was on a national development squad from 2009-2011.

### *Kay*

Kay was in her mid-twenties at the time of the interviews and is a power-lifter. Kay is white-British and currently lives in the south west of England. I got in touch with Kay through a contact and she expressed that she would be happy to participate in the research – we arranged both of the interviews via email. These interviews took place in meeting rooms at a University in the south west of England. They were spaces of mutual familiarity and comfort. Kay has cerebral palsy and mild learning difficulties, which are congenital. She is able to walk unaided for short distances and uses a wheelchair some of the time, depending on the flux in her impairment. The condition predominantly affects her legs. Kay was on a national powerlifting team, but now trains and competes for herself. Kay gave up competing at this level to focus on her studies at University; she is also a keen artist and sells her work locally.

### *Blair*

Blair was seventeen at the time of the interviews and competes in archery. Blair lives in the south west of England and is white-British. I got in contact with Blair through a mutual friend – we exchanged a few emails about her involvement and then we spoke on the phone. This allowed me to clarify the details of the project and to confirm a date for the first interview. The interviews took place in a meeting room at the college where she is currently studying. This provided a sense of familiarity. Blair was born with a form of muscular dystrophy called nemaline myopathy as well as arthrogryposis. Blair uses a wheelchair on a permanent basis but is able to walk short distances when she is at home. The degenerative nature of the condition means Blair's reliance on a wheelchair has increased with age. Blair competes for a national archery development squad and is classified as a W1 – this means she is able to shoot from her wheelchair and the impairment affects both her arms and legs.

### *Lucy*

Lucy was in her mid-twenties at the time of the interviews and competes in swimming. Lucy is white-British and lives in the south west of England. Contact was made with Lucy through a mutual friend and we organised both of the interviews by email after establishing her interest in being part of the research. The interviews took place in a meeting room at a University in south west England. Lucy is missing her left hand after an accident led to it being amputated from the

wrist down; therefore it is an acquired impairment. Lucy has a prosthetic hand that she uses occasionally. Swimming was an activity Lucy took up at the age of ten and she now competes at national level. Lucy has competed in one Paralympic Games and a wide range of international competitions; she is classified as an S9.

#### **4.8 Research ‘quality’ and judgement**

Assessing the ‘quality’ of research, alternatively described as ‘judgement criteria’, in the social sciences is conceptualised in many ways and is a highly contested issue. These differing ways of defining what constitutes ‘trustworthy’ research have spawned from the progression and evolution of qualitative research (from post-positivist to postmodern paradigms) approaches to examining the social world. Polkinghorne (2007) conceptualises this ‘moment’ in social science research as the “reform movement” (p. 472). In the early decades of the 20<sup>th</sup> century, the community of social scientists had developed a consensus about what counts as evidence and, subsequently, what kind of knowledge claims could be validated. The reform movement gathered pace in the early 1970s (Polkinghorne 2007), under the term ‘qualitative inquiry’. A pervading theme of this movement was that the personal and social realm could not be explored within the limitations of what had conventionally been accepted as ‘evidence’. This has also been termed the ‘crisis of representation and legitimation’ (Denzin and Lincoln 2000) and is characterised by attempts to articulate what counts as ‘good quality’ work and how to ascertain the trustworthiness of qualitative research.

Researchers are divided as to whether there can be a universal standard against which to ‘measure’ research. The most widely cited is the work of Lincoln and Guba (1985) who attempted to develop an alternative set of criteria for use in qualitative research (Loh 2013; Shenton 2004) and recognised the different ontological and epistemological positions of qualitative methodologies. Transferability, dependability, credibility and confirmability were proposed to the qualitative research community, set against reliability, objectivity, generalisability and validity, which are heralded as defining features of quality in quantitative research. Sparkes and Smith (2014) highlight the tensions and debates pervading different traditions within qualitative research and characterise scholars as adopting the parallel perspective, the diversification perspective or the letting go perspective. The parallel perspective is highlighted by the work of Lincoln and Guba (1985) and is characterised by underlying assumptions that share similarities with positivist approaches. These perspectives attempt to ensure as accurate a representation of reality as possible (Markula and Silk 2011). Scholars implementing a diversification approach have opted to radically reconceptualise the notion of validity in order to judge different forms of inquiry (Sparkes and Smith 2014). For instance, within critical research paradigms, validity has been evaluated in terms of how effective the

research process was at empowering the participants and raising their awareness of social inequalities. Finally, the letting go perspective concerns the abandoning of any notion of validity completely (Sparkes and Smith 2014).

This illustrates the variety of ways scholars have attempted to ‘solve’ the confusion within the qualitative community concerning how to judge qualitative research. There are many different sets of criteria that have been developed to address this (Loh 2013; Hammersley 2007; Northcote 2012). Despite continued debates over what, if any, criteria should be used by researchers; Tracy (2010) argues that a framework for qualitative quality is required to communicate the value of work to a wide variety of audiences. Northcote (2012) affirms this stance by stating, “the question of whether or not the research is good research is still an important question to ask” (p.104). In the spirit of this, Tracy (2010) developed a set of “big tent” (p.840) criteria that can be drawn from by researchers, in a variety of qualitative disciplines, to demonstrate that one has produced a good quality piece of work, whilst recognising the complex differences between paradigms. Rather than acting as a set of criteria to be judged at the completion of the research, Tracy (2010) suggests they should be viewed as characteristics that can be embedded across different phases of the research process. Amis and Silk (2008) support this and argue that ‘quality’ should be internalised in the underlying research methodology, rather than being tested at the completion of the research. Persuading the audience should therefore be a consideration for the duration of the project.

I am adopting Tracy’s (2010) eight criteria to help demonstrate the ways in which I have addressed issues of trustworthiness throughout the research process. I am utilising this approach because I believe it provides flexibility and can therefore be applied to different research traditions. These criteria also focus on developing excellence across the on going research process, rather than acting as a checklist to be scrutinised against at the end, which is important in order to maintain an ethical and reflexive project. Furthermore, ascertaining exactly what constitutes ‘good quality’ research in regards to the specific approach I have undertaken is difficult because of the debates that pervade this literature in relation to both life history and narrative work (Barone 2007; Denzin 2011; Hatch and Wisniewski 1995; Riessman 2008). As Tracy (2010) argues, “area-specific criteria are helpful for researchers who firmly align themselves within a specific theoretical community” (p.208). However, when this is not ‘clear cut’ then a more ‘universal’ approach is helpful. This is highlighted as Tracy (2010) further argues “I believe we can create a conceptualisation in which qualitative researchers can agree on common markers of goodness without tying these markers to specific paradigmatic practices or crafts” (p.839). Zitomer and Goodwin (2014) in a review of criteria adopted in studies published in the Journal *Physical Activity Quarterly* conclude that flexible guidelines that are sensitive to the

unique research approach are needed to connect qualitative researchers and operate as a pedagogic tool to create a common language of excellence.

The criteria developed by Tracy (2010) are: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethical and meaningful coherence. I will discuss each of these in turn to demonstrate how I have addressed them within my own work. Tracy (2010) suggests that a worthy topic is one that is “relevant, timely, significant, interesting or evocative” (p.840). The research topic is very timely in regards to current societal events and questions ‘common sense’ assumptions about the lives of disabled women involved in sport at the highest levels. Furthermore, I have provided an insight into their day-to-day lives, which has not been addressed by previous literature in the field. As disability sport develops and grows in this contemporary moment it is imperative for researchers to continue interrogating sites of (in)equality and to understand the impact this has on the disabled community.

Rich rigour refers to the research using sufficient and abundant theoretical constructs, data, sample(s), context(s) and data collection and analysis processes (Sparkes and Smith 2014; Tracy 2010). Tracy (2010) suggests that in order to achieve rich rigour there must be enough data to provide for and substantiate meaningful claims; care must be taken in the practice of data collection/analysis; the reader must be provided with an explanation of the analysis process; and the researcher must use appropriate procedures in the field. I have addressed the concept of rich rigour by collating a large amount of empirical data, which resulted in over 300 transcription pages. I conducted two interviews with each participant to allow themes to emerge as we established a greater sense of rapport. A large amount of data does not equate to a rigorous project (Hammersley 2007), therefore I have detailed fully the steps I took during the data collection and analysis process to make this transparent for the reader. This provides a rationale for my approach and highlights the way I collated (i.e. interviews) and handled the data is appropriate for the underlying philosophical tenets of my work and the overarching aims of the study. Furthermore, I provided a full description of how I engaged with each participant and how this contact evolved, which provides a detailed insight into this process (Loh 2013).

The third criteria suggested by Tracy (2010) is sincerity, which implores the researcher to be self-reflexive about their own subjective values and, as an end goal, means the research is characterised by honesty and transparency with acknowledgement of research mistakes. I have maintained a research diary to keep track of the decisions and inferences made throughout the course of the project. This encouraged ongoing reflexivity and fostered a critical self-awareness (Seale 2002) of how I was conducting the research. Sandberg (2005) correlates this with the idea of reliability and examining the researcher’s interpretive awareness when researching lived experiences. I have also carefully documented the processes utilised to gather

and interpret the data. Denzin (1997) warns that researchers should avoid using the process of self-reflexivity as a personal catharsis. Instead, it should help increase understanding of a specific context or situation. Therefore, I have weaved personal reflections from my research diary into the thesis to help demonstrate my own reflective practice and to help the reader understand some of the ‘tricky issues’ I negotiated as the research unfolded. This ensured I was transparent about “the study’s challenges and the unexpected twists and turns” (Tracey 2010, p.842).

Tracy’s fourth criterion is credibility and refers to the trustworthiness and plausibility of the research findings. This involves convincing the audience that every effort has been made to legitimately represent the experiences observed to produce a persuasive account/analysis. Tracy (2010) suggests this can be achieved by thick description, triangulation or crystallisation, multivocality and member reflections. I have acknowledged the need for ‘thick description’ by incorporating the narrative extracts in the thesis. Tracy (2010) argues that researchers should *show* their data in order to provide rich details for the reader. I am aware that the ‘voices’ of the women involved are refracted at several levels, however, I have attempted to portray their experiences in the most salient way possible. This allows the reader to formulate their own ideas about the women’s lived experiences and generates a deeper understanding of their lives.

I also sent the transcripts back for consideration or ‘member checking’ – Riessman (2008) argues that for ethical reasons alone, it is important to discover what participants think of our work. ‘Openness’ is welcomed in the research process, however Sandberg (2005) reminds us that sharing interview transcripts with participants is quite different from sharing our analytic inductions. I have questioned on many occasions whether the women involved in this project would read the narratives and be happy with them or even *agree* with them. Riessman (2008) documented her experience of a participant disagreeing with the conclusions she drew in her research. On this occasion, the participant reflected that it was not how she saw her life. Riessman questions whether this makes our conclusions invalid. In the context of my own work, this is probably a question that will remain unanswered – I have not shared the analysis with the participants. Riessman (2008) argues that different interpretations can reveal multiple truths and realities. Therefore, such ‘disagreements’ do not undermine how the experiences were presented, but how they were interpreted, which is an accepted facet of interpretivist work.

The issue of (re)presentation is also inherently an ethical consideration. This is demonstrated in the example above by respecting the stories shared by the participants. The postmodern turn in the social sciences has brought into question how one portrays the voice of the participants, the experience of the participants and the voice of the author (Douglas 2013). Within qualitative research there are now a range of ways in which scholars can present their work to various audiences taking into consideration the aims of the study and the impact on participants. This

ranges across a spectrum including autoethnography, fictional representations, poetic representations, ethnodrama and ethnographic nonfictions (Sparkes and Smith 2014).

I have used a 'realist tale' (Sparkes 2002) to present my work and analytical insights. This form of representation is characterised by foregrounding the participant's point of view, which allows the reader to gain insights into their unique perceptions of events. Phoenix *et al.* (2010) argue this form of representation does not mean the researcher claims to capture and produce the truth or the reality of a phenomenon. Instead, they connect theory to data in ways that allow the participant's voice to be heard, whilst recognising their own values and impact on the work. I felt this was important in the context of my own research to capture the key moments/contexts/situations in the women's lives, relevant to the underlying theoretical approach. There was an emphasis on exposing the interactional moments that impacted the ways identities were negotiated and performed. Therefore, highlighting these incidents in the women's narratives was an important aspect of the research and the most salient method of representation. I also included extracts from the constructed narrative accounts to help provide deeper insights into these processes and, on an ethical level, provide space for the women's unique experiences.

I recognise that I would have only been able to uncover a partial reality of the participant's experience with a subjective interpretation that is bound by historical and social contexts. Denzin (2011) argues researchers must proceed with the knowledge that their work is always partial. The understanding and analysis I have offered in this thesis lies at the intersection of a number of forces, including; my own values/perspectives, the relationship I developed with each participant, the participants' values and the specific theoretical lens adopted. Therefore, these intersecting factors have influenced the interpretations I can offer. Even though the women's experiences are (re)presented as a realist tale, I have highlighted my role and influence on the research process and therefore acknowledge the partiality of knowledge. This also relates to debates within disability studies literature concerning the work of 'able-bodied' individuals in the field and the questions raised over the (re)presentation of participants' experiences. In section 4.5 of the thesis I have discussed the potentially contentious nature of able-bodied researchers conducting research with disabled participants and the way I navigated this rocky terrain. These issues are relevant here for highlighting how I position myself in relation to the disabled women that are involved in my work.

There are researchers in the field of disability whom have argued that only disabled individuals should conduct work on issues related to disability (e.g. Bury 1996; Oliver 1990; Shakespeare and Watson 2002). Darling (2000) makes the link between this stance and the disability rights movement, which is characterised by a 'nothing about us, without us philosophy'. The



underlying principle is that disabled people need to take control and responsibility for their own lives. Ultimately, this outlook dismisses the value of ‘able-bodied’ researchers contributing to literature in the field of disability studies (Darling 2000; Goodley 1999; Stone and Priestley 1996). I recognise that I am ‘other’ to the worlds of the women involved in the research, however it is imperative here to acknowledge the intersecting differences people have on a wide variety of levels. Brown and Boardman (2011) argue that people have unique and nuanced experiences; therefore we (as researchers) are always the ‘other’. I can only offer a partial (re)presentation of the women’s experiences, but this work is crucial to foreground marginalised experiences and highlight situations of inequality or disadvantage. This work is still highly valuable and relevant for the field and wider disability politics (Darling 2000; Douglas 2013). Shakespeare (1996) argues that social research is important, regardless of who the researcher is, as long as it does not ‘parasitise’ disabled people. I negotiated issues around positionality by being sensitive towards the women involved and by recognising the tensions that could have potentially been elicited.

The notion of thick description and the way I have used the women’s narratives in the thesis, links with the fifth criterion, which is resonance. Resonance refers to the researchers ability to meaningfully affect the audience (Tracy 2010), which can be achieved with evocative representations (Sparkes and Smith 2014) and the idea of ‘naturalistic generalisation’. This concept allows, “readers to make choices based on their own intuitive understanding of the scene, rather than feeling as though the research report is instructing them what to do” (Tracy 2010, p.843). Even though the data is based on the unique experiences of seven individuals in a particular historical context, by (re)presenting the data in narrative form the research can achieve resonance with a variety of people and cultures. The process of engaging with the extracts allows readers an insight into what it is like to be disabled and participate in sport and the assumptions/struggles/joys that are part of this.

Making a ‘significant contribution’ is the next criterion suggested by Tracy (2010) and it implies that the research contributes theoretically, methodologically and heuristically in our understanding of social life. I have discussed in more detail the contribution my own work makes in the concluding chapter of this thesis. I have outlined how the work has implications on a number of levels, both practical and theoretical. The ability to move a reader to explore the topic further means the work is heuristically significant (Benson and Cox 2014). I have made a strong case throughout the thesis for the need to conduct further research on elite disability sport and the experiences of the athletes involved. I hope that by providing an in-depth insight into their lives, curiosity can be developed for future work and avenues of inquiry.

The seventh criterion refers to the ethical nature of the research, which can be found in other practices that help constitute good quality and trustworthy research. I have explicitly addressed the ethical concerns of the project in the following section. However, I have attended to ethical considerations on procedural, relational and ‘exiting’ levels (Ellis 2007; Tracy 2010). On a procedural level, I followed the University stipulations to ensure that the practices of do no harm, avoid deception, obtain informed consent, privacy and confidentiality were adhere to. The concept of relational ethics refers to the researcher as human instrument (Gonzalez 2000). Being self-reflexive, open and transparent about the unfolding research process can help ensure the researcher is aware of their actions and impact on the participants (Macbeth 2001). I respected the participants throughout the research process and continually reflected on my own conduct and potential impact on their wellbeing. I attended to the notion of exiting ethics (Tracy 2010), by carefully considering how I would use the gathered data and represent the women’s stories to wider audiences. By discussing how the narratives have distinct theoretical and practical implications, I hope this reduces the risk of misconceptions or misuse of the material (dependant on the audience).

The eight and final criterion forwarded by Tracy (2010) is the concept of meaningful coherence and questions whether or not the study has achieved its stated purpose, used methods and representation practices that are consistent with the underlying paradigm and have interconnected the research design, data collection and analysis. This should be a consideration for the duration of the research project. The combination of symbolic interactionism, life history methodology and my own conduct throughout the research process align with the interpretivist philosophies underpinning my work. I have been open about the tensions and ‘uncomfortable’ situations that have emerged over the course of this research, which highlights the self-reflexive and ethical sensibilities that help interconnect these concepts with the wider research design.

I have attempted to illustrate throughout this chapter the unique experience of each participant, how I negotiated the process of gathering their stories and my own role in this process. I followed a methodical path, guided by ethical considerations and theory, to ‘story’ the interviews and generate analytical insights. By engaging in such practices, I hope to have embedded the idea of ‘quality’ in the everyday workings of the research and my own conduct in regards to these underlying principles.

#### **4.8.1 Ethical responsibility**

Ethical approval to conduct research was received from the Department of Education at the University of Bath after the submission of an ethics form (appendix three). I obtained written consent from each participant (appendix one) and further consent was gained for the interviews

to be audiotaped. I provided each participant with an information sheet (appendix two), which included a detailed overview of the research project and the ethical considerations that had been made. I have adhered to the ethical guidelines outlined by the University of Bath and BERA (2011) during the design and implementation of the research, which are outlined below.

*The voluntary nature of participation* and the individual's right to withdraw at anytime were communicated to each participant in person and in the documentation provided. I have a copy of all the consent forms that have been signed and dated by the participants. The consent form included all of the information that the participants had agreed to (e.g. audiotaping interviews, pseudonym for privacy) (Denzin 2011). I implemented the concept of processual consent, therefore participation was negotiated throughout the course of the project (Smythe and Murray 2000). I did not assume the consent provided at the start of the participants' involvement in the project was a fixed decision. I asked each participant after each interview if they were still willing to be involved in the research and to continue with the process.

I was aware that the topics addressed during the course of the project were potentially harmful (psychologically) to the participants. Discussions in the interviews around disability and the effects of impairment were 'sensitive issues'. I was vigilant for any signs of stress or discomfort during the interviews to ensure that no harm came to the participants (Ellis 2007). We built up to these topics during the interviews once we had a chance to develop a sense of rapport. In addition, I offered external advice by providing the contact details of a variety of disability support groups and networks. All efforts were taken to ensure that any *requirements of the participants* were met. The interviews were undertaken at suitable and convenient locations for all the participants.

I have regarded the *privacy* of the research participants through coding the data related to each participant from the time they agreed to take part in the research. To ensure that others could not witness any identifying information I erased this on the interview transcriptions. I have used pseudonyms to facilitate the protection of the participants' identities; I confirmed with each that they were happy for pseudonyms to be used. These practices are aimed at protecting the *privacy and confidentiality* of the women involved. McNamee *et al.* (2006) make an important distinction between confidentiality and anonymity. Assuring complete anonymity would mean that the researcher never shares any of the empirical material obtained in the research project with anyone else. This is implausible, as the empirical materials I have gathered need to be discussed in this thesis. Therefore, I have endeavoured to keep all details related to each individual anonymous as much as possible and I have been clear about this with the participants. I have kept all of the research information confidential and have only discussed the empirical material with my supervisors. All electronic records pertaining to fieldwork diaries, transcripts and email

communications were collated within password-protected computer files to ensure they were inaccessible.

#### 4.8.2 Insider-outsider debates in disability studies

I have considered these debates when discussing issues of researcher self-reflexivity and being a non-disabled researcher in the field. They also have implications for the ethics of my research and the way in which it has been conducted. It has been established that alienating researchers who are non-disabled allies is potentially counter-productive and does not aid the disability movement's cause (Kitchin 2000). Macbeth (2010) develops this debate by suggesting it is more important to consider *how* and *why* disability research is being conducted, rather than by *whom*. There is a consensus within the field of disability studies that disability research should be inclusive and emancipatory (Barnes and Mercer 1996; Stone and Priestley 1996). Emancipatory research takes inclusive research one-step further by transforming disabled participants into active doers of research, rather than passive subjects. In the ideal scenario for emancipatory research, disabled people should generate the research agenda and the researchers should be accountable to organisations of disabled people. Advocating the use of emancipatory approaches and, therefore, a single methodology for researching disability needs to be questioned. Danieli and Woodhams (2005) argue suggesting emancipatory research is the only legitimate way to conduct research on disability constitutes an exercise of power.

Macbeth (2010) has recently called for researchers in disability sport and leisure settings to be reflexive about the extent to which they have, or have not, accomplished inclusive and emancipatory research. I have attempted to be reflexive about my position throughout this project to ensure I am negotiating the potential power dynamics at play, e.g. being a non-disabled researcher and the researcher-researched relationship. I adopt the same stance as Brittain (2004) in recognising that rather than leading to a 'more just and fair society', the research is more an attempt at conscious raising or "cognitive emancipation" (p.434). By this I mean that I cannot claim that this research will lead to social change, but through conducting the work I have illuminated the experiences of the women involved. This 'says' something about how they go about their lives and the role sport plays for them.

Going back to Macbeth's call, I did not embark on the process under a framework of 'emancipation'. Suggesting that ethical work in sport and leisure settings should be emancipatory is quite unhelpful, I believe, for theoretical and methodological advancements in the field. Social model approaches to understanding disability heavily influence this emancipatory position (Barnes and Mercer 1996). I have critiqued such approaches in the previous chapter for failing to account for wider complexities associated with disability. Even

though I have not conducted emancipatory research, it is important to facilitate some level of inclusive work with the participants. This is articulated in Macbeth's (2010) assertion that researchers need to question how their actions and behavior resemble that of a 'parasite' or a 'partner'. I would not say that the participants were 'partners' in the research. However, by sharing the transcripts, being 'morally' in tune with the sensitive nature of the research, creating a conversational interview space and being 'present' in the work, I hope to have achieved a sense of ethical 'inclusiveness'. Moreover, in utilising these practices I have endeavored to sustain ethical conduct throughout the research process (Markula and Silk 2011).

### **Dissemination and impact**

An important part of the research process is the dissemination of research findings. The power relationships of the research process do not only exist in the field but also relate to a researcher's responsibility in how they write up and disseminate their findings (Macbeth 2010). I hope to publish the findings from this thesis in the wider academic community. The life stories will need to be carefully edited in this format to sustain the privacy and confidentiality of the participants. For instance, maintaining the use of pseudonyms and excluding details about the sporting histories of the women. I also hope that the research could raise awareness about how women involved in disability sport experience this space and the ongoing struggles they face in various social settings.

## **4.9 Synopsis**

This chapter has introduced the philosophical and methodological backbone of the thesis. My research is situated at the borderline of the interpretivist-critical paradigm. The 'lines' between the two are somewhat blurred; however the overall emphasis is on the participants' unique realities and the wider social/environmental factors that have influenced their lives. From a symbolic interactionist point of reference, this research orientation has roots in the Chicago School tradition. Approaches adopting this perspective developed from early work at the Chicago School when emphasis started to be placed on people's own subjective experiences.

The methodological approach I have adopted is a topical life history and the theoretical affiliations between life history work and symbolic interactionism have been demonstrated in this chapter. Using this perspective has allowed me to focus on the historical and social contexts alongside the interactional dynamics, which have influenced the women's experiences. The relationship I had with each participant was unique and varied, which is a strength of qualitative work and reflects the complexity of human life generally. I utilised aspects of narrative work to (re)present the data, which has allowed me to 'see' the data in a different way and generate a more holistic understanding of the participant's stories. 'Narrative' was used as an act of textual

arrangement, rather than a specific analytical approach. Extracts from my research diary were included to highlight my presence in the research process and how I managed the researcher-participant relationship. I was particularly aware of being an able-bodied researcher in the field of disability studies, which I have continually reflected upon. The next section includes brief extracts from the full narrative accounts to provide a greater insight into what we discussed during the interviews and to foster a 'sense' of each person.

## 5. Narratives

In this chapter I have provided a snapshot of each woman's narrative. I feel it is important to include these excerpts to gain a sense of the women involved, aside from quotations included in the discussion chapters. Weiner-Levy and Popper-Giveon (2013) have used the term "dark matter" (p.2177) to describe those aspects of qualitative research that are suppressed during the data analysis and writing phase. From the abundance of material researchers collect, analyse and write about, only a small percentage actually reaches the 'final' audience (Weiner-Levy and Popper-Giveon 2013). I hope by including these narratives I can better (re)present the participants and provide a fuller insight into their lives. The narrative selections are aimed at covering different aspects of the women's lives and are amongst the most emotive reflections. They include some punctuation to aid the readability.

*Andrea*

*I have been in a chair permanently now for eighteen months. For the six months preceding it so for two years it has been you are gonna end up in a chair probably and then for eighteen months that was it and I am in it now forever. I went from walking with difficulty I would say there were three weeks in terms of not being able to walk at all but I had about maybe a year before that where I was using crutches or sticks because any distance then I would start to stumble or I wasn't able to walk properly. If I rested then it wasn't too bad again so it was manageable but yeah over the course of three weeks I had a flare in my spine and then that's how it happened. It was difficult because in some ways it might have been easier had I had a sudden acute injury because sort of like bang this has happened and that's the result whereas my condition is a bit more kinda windy you know and meandering pathway where it takes you you aren't quite sure what's gonna happen with it. It was very difficult to get my head around and having been well and active beforehand it was quite a new thing.*

*After every big event there was a time of adjustment and obviously after my eye there was a time of adjustment but not really that much there was nothing really tangible that I could say I can't do this because I can't see out of that eye so I got on with it quite quickly. I would say two main times were when I was in hospital for all that time there was a time in the middle when I thought I can't get out of here you know I felt a bit like a prisoner and I could not get out and it was driving me nuts so I probably had a week or two of being insanely grumpy during the time that I was in hospital. Then it's picking yourself up because you're focused on the discharge date focused on when I get out of here I will be doing this. Then you get home and the reality sinks in so I would say it was after I got home sort of a honey moon period of a couple of weeks and then after that I was just wow this is this is life now that's pretty hard to adjust too. I think it was pure depression to be honest just not really being bothered about anything it is very difficult to shake it. I was having this conversation with mum cos I find that just now if I get an infection or get a bit sicker than normal I have to really adjust my head and say now hang on a minute there is stuff here that is annoying you that doesn't need to.*

*I probably sound mad but you think that people are gawping or staring more which they are probably not they are probably just interested but little things like that tend to annoy me more when I am not feeling top of my game and I found that at the start I felt I was literally going down the street people staring. I think everyone thinks that at the start I mean you just get used to it don't you but yeah it was a combination of that and finding it very difficult to adjust to peoples' attitudes and sort of getting fed up of having to answer questions about your health just being like guys let's just talk about the weather I really don't wanna have to update you about this and as a result I kind of actually I can't be bothered going out I can't be bothered doing stuff cos it's just too much hassle. It took me a while to kind of pull my head out and go hang on it's only myself here that I'm holding back it took a couple of months to get through that. I have got a strong faith so I think that helped I would have been pretty lost in terms of a big chunk of comfort if I had not had a faith but family support friend support has been great.*

*It just takes a while to get your head adjusted to it I think even now I will still try and jump out of bed and then go oh right that doesn't quite work. I have spoken to other people and they have said the same thing cos I remember once I was sitting and looked down and saw this huge spider and I am not scared of spiders but no one likes them. In my head I was saying get out of the way and it was a split second of why aren't you moving and it's every now and again you get things like that or you go a bit over balanced and you fall out [of the wheelchair]. That has happened I have fallen out once or twice and you go how did that even happen and then you realise oh right well and it's quite embarrassing in public.*

### *Angie*

*Then you start finding out all the problems that come in with using a wheelchair the likes of pavements access to certain places and things like that and how hard it is to actually self propel yourself. It didn't help with the shoulder then either I used to have a friend on the squad but she was a physiotherapist but she was a wheelchair user herself she used to teach young children how to use a wheelchair. That would be a great idea why don't they have something like that for adults as well. I think it's even harder for adults because they tend to be a bit more tentative shall we say but yeah it took quite a bit of learning that and you don't realise going down hills you think oh this is great but you have gotta stop at some point you try holding the wheels I tell you what I had blisters on me hands until I heard why don't you wear gloves simple little things like that. Carpets as well is a real nightmare access to hotels and what hotels consider as being a suitable disabled room was another one quite surprising. If they are going to promote themselves as having disabled access I think they should have somebody in a wheelchair to say well come and try this. I've had to change rooms several times because I couldn't even get into the room with the wheelchair and there just wasn't enough room or they think that having a bath isn't a problem yeah it is I need a shower and oh yes it has got a shower yes but it's over a bath it's just stupid things that you don't realise at the time and have no doubt that they don't either because they don't ask the right people.*

*It's quite a psychological blow people tend to view you differently as well because they don't see you it must be the way the natural human vision is more or less on the same height as their eye sight is. If you are below that it doesn't matter how big you are if you are below that you tend to be not to be seen they also tend to speak to the*



*person that is with you because they are standing up. In my experience they don't seem to think that you are able to talk or think intelligently. I think they are kinda embarrassed how do they react to you what can they say because of all this political correctness rubbish children are much better at it because they will just point and say why are you in a wheelchair what's wrong with you. Of course Mummy and Daddy are saying shoosh shoosh and no just say it how it is really so it was just unfortunate it happened I have a pair of legs that don't work very well. I mean I have given some people a shock at times I have been in the wheelchair and I can stand up and it's with difficulty to get my balance but I have got up out of the wheelchair and stood up with my stick to stretch and suddenly they realise oh my she isn't as fat as she looks cos when you stand up things tend to look a lot slimmer but more than that is the fact at how tall I am. I think I have shrunk quite a bit now I used to be five foot ten but I am now five nine or just slightly under because of the spine compression and quite often I am quite a bit taller than the rest in the company and they suddenly think whoa.*

*I had to stop the horse riding quite a while before so I think sort of 2000 the Christmas of 2000 my friend Susan bought me a come and try voucher for archery and of course I remember thinking at the time god she's not going to be a friend for much longer bearing in mind she was my bridesmaid at my wedding so I had known her forever you know. I was thinking what is she doing this for it's a bit cruel like I was in one of those in that sort of oh woe is me stages. However I had always wanted to do archery I admit that and she knew that so I phoned him up eventually and I think it was in about March when I got it at Christmas and it turned out that the man himself was disabled and so I arranged to go along and have my wee session. It was blumin' brilliant and I found I could do it at that stage I was still standing and did the course you have to do a sort of safety course and show that you have got the knowledge then bought a kit and then started competing I think it was sort of it would be less than a year and I started competing. I made it to Korea in 2007 so I was phoned up and asked if I would like would like to go to Korea to compete with the development squad so oh I thought for a matter of seconds and I said yeah fine I've got a passport I will be there. I got on well there and then it was the review that come after that I got onto the [national] squad.*

*Anna*

*I think it gives me more umph to go and do everything that I can I think that with the appropriate support I can go and do whatever the hell I want to do. They said that I might find finishing my education difficult but with the appropriate support there has been no problem. It's been hard work yes but University is supposed to be if there are not stupid rules like the Paralympic stuff then I can do whatever I want its bureaucracy and that sort of thing and stupid access that stops me far more than me stopping myself doing anything I don't want to do that I will try and find a way to do it for pretty much anything.*

*I think it has sort of grown over the years that I have had complex regional pain syndrome (CRPS) because part of it is because I don't feel touch as touch I feel it as touch and pain I used to be very, very careful about what I did so that people didn't get too close to me and weren't going to hurt me. I found over the years I have modified that ok I do get a pain spike if someone comes too close as I expect it's going to hurt but I'm not going to let that stop me so*

*much as it used to. That sort of didn't come just from me I had help from physios to learn that but in a broader sense doing what I want and not being penned in. The CRPS that's been a really long time it took a long time to work out I can actually do things like cook for myself because at University our kitchen was horrible so I didn't go in it. Then I had a boyfriend and I spent a long time thinking I can't do this until I would get myself into a situation where I would have to and then think I can and that would give me a bit more confidence so then I would think I'm going to do this and in circumstances where I've been sort of knocked back where I've gone somewhere and there is only one seat on the plane that I can go on or they have sold me three seats sideways and then there are barriers sort of arm rests and then there are the fire exits so I had to try and get my money back we did try and get advice from the airline. That knocked me back for a long time I wouldn't travel so I stuck to wherever I could get to in a car and then decided actually that is stupid I have a friend who is getting married in Canada I am damn well going to her wedding. I think it's the more you realise there are ways around it you can do things yes sometimes you are going to have idiots and will have to work around them but you can do it and that gives you that bit more confidence.*

*Archery is a large proportion of my life but it isn't everything but obviously with the disability because it is there all the time I haven't had a pain free day for 11 and a bit years. It effects anything from I would say getting up in the morning to going to bed at night but it then effects all through the night as well so I think the disability still comes above the archer but I think at the moment I will admit at the moment archer comes above doing a PhD. That may be because I am doing a competition this weekend and during the week I was organising a have a go for the homeless centre in town this week so I have been doing a lot of archery stuff this week and the PhD was at the beginning of the week. I've had a lot of archery and some of my archery friends came over last night so but yeah the disability is more all encompassing than the archery but the archery is a very significant part of my life and I only really realised that when it was looking like it was going to disappear. I hadn't realised it up until that point I might have been competing three weekends out of four or training four times a week but I didn't realise it I didn't appreciate how much it meant until it was going to disappear.*

*For a time I was very ambivalent towards the archery I was struggling to find the motivation to go and train I was not training for a bit and that had a knock on effect on my performance. I then came back and I was thinking well I'm not shooting as well as I should be is it worth the effort. I'm not getting back into it and thinking right I'm competing I need to be doing better and I can understand that my performance was effected by the little wobble that I had earlier on in the year and shooting from the stool as well that was always going to be different I now accept that but the archery is definitely important to me and definitely when thinking I need to go and train when it's late at night and I'm tired no I need to go and do it and I will feel better once I have done it.*

*Blair*

*A lot of people find it hard. I know so many people who have had a disability diagnosed and then are just like I don't know what to do you know I've got this I can't do this. That's what a lot of people are like but I've always said that can't is not actually in the dictionary so it shouldn't be a word we can use. For me when I found sport*

*the whole negative attitude went out the window so no matter what I face I still get days where I am like oh I wish I could do this but then I'm like you know what people who can do that can't do what I do. It's just annoying it's like why now I used to ask that a lot when I was little like why is it me and I could never work it out. If someone said to me now we can take your disability away I would be like no because it is part of me I've got the disability it doesn't have me if that makes sense. I've never had a different way so if I couldn't learn to live with it then what could I do so yeah for a long time I just spent ages like I always thought that maybe one day they'd be wrong the doctors would be wrong so I guess I was in denial for a while but then obviously when lots of things happened I realised just how quickly things can change especially with intensive care last year I went from one week being completely fine to the next I almost didn't make it through one of the nights and they said they honestly don't know how I did.*

*I went into intensive care on the Tuesday night and then they took me out to the same ward on the Wednesday cos they done what they had to overnight that was the worst night of my life cos basically they put me on a machine. I sleep with a ventilator anyway but they put the pressures right up so it was breathing for me it's really weird it hurts like if you are out in the cold trying to breath and it hurts your lungs it's like that but all night but it did what it had to and it got them working again. It was very dodgy for a while but that was due to the glandular fever I couldn't repair properly but the Thursday/Friday early mornings they were thinking of taking me back to intensive care and putting me into a coma so my body could just recover. Overnight like the natural fight in my body kicked in and then my Mum was like we always knew when you were little you were going to be a fighter so it just sort of kicked in then I guess I don't know how it just happened. That's when I realised even though when I found sport I became more positive after that I was like I have literally gotta do everything while I can because I don't know when it's gonna be taken away I got a kick up the backside with that one.*

*There is always something I just don't talk about it cos everyone would be like why are you moaning you don't moan you just kind of get on with it. The other day I got up and cos obviously I can still walk a bit I got up off the chair and my hip cracked and since then my leg has been a bit dodge. Then today I slipped in the shower so that's a bit more obvious I can't really get away with going well I didn't do anything it would kinda be like well I did slip in the shower what you are in a wheelchair and then you have gotta explain it. You kinda just learn how to get on with things and how to cope with things cos it's there all the time it kinda becomes a background and if you let it affect you all the time it starts affecting too many things for you to keep up with. I know if something is wrong with me now the hospital have just put me back onto my antibiotics for over the winter to try and keep chest infections out so obviously if I get a chest infection I get too bad I go back into intensive care and we don't know if I go back in whether I am gonna come back out it's just one of those things we don't know it sounds really dramatic and it probably wouldn't happen but we have gotta face the facts that it could.*

*I think that is the hardest part nobody can tell me what's going on and there are days where I wake up and think why can't somebody just tell me what is going on and how long I have got to do the things I wanna do cos they can't. They like say we don't know when things are gonna change in the past there was no pattern for them to follow things have just happened and they are like well we have logged what's going on and there is nothing for us*

*to tell you so there are times I get a bit frustrated and I just want to know but nobody can give me anything so there are odd times where I am like just tell me and then I am like do I actually wanna know do I actually want them to turn round and go yeah in three months time you won't be able to walk. I don't know if I actually wanna know that but on the reverse side it would be quite nice to know cos then you know what to do in that time so it swings in roundabouts so I just don't really think about it anymore.*

*That's why I did the sky dive that's why I am doing everything I do. I am really starting to push the things with charity as well now and people are like you probably will burn out but I am like do you know what I don't think I am because everything is really settled. I know what I am doing with archery now so I am just trying to make the most of the time I have to do things cos you don't know when it is just gonna get taken away.*

### *Kay*

*[Sport at school] was fine really I did basketball not basketball netball and tried netball and it was sports day and I don't remember doing much but at that time I don't really know I wasn't really committed. When I started on the team [GB powerlifting] I was committed I had to be in a certain weight category so I had to kinda watch what I was eating. I had to do something drastically cos I was addicted to the chocolate machine and the fizzy drinks machine at school which meant I was a size eighteen sorry size sixteen to eighteen and I was big for a sixteen year old so I was like right I think I need to do something drastic so I went to weight watchers and that worked for a period of time but then they said they didn't understand why I was putting on muscle because of training through that as well but I got to a size twelve from size eighteen. Just for my own body my walking is a lot better when I am lighter I just felt really sluggish and didn't want to move. In the competitions you have to be in a certain weight category which means that you have to make sure that you are in the weight category cos if you are a tiny bit over then you get fined its quite ridiculous yeah if you are below you also get fined. Everyone is like my Mum said that she doesn't think I have put on weight but then I haven't lost weight. I have lost probably lost point seven of a kilo well that was a long time ago I am a bit scared of weighing myself I have got a bit of a phobia of the scales. I haven't put any weight on well I don't think I have put any weight on but once I have once I start the walking regime hopefully I will be more confident to weigh myself.*

*I was a volunteer at the Paralympics I was at the o2 arena my job title wasn't the greatest it I was like monitoring the toilets and making sure everything wasn't blocked. It was a good experience and I got to keep the uniform which was good. I was only doing it for a couple of days so yeah we stayed in a kind of hostel for those days. I did it all with my Mum so she had got the uniform too. I was kind of on my own with the people who were like showing me what to do and she was like I don't know what she was doing. I saw the powerlifting actually which was good. Well in the Olympics before I saw the tennis I saw Andy Murray and his brother win the doubles.*

*I occasionally do wheelchair tennis they teach you to hold the racket as well as push first before hitting the ball. I have been probably doing it for a couple of years probably I dunno when I started really. I go to wheelchair tennis camps like once a year and then cos my Dad is also a tennis coach I hit with him sometimes but there is someone called Sandra in the University she is a tennis coach so I hit with her sometimes I get lessons with her. I do have a*

*tennis chair the wheels are cambered it's quite fast and I have a sports chair I have always had wheelchairs. I use my chair more now because like my legs get stiff a lot more now than they did. I don't think I will be in a chair permanently as long as I keep walking and mobile that won't happen. When I am tired then I really don't want to walk too far but sometimes I have to force myself you have to rely on so many people [in a wheelchair]. I think so [treated differently in a wheelchair] they like will kind of talk down to you like you're a child or say that someone is with you they talk to them. If I am on my own then I just like whizz through but yeah it depends sometimes you know people just talk to my Mum and refuse and then she says she has a voice. I didn't use a wheelchair at school it was mainstream it was a very old building there were stairs everywhere but how I managed it was they let me go a few minutes early from lessons. A couple of people went why do you get why are you allowed to go early and I have to like say cos I don't wanna be crushed really. Some people like kind of snigger at you but no just got on with it really.*

### *Lucy*

*I do it for myself so I do it for my own goals I would never do it because I want to swim in front of seven thousand people or because I want to get on TV. I do it because I want to make sure that I am being the best I can be and that is all that motivates me. I have sort of very intrinsic motivations really rather than extrinsic or external. I did kind of feel the pressure of other people looking at me and thinking is she good enough or Lucy you are meant to do this that or the other. I found that pressure really got to me whereas actually for me the best way I could approach it and the only way I could handle my nerves and psychology was approaching it in a way of this is all my own doing and it is my life that I am putting under all this pressure it is my commitment and my sacrifices anything else they can go away and that is probably the only way I got over not making it to London. Because when I missed out on the medal in Beijing I was like oh my god I have let so many people down and all those people were watching me and the local TV was following me. I just sort of thought I let them down and that is why I ended up not winning the medal because psychologically I went into the final in second and then the nerves got to me between the heat and the final. I made some bad decisions so in the final went half a second slower and missed out on a medal all because psychologically putting myself under pressure as everybody else was watching me and putting pressure on me so between Beijing and London I turned that into making it more about me.*

*The one thing I found really healing was going into schools and doing talks because until that point I hated analysing my performances. I have never looked back over a performance I would hate reflection I would hate anything like that but then that's the only way you learn and you realise what you are good at and what you are not good at and actually telling my story over again. Talking about the highs and lows is the only way I can work out I definitely want to go to Rio every time I say that I sort of missed out on London it is sort of like a pain in my stomach and in my heart and it sounds really cliché but it is every time I play a video of London I'm thinking I am not in that video.*

*At the moment I'm on quite a chilled out training programme because I missed out on qualifying for London due to glandular fever so I didn't actually compete in London I went to the trials in April. Six months before I got told*

*that I had glandular fever so I actually burned myself out as I trained too much and then ended up well I made it to the trials but the doctors told me I probably shouldn't be swimming at all. When you are getting up at five in the morning and your body wants to sleep all day but through my own sort of decision making and maybe not so sensibly I decided to train through it and as a result when I did finally not qualify I had to have about three months in bed. I could barely do anything productive and all I could do was sort of get up for a few hours and do some work or do something normal and then pretty much sleep again so you know when you think you give up sport you go and party well I wasn't partying. Now I am feeling normal again and it did take almost a year by the time I actually felt it got through my system.*

*Now that I have had a bit of a break I have started to feel a lot more normal whereas literally before that all I did was wake up with a cold a cough or a headache and literally living off paracetamol trying to get through the day-to-day. That is as much as you can take as an athlete and anything more than that and I would have been taking drugs so really hard time in that phase but I knew I wanted to go to London and I knew that if I got to trials there was a possibility that I could qualify but unfortunately I didn't so now I am on sort of a fresh start to Rio. I am sort of going to take it really slowly because the swimming governing body work on a four year cycle so technically if they were going to fund me I needed to get back in November. I wasn't willing to get back in and start full training I wanted to do it my way because their way burned me out. Doing fifty thousand to sixty thousand metres a week is not made for every athlete and that is why swimmers don't always last so I know that if I try again I am just going to end up back where I started with the injury and the illness and all of those problems so I am approaching it in my way and going to do a sprinter programme with more gym based power and speed based work.*

*Sarah*

*I don't claim like at the University I don't claim disability allowance but obviously through the DVLA I do get the low amount of whatever this thing is. I try to hide it [cerebral palsy] but it doesn't bother me when people find out. I think it's cos they don't ever ask [University lecturers] if they ask then I will be like oh yeah some lecturers do ask before they do a lesson in practical they will say has anyone got anything or if I can't genuinely do it on that day because my muscles are really hurting then I will say oh actually. Sometimes I think they view you differently. I recently had to tell some of my lecturers because of a gym and dance assessment but they wasn't surprised but it wasn't as if they did not believe it they just wasn't very understanding or maybe they just didn't understand themselves so now I feel like they are a bit weird around me. It's really hard to explain like instead of just speaking to me normally they speak like down to me in a way as if I am mentally disabled and I am actually not. It annoys me sometimes and I make a point of saying it's just physically not mentally or I will say I am all there mentally just joking. I say it to them to make them aware but then some lecturers I get on with really well and they don't know so I think it is just how they understand it in general. I have learnt how to hide the condition just cos I dunno I've never looked like other people with cerebral palsy. I have learnt how to walk differently cos I used to walk on my tip toes until I was eleven and now I pull the back of my ankle so it will stop me from doing it and I wear heavy shoes cos there is no way my feet can lift up. There is always that stigma behind it like if you say I have got*

*cerebral palsy some people look at you as if you are mentally disabled and you think well I'm not cos my written English and spoken English isn't the best I'm not mentally disabled. It's like as soon as you say oh I've got a disability they naturally think oh there is something wrong with her when there is nothing wrong with me like that.*

*Some people probably do and some people probably don't [know about the condition] I might have brought it up in conversation once. We did gymnastics and dance module in the first and second year and I can't tell when my toes are flexed so when the lecturers eventually asked why I couldn't turn she dropped me one whole grade I appealed against it and then had to say why. So I just said oh I've got cerebral palsy and then she said well it's not on the records and I was like it wouldn't be would it and she said well why wouldn't it and I was like I don't even think to class myself as disabled. I don't mind telling people but I just think that the view in society still hasn't changed cos I'm not obvious that sounds really horrible but cos I'm not obvious they just think that I am not mentally there. To me that's the only other excuse so if you're not physically disabled like obviously disabled physically like how can you be disabled. I say to them I have got cerebral palsy and they will be like okay and like do you know what that is and some of them will say no and some of them say oh it just stops your muscle growth that's what it does to me but other people are different and then some of them will be like so does that mean that you're mentally and I will be like no I just told ya it stops muscle growth it doesn't stop anything else.*

*I did say I was disabled on that one [current job application] and then it asks how but I only did that because I was applying through the University. I can't remember if I ticked the box or not but I just thought I would tell them like just in case they see a lecturer it doesn't bother me I just thought I would say it anyway and see what it did to us cos I have never said it on any other job application forms but then I am thinking if I didn't get the job would I class it as being because I wrote that. They can't tell from an application form they can't tell what you are like they don't know your persona whereas with mine I did say it was really unnoticeable so I emphasised the fact that they are never gonna notice I don't think they even realise now. I told them it was on the form but they haven't asked about it. I had two interviews and it wasn't brought up then. I had a normal interview like an interview how we are doing now and then I had a presentation interview they never brought it up or anything no. I don't know if that is because they are uncomfortable but even by now they should realise that I don't feel uncomfortable about anything.*

## 6. Managing, performing and negotiating identities

The previous chapter provided a snapshot of the accounts of the participants. These narratives highlight the insight that can be generated when talking to people about their lives and the moments that have defined their stories. I went through a rigorous analytical process that involved a deep immersion in the participants' interviews and transcripts, before (re)constructing their narratives to highlight the most pertinent aspects of their accounts. I will now discuss their narratives in relation to wider theoretical literature and concepts. This builds a picture of how the participants negotiate their identities and how they 'see themselves' in various contexts and interactional situations.

I have broken down the discussion chapters thematically. In this chapter I focus on how the participants' identities can be conceptualised and the complexity of their negotiations around 'disability' and their sporting experiences. Therefore, the sections represent different 'identity themes' that have emerged from the narratives. The themes are general and cut across all of the participants' narratives. On a broader level, these are linked back to sport and how sport – as a context, way of being and interactional space – has shaped such experiences (or not). The following sections demonstrate the processual nature of identities, viewed through an interactionist lens, and the multiplicity of these identities. I have separated the themes in this way to emphasise the significance of the women's stories and highlight how they relate to various theoretical concepts. These chapters will highlight the contested nature of identities and the complexity of disability.

These narratives are different for all participants and I do not want to undermine or homogenise their unique experiences. However, this grouping is a heuristic tool to develop the discussion around such 'thematic identities'. I will also discuss the similarities and differences in their stories, to help draw out the nuances and the complexities of their unique experiences.

The chapter to follow will focus on 'the body' and 'gender' and how they relate to the participants' identities. I realise these are two forces that could potentially intersect the social encounters and experiences of the participants that I explore in the following sections. However, I am going to address these separately to maintain the clarity of the discussion and demonstrate the most relevant factors in relation to each. Therefore, I address a range of issues related to the body and then subsequently focus on gender.

### 6.1 Relational nature of disabled identities

The meaning of sport in the lives of the women and the ways they identified with their sporting participation is a theme and point of discussion that produced strong emotional responses. In



Western society, the term ‘disability’ is often identified as an undesirable personal characteristic, which has led many people to attempt to conform to able-bodied ideals (Swain and Cameron 1999). Previous research has demonstrated the negative perceptions that are associated with being ‘disabled’ (Fitzgerald 2012). Dominant narratives of disability in wider society often define a person in terms of what he/she can or ‘cannot’ do. Disabled people are often at the mercy of medial jurisdiction because they are confronted on a daily basis with narratives of medicalisation and ‘otherness’, which can influence their identities (Huang 2005; Shakespeare 2006). Much of the research within disability studies focused on identity has been based on the idea that there is a natural, intrinsic meaning to any identity. Identity is then based on people’s shared experiences and an essentialist understanding of the ‘self’. An identity as a disabled person (in the context of disability studies) is created through social regimes that construct ‘normal’ bodies, which generates of politics of difference and ‘otherness’. Subsequently, disability as a label occurs when people do not ‘measure up’ to such ideals.

The theorisation of identity and disability alongside what disability means in society have been discussed in chapter two, so I will not repeat these points here. However, it is important to set the scene for the discussion that follows. I am going to focus on the varied and fluid meanings of the women’s participation in sport – their entry into sport, their progression in sport and how the notion of ‘elite’ intersects with these experiences. I will demonstrate the complex ways they talked about themselves as disabled people and athletes at the elite level of competition. The first section is based on the women’s experiences of disability and how they identify themselves in relation to disability. This analysis aims to draw out and highlight the complexity of disability on various interactional levels – in relation to the physical environment, their relationships with friends, family and the ‘generalised other’, and the contextual contingency of the participants’ position in relation to these encounters. I will highlight how these identities are ‘imposed’ in different situations and how this is managed and negotiated. In the sections that follow I will elaborate on the neoliberal essence of the participants (individualised) identities and how these negotiations shape their experiences. These discussions will also touch on the meaning and role of sport involvement in the women’s lives.

Sport, as an institution, is a space where physicality is admired and the production of normalised and desirable bodies has been common-place (Cole 2002). Disabled people have faced both environmental and social barriers to their participation in sport. Consequently, they have often been marginalised by such regimes. The literature that has focused on female athletes in disability sport specifically has argued that it is ‘empowering’ for women (Blinde and McCallister 1999; Hardin 2007). I have outlined this literature in chapter three. However, the idea of empowerment alongside the resistance of ‘oppressive’ social relations, which many of these studies perpetuate (for example, environmental barriers, experiences of inequality and

marginalisation in different contexts), does not adequately account for the complex relationship between individuals and society. The nature of identity is not fixed and stable, it is historically and contextually contingent.

All of the participants have a physical impairment, which is visible in the majority of social situations. Angie, Anna, Andrea, Kay and Blair are all wheelchair users, which is a common social signifier of disability (Charmaz and Rosenfeld 2006; Watson 2002). Sarah and Lucy can, to an extent, ‘control’ the visibility of their impairments – this will be addressed in more detail in the following chapter. Lucy’s missing hand and the way in which Sarah moves her body (Rosenfeld and Faircloth 2004) both indicate ‘disability’ (Thomas 1999). Furthermore, the women compete in ‘disability sport’, which indicates the presence of some form of impairment. Therefore, it can be said that across the majority of social encounters, the participants can be identified as ‘disabled’ or impaired according to societal perceptions.

It is clear from the narratives that disability is more than a discursive label that is ascribed and accepted; it is contested and negotiated by the participants in various ways during social encounters in their day-to-day lives. The lens of interactionism has allowed me to explore disability as something more than just a label that is projected onto individuals or a singular identity based on shared experiences. The body is a fleshy presence in these social situations and is a mediating factor in how identities are managed. On the basis of this, I will now explore how the women negotiated disabled identities, both in and out of sport, and the associated nuances and complexities.

### 6.1.1 I am not disabled – rejection of ‘disabled labels’

*“I always call it it’s not disability it is a different ability. That’s pretty much how I see it ... diffability yeah that will be my new word a diffability oh I am going to try and make that my new catchphrase”*

*Lucy*

The participants, in different ways, did not incorporate cultural perceptions of disability into their identities. Whether they rejected being labelled as disabled by others/did not label themselves in this way or, challenged what is deemed by Western society as ‘normal’, disability as an identity – associated with weakness and tragedy – was challenged by the women. The majority of the participants did not use the word ‘disabled’ to describe themselves and chose to dissociate from such ‘labels’. However, this was played out differently in various contexts, which I will unpack in the following sections.

There were those women, like Andrea, who did not view themselves as disabled. It was only in certain contexts that she would – somewhat reluctantly – describe herself in this way, i.e. applying for a disability badge/playing disability sport:

*“I don’t feel disabled in my head I just sit down in some situations when you are using public transport and things you gotta identify yourself as disabled because you need a bit of extra help in sport yeah I play disability sport there are one or two things you can’t do obviously but I just live my life sitting down same life I lived before” Andrea*

The reference that Andrea makes to “*in her head*” indicates that this is how she views herself and she is choosing to avoid describing herself as disabled. However, she reveals that in various interactional encounters being ‘disabled’ is negotiated differently. This is demonstrated in a discussion of situations where she has to use public transport. Across interactional spaces, it is clear that Andrea is aware of how people perceive the presence of impairment. The extract below exemplifies the differing ways in which she believes people view disability:

*“I think there is two camps there is the poor disabled people they are disadvantaged that’s sad and that tends to be older people who have grown up where any type of physical disability is shut away then there is another camp where I guess we are probably more aware of it from reading it in the media and stuff and you are kind of labelled as scroungers ... there is a hierarchy of disability so if someone sees you in a chair then you are obviously deserving you get that attitude from people it’s not like a lifestyle choice for me something has happened so yeah I certainly wouldn’t be waiting in some crowd waving the disabled banner that’s not me” Andrea*

In these instances ‘disabled’ is an ‘ascribed’ identity founded on how people are seen during moments of interaction, i.e. “*disadvantaged or a scrounger*”. Arguably, both of these perceptions have negative connotations. Hargreaves (2000) has argued that the impaired body immediately signifies difference and abnormality. Consequently, this impaired body is tied to self and identity. The ‘disabled body’ is governed by the assumptions people make about what disabled bodies are capable of. However, Andrea does not accept identities based on this and rejects such labels and their negative associations. By rejecting these views and confronting ‘disablist stereotypes’, she is able to present herself as an active agent. Her statement, “*waiting in some crowd waving the disabled banner that’s not me*” is indicative of the political way she views embracing disabled identities. Contemporary identity politics is organised around the idea that marginal groups need a united front against the injustice they experience as a direct result of their ‘differences’ (Scully 2012; Shakespeare 2006). The notion of a ‘collective disabled identity’ on this political level is aimed at actively combating physical, social and environmental structures of inequality.

I have discussed in chapter two the ‘categorical approaches’ (Thomas 1999) to understanding disability, which suggest that people’s identities can be ‘affiliated’ to appropriate categories. Predominantly, these approaches can be linked to the social model, which rests on an essentialist understanding of disability as a category (Watson 2004). The common feature of a ‘disabled identity’ for ‘strong’ social model theorists is not the presence of impairment, but the political experience of oppression. Dismissing disabled as a self-identity conflicts with the assumption that people are unified in their attitudes towards disability rights and culture, which has been perpetuated by proponents of the social model (Barnes 2012; Morris 1991; Oliver 1996; Wendell 1996). It also reinforces the argument I have made in chapter two that individual experiences need to be recognised – disabled people are not a homogenous group.

There is a clear space for conflict between personal and social identities when a physical impairment is present and visible (Snow and Anderson 1995). These identity tensions led Andrea to justify instances where she would potentially be self-identifying as disabled, subsequently avoiding the internalisation of such identities. Allen-Collinson and Brown (2012) suggest that where there are conflicts in identities, people have to continually work at negotiating a balance. Andrea sees her life the same as before the onset of her condition, but she is *“sitting down rather than standing up”*. The situations in which Andrea talks about being disabled are where this is, to some extent, ‘enforced’ by social or environmental factors:

*“This morning when I went to get that repair done I needed to park in a disabled space cos I need to get my door open wide to build my wheelchair that’s the only reason I need to park there” Andrea*

It was for practical reasons that Andrea parked in a disabled space, not because she identified in this way or indeed saw herself as disabled. Similar to Andrea, Angie does not identify as disabled. However, she feels that she *“would have”* to see herself in this way in certain moments because of what she *“can’t do”*:

*“I suppose in realistic moments yes I would have to see myself as disabled because you go through the things that you can do and when the things that you can’t do outweigh the things that you can do you have to be realistic and say you are disabled but I wouldn’t mentally no I’m not sixty four either so that tells you something” Angie*

Angie’s words highlight the complex nature of the term ‘disability’ and the contextual contingency of associated ‘disabled identities’. The tensions prevalent in research literature about how disability is perceived and understood (e.g. Barnes 2012; Shakespeare 2006; Thomas 2004b) are also reflected in how people use the term in their day-to-day lives. Different situations determined the way the women identified (or not) with the term. It appears that ‘disabled’ as an identity operates on several different levels, which mediates the various ways in

which it is expressed and managed by the participants. Interpretations of disabled can function on political, socio-cultural, experiential and individual levels. In the above extract, Angie's idea of disability is based on an individualist position that defines disability as residing in her personal capabilities, not in societal or environmental barriers. However, Angie is hesitant to identify herself in this way, which is indicated by the use of "*I suppose*" and by choosing to avoid "*mentally*" self-identifying as such. It seems that, for these women, disability as a way of being is not something they identify with and attempt to distance themselves from.

In his empirical work on disabled identities, Watson (2002) argues that the self is a product of self-determination, autonomy and choice. However, the participants' narratives contrast with this claim and highlight that, to some extent, the social context constrains the way in which they can make sense of their multiple identities and how they manage these during interaction. It is clear from the narrative extracts of Andrea and Angie – as two examples – that dissociating from ascribed 'disabled' identities is an ongoing process, which requires symbolic work. For instance, Angie reflects on situations where she has attempted to dispel assumptions that people might be making about her and her capabilities:

*"I mean I have given some people a shock at times I have been in the wheelchair and I can stand up and it's with difficulty to get my balance but I have got up out of the wheelchair and stood up with my stick to stretch and suddenly they realise oh my she can stand up and she isn't as fat as she looks cos when you stand up things tend to look a lot slimmer"* Angie

This demonstrates how the women actively negotiate disabled identities across interactional spaces. Similar sentiments are also echoed by Sarah: "*I think cos I never class myself as disabled which is the hardest way I think*". There is a clear discrepancy between how Sarah would "*class*" herself and how others might view or identify her. In these instances, the women projected a way of identifying with 'being disabled' that was not related to their physicality, instead disability was viewed as a 'negative' label that they could manage and ultimately reject. Sarah's comments highlight the different levels that these identity negotiations operate at. There is no affiliation or shared sense of 'disability' on a political, physical or socio-cultural level. The women do not dismiss impairment; indeed it is recognised, but this was not internalised as 'being disabled' by the majority of the women. The presence of impairment did not equate to 'non-normative embodiment', but was perceived as just another form of embodiment (Overboe 1999). There were critical moments in their narratives, which offer some context as to why the women approach 'being disabled' in this way. Their experiences exemplified a number of occasions where their embodiment was negatively marked and perceived. It was striking that nearly all of the participants discussed being subjected to the assumption that they were intellectually impaired, because of the presence of a physical impairment:

*“They [members of the public] like will kind of talk down to you like you’re a child like or say that someone is with you they talk to them If I am on my own then I just like whizz through but yeah it depends sometimes you know people just talk to my Mum and refuse and then she says she has a voice”*

*Kay*

These social relations contribute to the participants’ desire to avoid any sense of common ‘disabled identities’. It is clear that, to some extent, disability is more than a discursive label; it is a way of being, which is associated with weakness and tragedy (Watson 2002). This can be understood through Goffman’s (1963) seminal work on stigma. According to Goffman, impaired individuals encounter stigma when they possess an attribute that is marked as different in comparison to the ‘norm’. This attribute is attached to a stereotype(s) that serves to discredit the individual. Goffman’s analysis of stigma has proved useful in exploring the power relations embedded in cultural constructions of ‘normal’ embodiment (Coleman-Fountain and McLaughlin 2013). I have outlined the criticisms aimed at Goffman’s work in chapter two. However, it offers a way of understanding how the women seek to negotiate and subvert the stigma attached to being ‘disabled’. They are active in this process. Their identities are based on what they feel themselves to be, not what others suggest they should be. These assertions are tied to a ‘politics of difference’ and their attempts at disengaging from ‘common’ disabled identities. Scully (2012) sums up the difficulties in conceptualising the complex notion of a ‘disabled identity’ and the variety of meanings this carries for people, “within the world of disability there seems to be greater acceptance that diversity of experience is an empirical reality that cannot be glossed over for the sake of ideological neatness” (p.144).

### **6.1.2 I am not disabled - reconstructing ‘normality’**

The concept of ‘normality’ is at the heart of processes that construct the assumptions and perceptions of disability as an identity. The social identities of those who consider themselves to be ‘normal’ are only secured by the deviation of others from this imagined ideal (Swain and Cameron 1999). In societies defined by ‘ableist’ standards, impairment is often perceived as deviant (Huang 2005). However, in some cases, the participants contested such ideas and provide alternative accounts of ‘normality’. Again there was dissociation from ‘disability’, however this was articulated slightly differently. For example, Blair:

*“That’s when it all kicked in but I think because of the family and how I grew up I’ve never seen it as a disability just sort of got my own abilities that you find cos I’ve never known another way” Blair*

Blair goes beyond the established dichotomy between normal/abnormal, by stating she has her own set of ‘abilities’, which are not ‘deviant’ in the way society suggests. Impairment is

conceptualised as a normal part of her daily experience. Similarly, Anna reflects on how she is just like other students:

*“I think its really good to be doing things and for people to see yes I’m in a wheelchair but sometimes it will just be my sticks but I’m out doing and taking part just like other students” Anna*

For these women, having an impairment is a part of their life, which has become unimportant. It is a part of them and a part of their being, which is ever-present. Society imposes ‘norms’ upon people, however, common assumptions about disabled people and what they can do and achieve are often wrong. For Blair, it is wider society that has the problem:

*“I find it really easy to have that normality so it’s other people who are just trying to get their head round this difference now but everybody is different and as soon as people realise that the better” Blair*

Blair has a different perception of ‘normal’, which indicates that ‘normality’ takes on different meanings for everyone. Lucy reflects on acquiring her impairment at an early age: *“It’s all that I have known since I was two so it’s like being born with it”*. Again, her position reaffirms that this bodily experience is the only one she can remember. It is Lucy’s ‘normal’ that further problematises the normal/abnormal dichotomy and undermines the perceptions that exist about ‘normal’ embodiment. Lucy’s notion of ‘diffability’ also challenges straightforward dichotomies and reinforces the need to break down the conceptual difference between ‘normal/abnormal’ and the cultural perceptions of these values.

### **6.1.3 Contextual contingency of disability and multiple identities**

The contestations the women have around disability as an identity highlight the differences between how disability is theorised and people’s day-to-day experiences. The previous two sections have focused on the ways ‘disability’ as an identity is challenged and subverted by the participants. This section addresses the contextual characteristics of these negotiations and how they are shaped by the interactional situation. The idea of a ‘normal’ body is rejected by many of the participants, who question notions of normality and embody their impairments in different ways. It seems that disability, for them, is not based on a shared experience of discrimination and environmental/social barriers (as suggested by social model theorists) or impairment, but on disempowerment and the narratives of ‘weakness or tragedy’ associated with disabled embodiment. Experiences of this are exemplified in the participants’ accounts across a wide range of contexts, from being challenged over their rights to a ‘blue badge’, to negotiating assumptions that are made about their intellectual capabilities (contained in the extracts already provided in the previous sections). The women described instances of being restricted by environmental or social barriers. However, this did not encourage an engagement in disability

politics and did not encourage them to ‘claim’ identities based on this. This is reflected in Anna’s narrative when she discusses the trouble she has had accessing aeroplanes for travel:

*“In circumstances where I’ve been sort of knocked back where I’ve gone somewhere and there is only one seat on the plane that I can go on or they have sold me three seats sideways and then there are barriers sort of arm rests and then there are the fire exits so I had to try and get my money back we did try and get advice from the airline ... that knocked me back for a long time I stuck to wherever I could get to in a car and then decided actually that is stupid I have a friend who is getting married in Canada I am damn well going to her wedding so I think it’s the more you realise there are ways around it” Anna*

This extract clearly illustrates the psychological impact such barriers have had on Anna. This exemplifies aspects of psycho-emotional disablism (Reeve 2012; Thomas 1999). Reeve (2012) has termed these kinds of experiences with structural inequality ‘indirect psycho-emotional disablism’ (p.81). Anna’s experience with being unable to access this mode of transport elicited feelings of frustration, hurt and anger, which provide a direct reminder of ‘difference’. These emotional sensations cannot be excluded from people’s experiences with disability and provide an insight into the realities of living with a physical impairment. However, Anna did not base her identities on these experiences and has developed her own way of negotiating such barriers. These neoliberal values, exhibited by Anna, promote a disability citizenship, which places onus on individual responsibility (Soldatic and Meekosha 2012). It is up to Anna to negotiate her access to all aspects of Western society, whether this is the workforce, physical environment, social activities, sport, education, etc. I will come back to these ‘neoliberal values’ later on in the chapter.

It seems that disabled, as an identity, is continually shifting. Even though they did not describe themselves as being ‘disabled’, there were times in the narratives where the women talked about ‘disabilities’. This seems to present a contradiction. In the example below, Andrea vehemently rejects being identified as disabled:

*“I am not disabled the term has really negative connotations but to me I think society makes it a negative word if you are disabled then you’re well in today’s society you are either a scrounger or you have got learning disabilities that’s the way people seem to use the term” Andrea*

However, later on Andrea uses the term “disabilities” to describe people’s physical characteristics, which appears to be in tension with the way she has discussed disability above. Rather than distancing herself from this phrase, she is actively using it in discussions of her experiences:

*“So there is a club there now which is thriving and they have just taken delivery of six new chairs this week so yeah so it’s fab and we’ve got a huge range of disabilities and ages there” Andrea*



At the nexus of these tensions is the fluidity of disability and the various understandings of disability that come to bear on different situations. In the first example above, Andrea symbolically distances herself from the negativity that she perceives is imbued upon disabled people. The use of the word ‘*scrounger*’ is the antithesis of neoliberal ideals that emphasise the development of human capital to ensure people are an ‘effective resource’ in Western society. Her participation in sport and her pursuit of a career as a doctor, “*in spite*” of her disability, demonstrate her desire to (re)present identities that might not be expected from someone with her physicality. The later reference she makes to ‘disabilities’ is not related to her own sense of physicality or embodiment. The social relations, which the women have experienced at different stages of their lives, seem to have shaped the perceptions and meanings they have attached to being disabled:

*“Mainly due to my upbringing my parents never called me the ‘D’ word as they say it. They are not putting me in a box and I am actually quite glad and thankful for that because it is very easy to get labelled early on and then to say oh no I can’t do that I’m disabled” Lucy*

It seems that these neoliberal values influence the women’s lives as lived and shape their negotiations of ‘disability’. Describing disability as the ‘D’ word – which should not be mentioned or spoken of – implies that it is something dirty and shameful. Ultimately, this reinforces Lucy’s drive to demonstrate her physicality in different ways, i.e. through her participation in sport. These experiences are significant moments in Lucy’s life history that have shaped and contributed to the relationship she has with ‘disability’.

The women recognise the presence of impairment but, at the same time, they are not ‘coming out’ as disabled or basing their personal identities upon this. The idea of a common identity based on the presence of impairment is not sustainable (Watson 2002) and fails to account for the intersections of gender, race, religion, sexuality, etc. Instead, the women are re-defining their impairments by experiencing different forms of embodiment, other than ‘disabled’. From this perspective, significance is accorded to the personal experience of living with reduced function, both socially and individually, without embracing an ‘individual’ approach. Reindal (2008) argues, “this enables the narrative element to come through and provides the opportunity to tell the story of how reduced functions both enrich and restrict one’s experiences” (p.144). Similarly, they are not trying to attain some sense of ‘normality’ as everyone has individual differences, which is highlighted in Lucy’s narrative:

*“I didn’t really think that I was different to my friends I just assumed that everybody had something like someone wore glasses and another person had short hair and I just didn’t have a hand” Lucy*

The women recognise the presence of impairment, however they reject the dominant meaning that is attached to impairment in Western culture. Their physical impairment is a part of who they are and this is negotiated differently across various interactional encounters. For example, Blair:

*“If someone said to me now we can take your disability away I would be like no because it is part of me I’ve got the disability it doesn’t have me if that makes sense” Blair*

Blair’s account above demonstrates that her impairment is a fundamental part of who she is. Huang (2005), in research on British and Taiwanese Paralympic athletes, argued the presence of impairment was not important to the athletes in the study and did not affect their sense of self. Huang suggests this challenges the notion of the ‘corporeal self’. However, I would argue that my research contests this. Even though the participants rejected disabled as a way of self-identifying, this does not mean that their identities were not shaped by their impairment. Andrea exemplifies this in her narrative when discussing how she would describe herself:

*“I am a wheelchair user and you can’t get away from that but if someone asked me I would probably say well yeah I play wheelchair rugby I am a medical student and I am paralysed that’s probably what I would say rather than oh I am disabled” Andrea*

Andrea is rejecting disabled as a self-identity. However, her impairment is still part of her sense of self, which is highlighted when she describes herself as *“paralysed”*. Rather than basing her self-identity on a dichotomy of normal/abnormal and disabled/non-disabled, Andrea is embodying her impairment in a different way. There is stigma attached to disabled as a form of embodiment as I have discussed in reference to Goffman. The women are not negating the presence of their impairment by self-identifying in ways other than disabled; rather, they are re-defining themselves and disability. Using an interactionist perspective affords greater focus on the participants’ agency, which allows them to pursue and demonstrate these alternative ways of being. However, as I have highlighted above, this sense of agency and choice is dependent on the interaction and is shaped by these social relations.

Watson (2002) suggests that through their biographies, people can reject impairment. However, I would argue this perspective fails to recognise the embodiment of identities and how this shapes people’s experiences. Furthermore, ‘disabled’ is not a fixed way of being; according to the interactional context, it was identified with in various ways. Identities are a matter of becoming rather than simply a matter of being and are developed through contextual and interactional processes. For example, Hall (1990) argues, “far from being eternally fixed in some essentialised part, they are subject to continuous ‘play’ of history, culture and power ... identities are the names we give to different ways we are positioned by, and position ourselves within, the

narratives of the past” (p.225). The participants’ identities are not based on rigid roles that are undertaken and performed in duplicate ways across social encounters.

Using a life history approach, I have been able to explore how the women felt about themselves at different points in time and in various interactional encounters. This has enabled me to examine the contested nature of identities and how descriptions related to disability have been characterised by fluidity and tension. Furthermore, I have been able to explore the various ways in which impairment has been recognised in their multiple identities.

## 6.2 Imposition of disability

The previous section focused on the negotiation and politics of the participants’ identities and the various ways they identify (or not) with disability. In this section, I want to address the various situations in which dominant social relations are embedded in day-to-day practices and routines. I will also discuss the ‘interactional work’ the participants engage in to conform to the rules of engagement that govern ‘ordinary social life’ (Watson 2002). Going back to my original aims when I embarked on this research, I want to capture a picture of the women’s lives away from the notion of being an ‘elite’ disabled athlete – away from the idea of the ‘supercrip’ (Bush *et al.* 2013). I have titled this part the ‘imposition of disability’ because for the participants, they do not identify with this sense of ‘weakened’ and ‘inferior’ physicality and the assumptions/perceptions this identity carries. Cameron (2010) succinctly sums up the potential ‘sources’ of these unequal structures:

“While it may be far from their conscious intention, in making assumptions and judgements based on their cultural learning, the strangers, shop assistants, and waiters encountered by disabled people play a part in the ongoing production of unequal social relations. They project onto disabled people an understanding of what is perceived as their unfortunate difference and remind themselves of their own normality” (p.201).

It was apparent across all of the narratives the participants experienced situations in which weakness, vulnerability or just general incapability was assumed. Andrea reflects on people’s perceptions when she is opening the boot of her car in a public place:

*“Or when you are at Tesco and you are packing your shopping in the car and I wouldn’t say every time cos that sounds like people are generally super helpful because that’s not the case but I will have people come over and say oh do you want me to get the boot and it’s always on the tip of my tongue to say now just apply a bit of logic do you think I would have opened the boot and let it get eight feet above me had I not worked how to get it closed I am hardly going to drive down the road with it open” Andrea*

Andrea feels undermined in these situations by the assumption that she is unable to shut the boot from her wheelchair or had not thought the process of packing her car through. This could be perceived as a helpful gesture, however these interactions diminish her power and agency because they are bound by judgements about what Andrea is capable of. These negotiations are associated with the visibility of the participants' physical impairments and the aesthetics of physical perfection engrained within contemporary culture. The idea that having an impairment could be considered desirable or anything other than some form of 'abnormality' is uncomfortable. Anna reflects similar sentiments when discussing her experiences of attending sports fairs:

*"I ended up doing a have a go at fencing earlier this year purely because I had been sitting on a stool helping out advertising archery at a sports fair and decided slightly meanly to go round the sports fair and see how many of the clubs actually acknowledge that I exist if you go round in a wheelchair it's fascinating" Anna*

Anna's experience at these events highlights her own perceptions before entering any interactional encounters about how she might be treated, or not treated. It also exemplifies the 'work' she is undertaking to actively pursue her sporting goals and the management that is required during these interactional situations to make her presence known. The comment Anna makes concerning the lack of acknowledgement of her existence, highlights how disabled embodiment can render people anonymous in situations where their physicality doesn't quite fit with expectations, i.e. at a sports fair. These examples also help to demonstrate the additional interactional factors disabled people may have to negotiate and consider to ensure the 'smoothness' of these encounters, which I will now discuss in more detail.

### **'Hidden labour'**

Contemporary work continues to draw on Goffman as a way of exploring how disabled people manage social discomfort. For instance, McLaughlin and Goodley (2008) have focused on how the families of disabled children manage the negative responses of others towards their children. Similarly, Scully (2010) has explored the concept of 'hidden labour', which disabled people undertake to negotiate the discomfort of others and make their way through interactions. This involves the active management of social encounters to present their impairment and identities in specific ways to ease their own and others' emotional responses. Hidden labour has been described by Scully (2010) in the following way:

"Entails controlling one's self-presentation, identifying what the other person needs to know or wants to feel, evaluating which strategies are needed and implementing them,

producing the required responses, and so on, costs significant physical and psychological energy” (p.31).

The idea of hidden labour indicates how people negotiate the presence of impairment and attempt to negate the potential stigma attached to being ‘disabled’. These micro-processes provide an insight into the differentiation between ‘normal’ and ‘stigmatised’ that society makes. These types of encounters can be charged with an array of responses, including awkwardness, disgust, embarrassment and fascination. Lucy engages in these interactional practices when she is out with her friends at nightclubs and chooses to cover up her missing left hand:

*“I do it at night clubs quite badly [cover up the impairment] just because sometimes you get drunk and disorderly people that will say some things that mainly well not for my embarrassment but for their embarrassment just because I hate to see people get embarrassed about the fact they have been rude to me without even realising it I do it to protect them rather than to protect me” Lucy*

Lucy is undertaking such ‘hidden labour’ by covering up her impairment in these and similar contexts. In these situations, the ‘burden’ she takes on is apparent as she talks about the desire to save other people’s embarrassment. This concerns the aesthetics of her physicality and the assumptions/reactions that could unfold if Lucy did not ‘cover’ her missing arm. Interactionists, like Goffman, have been criticised by disability studies scholars (Oliver 1990; Wendell 1996) for politically naïve understandings of the social and material contexts that inform the interactions they have studied. I do not want to perpetuate the dichotomies of disabled/non-disabled and normal/abnormal. However, the narratives demonstrate the social complexities around identities such as ‘disabled’. This is not a positive way of being for some of the women or a way in which they would identify themselves. For instance, Angie reflects on how she is treated when she is out in her wheelchair and the assumptions people make about her, *“in my experience they [other people] don’t seem to think that you are able to talk or think intelligently”*. These sentiments are reaffirmed by Blair:

*“Even at a sports event I was there as an ambassador and the lady was like bello [Blair mimics patronising tone] I was like oh my god here we go I was like hey she goes can I help you I looked up at my TA and she was like I will talk to you I don’t think she understands then I was like excuse me I can talk properly and I’m Blair” Blair*

The narratives of Angie and Blair highlight how they have been treated when they are out in public in their wheelchairs. The presence of their wheelchairs results in discrimination associated with their assumed (lack of) ‘ability’ and the limitations of their physicality. The signifier that mobilises these kinds of assumptions is the presence of their physical impairment and the threat this carries to the ‘normality’ of the body. They are aware of the strong

perceptions and assumptions made about them and what they are capable of – subsequently they avoid identities that are attached to disability. Again the imposition of disabled identities and the interactional ‘work’ the participants have undertaken is apparent. Sarah’s narrative also strongly exemplifies the management process she engages in to avoid being seen as a disabled person:

*“I have learned how to hide it it’s just cos I dunno I’ve never had to do it I have learned how to walk differently cos I used to walk on my tip toes until I was eleven and now I pull the back of my ankle so it will stop me from doing it and I wear heavy shoes cos there is no way my feet can lift up there is always that stigma behind it like if people if you say I have got cerebral palsy some people look at you as if you are mentally disabled” Sarah*

Sarah discusses how she attempts to cover up her impairment by wearing shoes that allow her to walk ‘normally’. The above extract also illuminates the awareness Sarah has of how people might perceive/react to her if they ‘discovered’ she has cerebral palsy. It was Mead’s (1934) original work that outlined the interactional transformation of gestures into significant symbols. Rosenfeld and Faircloth (2004) have drawn on this in their research with arthritis sufferers to demonstrate the embodied nature of gestures. The movement of the body through space can lead to stigma if there are movement patterns that don’t fit the social expectations of how bodies ‘should’ behave. For instance, in the case of arthritis, people walking stiffly and without fluidity can lead to assumptions being made about their embodiment. Sarah is managing her bodily movement and the ‘visibility’ of her impairment by wearing shoes that allow her to “hide it”. The way her body moves becomes the key to whether or not she is ‘given way’. In these examples, the body is silenced and governed by culturally shaped perceptions of the ‘normal’ body and physical difference.

Goffman’s (1959) dramaturgical analysis of everyday interactions, explains identities as products of an individual’s performance on stage, which are constructed in relation to the audience’s judgements. These performances relate to how we situate ourselves in different contexts through verbal and nonverbal interactions. Sarah is active in her management of situations, such as those reflected above. Examples like this from the women’s narratives demonstrate the interactional work they engage with in their daily lives. These micro-level processes are indicative of the ways Sarah attempts to avoid the stigma that she associates with disability. Watson (2002) argues the image of a disabled person as weak and disempowered is as potent an image to disabled people as those who purvey this image.

These negotiations are also apparent in Sarah’s reflections on her sporting participation. When she was competing, Sarah would use start blocks for races, which is rare for athletes with cerebral palsy: *“That’s how you learn to hide it but I know that other athletes with cerebral palsy don’t use blocks*

*cos their muscles cannot take the strain*". Even though Sarah is competing in a disability sport event, she still attempts to manage being seen as 'disabled' by using the blocks, where the majority of disabled athletes do not. The blocks cause Sarah pain to use, however they offer an opportunity for Sarah to affirm her own self-identities and allow her to feel more 'abled' than the other competitors.

Finkelstein (1980) argues that Goffman's conceptualisations focus on the source of stigma as residing in the individual. By positioning the individual as the one who attempts to conform to 'able-bodied' practices, I am aware that this could remove any responsibility from society and place too much onus on the individual to 'fit in'. However, these interactions demonstrate the complexity behind the processes that Sarah draws on to maintain her identities and how information is managed during social encounters. These are the experiences in their day-to-day lives, which influence how they see themselves, negotiate identities and perform these identities for social audiences. Even though the women are able to exert small pockets of resistance in these situations on a 'micro-level' and project the image of an autonomous agent, on a wider level these social acts are indicative of structures and perceptions that shape their lives. Scully (2010) emphasises these types of interaction confer autonomy through "asymmetries of power, knowledge and risk" (p.25).

### **6.3 Intersection between disability and notions of 'elite'**

Building on the previous sections, I will now focus on the ways notions of 'disability' intersect with the participants' sporting endeavors and their experiences in various sporting situations – whether competing or training. It was interesting that the women seemed to identify with being disabled in various ways, even though there was a vehement rejection of this in the interview space and across the majority of their experiences. There were examples of participants reflecting on times when they have felt 'more' or 'less' disabled. These tensions were most prevalent when the participants were talking about their sporting experiences. Lucy discusses feeling 'disabled' when she is swimming against her able-bodied friends and how this compares to other sports she competes in:

*"Actually swimming was the one sport that I felt disabled in any other sport I didn't feel disabled. I play netball at regional level not at disability level with other able bodied people ... I did athletics in my local club I sort of represented my county I played tennis horse riding dancing all of which I did with able-bodied people"* Lucy

Later, Lucy reflects on how she feels about being in these situations:

*“I am not so comfortable going swimming with my friends just because they expect me to be good but actually I am going to be just as normal as the average Joe in the swimming pool or maybe a bit better but that is because I am disabled” Lucy*

The identity tensions around disability are clear when Lucy describes what it is like to swim against her able-bodied friends and how she manages the expectations they have of her. In these moments, Lucy identifies herself as being ‘disabled’, which contrasts with how she talks about herself in other interactional encounters. Mead’s (1967) work on reflexivity can provide an insight into such negotiations. Reflexivity is the process whereby an agent turns back upon his or her self to become an object of their own reflection and action – reflecting and then acting upon the self to modify or maintain it in a variety of ways. This process has been linked with the concept of reflexive embodiment (Crossley 2006). Scheff (2005) argues intersubjectivity is built in human nature, yet Western culture makes it invisible.

Lucy is reflecting on how others might view her capabilities in the swimming pool and, as a result, she describes herself as being disabled. In other sports, Lucy is comfortable to compete against her friends, however she is not managing the label of ‘Paralympian’ in these contexts. It seems Lucy is aware of how others would expect her to perform and negotiates her identities accordingly. The intersection between disability and the management of identities associated with being an elite-level sports competitor are apparent here. The shifting perceptions about superhuman/supercrrips could also be influencing how Lucy manages her identities. Western society’s expectations about elite disabled athletes’ performances have been raised in light of the growing development and ‘successes’ of disability sport. Arguably, this is reinforced by the media’s representation of what disabled athletes should be achieving (e.g Hardin and Hardin 2005; Peers 2012). Subsequently, Lucy is compensating for the ‘performative’ expectations she perceives other people to have. Hence, why she avoids swimming with her able-bodied friends and actively presents related identities, i.e. ‘disabled’, ‘one-handed’.

Crossley (2006) argues that an interactionist perspective informed by the work of Mead and Cooley – I have discussed the key tenets of their interactionist concepts in chapter two – embeds reflexive identity projects within the context of social networks, norms and relations of power. This approach “avoids the apparent atomism of Giddens’ approach, without succumbing to the culturally dopey image of agents we find, to an extent, in Bourdieu and the Foucauldians” (Crossley 2006, p.31). Lucy’s negotiation of disability is embedded in her social networks and the various social relations she encounters. The contextual nature of such negotiations is further illuminated when Lucy talks about her experiences of training with an able-bodied swimming squad:



*“I am thinking oh god I am keeping them up I am behind and that is good to a point because you are working hard but then that is why I then burned myself out ... you know a couple of times my coach has had to drag me out of the pool and send me home because I was literally trying to pull the water but it wasn't going anywhere and I didn't want to get out because I didn't want to be seen like as being lazy”*

*Lucy*

The extract also highlights the acute awareness Lucy has of how people perceive her. Lucy is concerned about appearing to be “lazy” because she is unable to keep up with the times of the able-bodied athletes that she trains with. The use of the term ‘lazy’ originates from the negative assumptions, which are associated with being disabled. Soldatic and Meekosha (2012) in their discussions of disability and neoliberal state formations highlight the ambiguity of disability as a class of citizenship, which is becoming increasingly imbued with moral narratives of individual responsibility and ‘blame for the individual’. Being considered ‘lazy’ strikes at the heart of this; Lucy is attempting to justify her place in the squad and because she is a disabled swimmer at this level she feels as though she has more to prove.

A ‘disabled’ identity is not a single category of ‘being’ and is actively constructed and managed according to the social situation and the audience. Kay’s narrative also reflects this:

*“I don't really think I'm disabled when I am lifting it I just get on with it ... just with the walking I know I've got a disability walking it's not that easy” Kay*

Kay’s experience is similar to Lucy’s, however she discusses feeling like she has “a disability” when she is walking rather than when she is powerlifting. Their identities are embodied in moments in time and how they are experiencing their bodies in these situations (Scheff 2005). Disabled identities are personally ascribed in quite specific social encounters. These appear to be linked with encounters in which Lucy and Kay felt uncomfortable, or where they have faced difficulties and have attempted to manage others’ expectations of what an elite athlete is ‘capable’ of. Moments such as this were present in the majority of the narratives. For instance, the specific point in time Angie realised she would have to start shooting from a wheelchair was recalled:

*“It wasn't until a windy day a competition down in the north east and I was still standing then as an archer and it was very windy and I got so unstable on my feet and I thought there is gonna be a nasty accident if I stay on the line and I had to retire from that shoot so then we looked into what else we could do I think it was a bit of a blow that you know it is gonna happen but you kind of put those thoughts off” Angie*

Moving to a wheelchair was very difficult for Angie because of the negative connotations associated with being a wheelchair user. However, up until this point Angie hadn’t felt or

identified with being disabled in sporting situations such as this. The situational and processual nature of identities is also exhibited in Sarah's account:

*"I didn't really class myself as being disabled and then within disabled sport I still felt like I wasn't cos you look at these other like girls on the track and then you look at yourself and you can't see their level of disability in you so I would feel the most able on the track so maybe that's a positive thing because I'd always end up winning but it just didn't feel right it felt like I was cheating them" Sarah*

In these situations, Sarah describes feeling more 'abled'; she is assessing and comparing her level of impairment against the other competitors. On this basis, Sarah rejects identities based on being disabled, which she describes as a "positive thing". Being 'disabled' and self-identifying as such is managed according to the context and how the women reflect on their embodiment in these situations.

These first sections of the chapter have demonstrated that many of the women do not see themselves as disabled and have rejected social identities that have been imposed upon them. Some of the women dissociated from being labeled as disabled, whereas others challenged the notion of normality and what this means in society. Subsequently, they were able to talk about the inherent 'differences' in everybody and reject disabled identities as a result. The concept of 'diffability' forwarded by Lucy is striking in this context. Their negotiation of disability is contextually contingent and shaped by the interactional encounter, which is highlighted when perceptions around 'elite' come into focus. There is not an unreflexive acceptance of disabled/non-disabled and the majority of the participants refused to be categorised on the basis of bodily difference.

The social context and the 'unfolding' of social situations were revealed to be key mediating factors that influence how the women (re)present their identities and manage people's perceptions. Rather than seeing the relationship between the body and identity in a biologically deterministic way – with disabled identities being founded on an impaired body – the relationship is reciprocal. The presentation and use of the body is central in the negotiation of identities (Goffman 1959). Identity is not just a case of being, but a case of doing. The participants' narratives demonstrate this as they discuss how they view themselves in different contexts. It is not a straightforward case of saying a person is disabled because they have an impairment and that an individual will choose to base their identities upon this. Sport provided the women with opportunities to identify in a variety of ways. This context afforded alternative self-definitions and forms of embodiment and illuminated more of the tensions surrounding 'disability'.

#### 6.4 Neoliberal ‘identities’ and values

I have outlined the concept of neoliberalism in previous chapters; this section will focus on the wider cultural, social and political values of the current contemporary moment and how these potentially influence the women’s management of identities. The main tenets of neoliberalism that have been of specific interest are self-responsibility and individualization. This has been valorised through the ‘active citizen’ with the government seeking to enhance the capacities of individuals and the responsibility of communities through sport (Green 2012). Soldatic and Meekosha (2012) argue the emphasis on individual responsibility has become endemic in Western liberal democracies. The active promotion of ‘performing’ competitive individualism has become a daily practice. In these situations, individuals are (re)presented as active and autonomous, free from constraint to pursue their own interests. This is exemplified in Lucy’s narrative:

*“I realised that whatever impairments you should have there is always a way around it you have just got to maybe get your head down and try a little bit harder” Lucy*

Lucy is finding solutions to her ‘own problems’ rather than basing her identities on those things that she is unable to do. Similarly, Blair talks about the attitude she has towards asking for help:

*“I’m stubborn I’ve got a can do attitude I’m like I will do it myself” Blair*

The participants all offer similar accounts of their lives, in which these notions of individualism and self-responsibility feature strongly. In this respect – following on from the contested nature of ‘disabled identities’ – the participants did not base their identities on being ‘athletes’ and did not describe themselves in this way. I was quite surprised during our discussions that the majority of the women did not talk about themselves as athletes. Instead, their identities were founded on the sport they participated in. For instance Anna, Blair and Angie primarily described themselves as archers; Kay referred to herself as a powerlifter and Andrea, a wheelchair rugby player. Sarah and Lucy were the only participants who identified as athletes. For Sarah, this might be because she is involved in sport as a sprinter, which is commonly described as ‘athletics’.

There are strong discourses about what constitutes an ‘athletic body’ in society. The neoliberal ideals of a ‘normative athletic body’ depict the lean, toned, muscular body as the optimum form of embodiment that reflects control and self-determination. Aesthetically, the ‘built’, ‘fit’ body is a primary emblem of neoconservative values and exemplifying this kind of body is a symbol of success at the cultural level (Francombe and Silk 2012; Soldatic and Meekosha 2012; Sothorn 2007). The participants’ disengagement from these forms of embodiment intersects with neoliberal values, which herald a world without chronic illness and disability via biomedical

innovation. The space of ‘neoliberal technoscience’ (Haraway 2008; Sothorn 2007) is an area in which the utopic vision of ‘beating’ disability is paramount. This further perpetuates disabled bodies exclusion and ‘exoneration’ from being considered in any way ‘athletic’.

The values, which are tied to disabled embodiment, present a blockade that deters the participants from describing themselves as athletes. Their ‘differences’ to the accepted and desired status of ‘elite’ sport physicality are continually reified; they are continually reminded about what they do not quite ‘match’ up to and about overcoming their current physicality ‘status’. The participants’ identities were seemingly tied to their physical bodies and the image that ‘athlete’ conjures up for people. For example Blair:

*“I’m an archer that’s what I do cos I do archery you can’t really say athlete cos then they are like what do you do so it’s easier to say what you do in the first place so I say I’m an archer cos then everyone is on the same page” Blair*

The comment that Blair makes about “*being on the same page*” indicates that she is trying to manage people’s expectations in social encounters and is reflexive about their possible perceptions of her (Crossley 2006). Describing herself as an athlete might be at odds with how people subsequently view her. The women did not feel like they ‘fit’ the mould of a ‘normative’ athletic body. I found this outside of the interview space as well. I have included an extract below from the email communication I had with Angie when we were in the process of arranging an initial interview:

*“I must tell you that I’m not what is considered a normal athlete being the oldest paralympian and not of a shape considered athletic! But if you still think I would be of help go for it” Angie*

It is very apparent that Angie was pre-empting my expectations of an ‘athlete’. The reference Angie makes to “*normal athlete*” is indicative of the strong ideologies that dictate what an athlete is/is not and, consequently, who has the opportunity to identify as such. Furthermore, Angie refers to her “*shape*”, which she does not consider to be athletic. There are clear assumptions that underpin what she thinks an athletic body is and it exemplifies how identities are embodied through an individual’s physicality. The participants are aware of their bodily ‘cues’ and what these potentially signify during interactional encounters, subsequently, they manage the descriptions of themselves and their identities accordingly.

Even though the participants did not commonly describe themselves as athletes, they did establish identities based on their sporting participation. What came through strongly from all of the participants’ narratives was the important role of sport in their lives. It provided a space for different bodily experiences and a vehicle for alternative self-definitions and presentation of identities.

### 6.4.1 Sport as a personal panacea?

The position of sport as a ‘panacea’ has been described and/or critiqued in a variety of contexts from physical education (Parker *et al.* 2014; Parker and Curtner-Smith 2011), to youth development (Armour *et al.* 2013; Armour and Sandford 2013; Sandford *et al.* 2008) and public health literature (Dugdill *et al.* 2005; Neale *et al.* 2012). Sport as a panacea is understood as a ‘tool’ for the general betterment of communities and individuals. For the participants, it seems to some extent, their sport participation is a personal panacea that allows them to ‘better’ their lives and opens up a variety of ways of ‘being’. Sport plays and has played an imperative role in their lives. I am not describing sport as a panacea for social exclusion; rather, the participants themselves positioned sport this way in their lives and subsequently drew their identities as sportswomen from this. This was clear across all the narratives as the women described their experiences in sport. For example, Andrea talks about what it means to her to be involved in wheelchair rugby:

*“Rugby is such a big part of my life because at club level I am heavily involved in the management side of it and then at national level playing I couldn’t imagine not doing it to be honest. So I would definitely have to find something else to do [if it wasn’t for rugby] I wouldn’t be just sitting playing Xbox I would have to have something sport related to do it would drive me nuts other wise” Andrea*

Despite sport evidently playing a role in her life, Andrea is wary of other people’s perceptions; these micro-relations have impacted how she manages her identities. In Andrea’s narrative, she talks candidly about the difficulties she faced when she first started using a wheelchair. In particular, how she felt when she bumped into people she knew:

*“I had like a couple of months two or three months really black period I didn’t want to speak to anybody and if I did speak to people if I did go out and about and bumped into people I knew and they were sympathetic I hate that I really didn’t want that ... I would end up so as not to either burst into tears in front of them or be rude I would just have to go away and then I would go home and be like right I am not going out again” Andrea*

Whilst reflecting on such moments, Andrea talks about feeling as if there were an elephant in the room. These encounters highlight Andrea’s awareness of people’s perceptions of her and their reactions to her ‘new’ embodiment. At first, Andrea thought she would be unable to pursue a career pathway in medicine and would never be involved in sport, in any capacity, again: *“I thought everything was all gone like medicine was out the window and just like everyone else thought was how can you possibly be a doctor in a wheelchair”*. However, Andrea has continued to pursue her ambitions, finding sources of purpose in sport and medicine. These are ‘other’ identities, which are in tension with ‘disabled’ or being labelled as disabled. For Andrea, participating in sport was

initially difficult as it reminded her of a ‘past self’: *“At the start sport made it worse because I couldn’t do it and that made it worse”*. However, it has subsequently provided her with a chance to re-define herself and think beyond the dualism of disabled/non-disabled identities.

Allen-Collinson and Brown (2012), working within a symbolic interactionist framework, have demonstrated the idea of disrupted identities, which is directly reflective of Andrea’s experiences. These disruptions occur when life events alter our own self-perceptions and perceived capabilities in different contexts. Andrea was able to negotiate and re-discover ‘past’ identities by re-defining her bodily boundaries and creating alternative identity opportunities. Various social situations make this apparent. In particular, Andrea reflects on how it feels to be introduced as a wheelchair rugby player by her friends: *“Even when mates introduce you they don’t say oh yeah she is disabled it’s she plays wheelchair rugby man it’s brutal you should see it it’s a much more positive way to chat about disability”*. Andrea is able to perform different identities in these encounters because they become available to her through these kinds of ‘introductions’: *“You hope that people don’t look at you like oh the poor disabled woman”*. This goes beyond presenting personal identities, which are embedded in sporting participation, but (re)presents alternative social identities in contexts outside of sport. Assumptions about being disabled – highlighted in the above quote – can be challenged. Andrea does not refute her physical impairment or feel that she has in some way ‘overcome’ it by participating in sport.

#### *Sporting dichotomies*

The idea of a sporting dichotomy is based on the premise that disability sport can be a simultaneously empowering and disempowering space for disabled individuals and the disabled community on a wider scale. Becoming involved in sport was a key moment in the majority of the women’s lives. Angie talks about how different her life would be if it wasn’t for archery: *“I would have just been festering somewhere in some corner if it hadn’t been for the archery”*. The reference Angie makes to ‘festering’ is indicative of how her participation in sport has rejuvenated alternative identities. The unfolding of Angie’s narrative highlights how her perception of sport has changed as the nerve damage in her spine has progressively deteriorated: *“I hated sport [at school] I mean I couldn’t run cos I was fat and the only thing I could do was score at netball”*. Being introduced to archery altered the relationship she had with sport and provided an opportunity to prove what she ‘can’ do: *“You had kinda been told you can’t do this you can’t do that and I went there [archery taster session] and found hey ho I can do this and I can do it well so that was my real motivation”*. Over the course of Angie’s life story, the importance of sport in her life changed, subsequently her identities have evolved, changed and adapted in relation to her sporting experiences. Blair’s narrative also reflects how becoming involved in sport was a turning point in her life:

*“I found sport and then I was I am just gonna prove them wrong that’s the attitude I took in the end I was like if you tell me I can’t I am gonna show you I can I dunno how it happened cos I could have gone another way it changed my life” Blair*

Blair’s entry into sport changed her life. Later in her narrative Blair expresses a desire to “*be somebody*”. Blair’s experiences demonstrate the harsh realities of her daily life and the significant influence that participating in sport had on her:

*“Up until I found sport it was horrible my day was school, homework, tea, bed ... I didn’t have anything else to do with my time cos I had all the problems with the bullying and I had nothing to motivate me then eventually it just switched around the day I did that sports event I got home and the next morning I was like do you know what I have got something I can do” Blair*

Blair’s candid reflections are a stark example of life ‘before’ and ‘after’ sport entry. These narratives build up a picture of how the women experience their day-to-day lives. Sport, for all of them, is a space where they can *be somebody* and demonstrate what their capabilities are. This idea of the ‘personal panacea’ comes through strongly in these moments. On a day-to-day level the women were able to (re)present themselves and identify with their bodies and impairment in a variety of ways, which might not have been available if they did not participate in sport. However, they do not talk about their pathways in sport as ‘empowering’. Rather, the women are attempting to define themselves on their own terms and create a space where they can demonstrate their capabilities in the complex and contradictory milieu of cultural expectations. Overboe (1999) argues that ‘disabled’ should be viewed in society as just another way of being – a variation amongst a range of potential embodiments. The participants are being guided by neoliberal ideals, which dictate that they should pursue their own goals and ambitions.

Here is where the dichotomy lies. The women separate themselves from ‘disabled’ identities to claim alternative meanings for their physicality; however this potentially disempowers the wider disabled community as it reinforces negative perceptions surrounding this form of embodiment. The participants do not want to be celebrated for their sporting participation or defined just in terms of their physical impairment. In chapter three I discussed the sport-as-empowerment literature. Being empowered by sport is encapsulated in the idea of the ‘supercrip’ athlete – the figure that triumphs over the ‘tragedy’ of disability. The supercrip is a stereotyping process that sees an individual fighting against his/her impairment to achieve *unlikely* success (Silva and Howe 2012). However, in Berger’s (2008b) terms, I believe the women are neither super, nor less than super. Previous work has demonstrated how disabled athletes actively pursue such labels (Kavanagh 2012). The women do not operate or seek to be supercrips; instead, they prefer that people perceive their sporting participation in the same way as able-bodied athletes. This is highlighted in Angie’s narrative:

*“I don’t think I’m sort of better than the average person just cos I go to the Paralympics I mean that would be silly” Angie*

Angie does not feel any better than the average person because she has been to the Paralympics. Supercrip representations reinforce low expectations about what disabled people can achieve and perpetuate the notion that disability is an individual matter (Silva and Howe 2012). However, the narratives of the participants highlight that they do not wish to be defined in such terms. There is a disjuncture between the ‘supercrip’ and how this is actually experienced. This demonstrates the importance of the ‘voices’ behind social representations and what such portrayals mean for people’s own lived realities. The complexity infiltrating athletes’ negotiation of these spaces in disability sport needs to be recognised to move beyond polarised views based on simple associations between ‘sport and social inclusion’ and ‘sport and disablism’. Overboe (2012) succinctly highlights this in a reflection of his own experiences:

“Always reacting against ableism and disableism, rather than ‘fighting for’ the affirmation of my assorted impairments left me feeling empty. When articulating positions from the dichotomy of ability and disability, I felt restricted by the incessant need to respond to the normative shadow of able-ness I emphasise impersonal singularities of impairment that exist on a plane of life other than the dialectic of ability and disability” (p.119)

Following on from Overboe’s sentiments, on a personal, day-to-day level, the participants are attempting to resist normative associations about the capabilities of disabled people. In this regard sport operates as a panacea, which allows them to (re)present themselves as ‘active’ citizens (in neoliberal terms) and establish their potential outside of dominant cultural expectations. They can experience and subsequently negotiate alternative identities. The women do recognise the presence of their impairments and the corporeal reality of living with the restrictions these present. However, they do not incorporate the notion of being ‘disabled’ into their identities, which mediates how they present themselves during interactional encounters. This highlights the importance of exploring people’s unique impairment experiences to challenge dualistic dichotomies related to abled/disabled and empowered/disempowered, and what this means for them and disabled people on a wider scale. Their experiences in some ways reinforce these abled/disabled dichotomies, however, at the same time, they aren’t attempting to claim a sense of being ‘abled’. The women aren’t completely disregarding the reality of living with an impairment but they aren’t taking it as far as Campbell (2008) suggests they should by encouraging disabled people to embrace their impairment and frame their success ‘because of disability’, rather than ‘in spite of disability’. This strategy asks people to affirm their impairment and resist the seduction of liberalism.



The ‘empowering’ nature of disability sport needs to be approached from a critical stance. Huang (2005) described the participants in his study as having ‘empowered’ identities from their participation in disability sport. Such assertions reinforce the idea that the participants have *something* that needs to be overcome and sport empowers them to do so. Sport is important to all of the women as it provides them with an alternative sense of being and is an opportunity to embody different identities.

## 6.5 ‘Conceptual’ identities

The previous sections of this chapter have discussed how the women negotiated their identities in relation to disability and how other identities intersect this. It has also highlighted the role of sport in the lives of the participants and the identity tensions that accompanied their sporting participation. The ongoing nature of identity negotiation within the interactional milieu emerged strongly from the narratives. In relation to the theoretical framework, which emphasises the theorisation of identity as relational (Allen-Collinson and Brown 2012), the participants’ stories highlight the significance of their interactions with others. Continuing with these ‘identity themes’, the following section – on a conceptual level – focuses on how the women’s identities have been ‘fractured’. Identities are not a ‘once and for all accomplishment’, and are contested differently dependent on the situation and significant life ‘events’. Subsequently, the women’s identities are in a continual state of flux and are characterised by disruption, fracturing, balancing, tension, etc. These different ‘states’ reflect the active element of identities and how people see and (re)present themselves in various contexts.

The following section draws on the active character of identities and the significant experiences that have underpinned the narratives. I have divided the chapter in this way to structure the shifting elements of the women’s identity negotiations and the meaning they carry in the narratives. Whilst such moments might ordinarily be overlooked, it is important to recognise that each is full of meaning. Farmer (2003) suggests that it is precisely through the mundane and seemingly trivial practices of everyday life that power works most freely. I believe the importance of exploring these experiences to understand the participants’ chaotic realities is emphasised during the first interview I had with Angie. We were discussing the way she felt about competing at the London 2012 Paralympic Games, when she reflected on the accommodation that was provided for competitors:

*“In the village in London it was smaller [compared to Beijing] and the rooms were tiny that is the one thing about London they hadn’t taken the disabled into consideration at all ... the rooms I mean the likes of us we had two wheelchairs in one room and we had to move by numbers sort of thing and we had*

*to take the doors off the wardrobe because we couldn't get in you couldn't open the wardrobe because it jammed up the bottom of the bed" Angie*

It surprised me that behind the spectacle of the Paralympic games there were accommodation access problems for some of the disabled competitors. The rooms were too small to fit Angie's wheelchairs; subsequently she had to remove the wardrobe doors to create more space in the room. The Paralympic games are celebrated as a positive event for disabled athletes, however such experiences demonstrate the harsh realities that the competitors potentially have to manage and what happens 'behind the scenes'. People watching, reading and listening to the events unfold are unaware of the competitors struggling for access to their rooms.

Experiences such as this directly contest narratives, which perpetuate the idea that the Paralympic space is 'empowering' for disabled people. Critical perspectives on such events are growing; scholars are highlighting the disempowering nature of Paralympic events and what these events mean for the competitors (Howe and Jones 2006; Peers 2009). Angie's experience strikes at the heart of such critical examination and illuminates the disjuncture between common cultural messages about the Paralympics and the competitors' day-to-day realities. It is important to listen to the voices of those who are directly involved. The next sections address the 'moments of negotiation' and conceptually represent the active nature of the women's identities.

### **6.5.1 Fractured identities**

The idea of identities being 'fractured' was presented in the women's narratives in different ways. Fracturing implies that something is disrupted or fragmented and this is how the women described their experiences at different moments across their life histories. This conceptualisation of fractured is at a symbolic level, which represents how the women viewed their bodies and their attitudes and actions. It is not just a discursive label. The women's identities were in some way 'fractured' or had changed due to a variety of cues. For example, from being unable to participate in activities they could in the past and experiencing their bodies in different (new) ways, to becoming reliant on a wheelchair or having to use their wheelchair more often. Examples of this were more pertinent in the narratives of those who have an acquired impairment or where their impairment is 'unstable', and likely to change. Kay's comments below illuminate such fluctuations:

*"I use my chair more now because like my legs get stiff a lot more now than they did ... I don't think so [be in a chair permanently] as long as I keep walking and mobile that won't happen when I am tired then I really don't want to walk too far but sometimes I have to force myself you have to rely on so many people" Kay*

Previous identities were somehow broken and, subsequently, they evolved differently at significant points in their lives. In our first interview, Andrea discussed how difficult she found it after the onset of her condition. The onset of her condition resulted in changes to her body and challenged her previous capabilities:

*“It was difficult because in some ways it might have been easier had I had a sudden acute injury because sort of like bang this has happened and that’s the result whereas my condition is a bit more kinda windy and where it takes you ... you aren’t quite sure what’s gonna happen with it” Andrea*

Andrea expresses how there was a period of adjustment when she was first diagnosed with lupus, which can be difficult to manage. The extract from Andrea’s narrative below highlights the severe nature of her lupus and helps to contextualise the ‘phases of adjustment’ that she describes in her narrative. This also demonstrates the way in which her past identities have been disrupted:

*“When I was first diagnosed my lungs were just so difficult to manage I was on oxygen all the time and had chemotherapy to calm down the inflammation in my lungs I mean some of the doctors who looked after me said we never thought we would ever get you off oxygen never mind back to Uni and playing sport there wasn’t really anything said at that time cos they didn’t know how it would go some people have lupus and yeah they are bothered with it and they are tired a lot and some people unfortunately like me have it where it’s quite serious you know it’s just difficult to manage” Andrea*

Andrea’s experience when she was initially diagnosed with lupus highlights how her previous identities were fractured. Andrea went from being an active, medical student to a six-month stay in hospital; she describes how the doctors were unsure about her prognosis, particularly due to the ‘meandering’ nature of her condition. Subsequently, Andrea discusses the ‘dark’ moments she has experienced and the struggle she has had in reclaiming past identities: *“I was just wow this is this is life now that’s pretty hard to adjust to I think it was pure depression to be honest just not really being bothered about anything it is very difficult to shake it”*. Andrea talks candidly about how these low points have made her feel depressed and have significantly impacted her life. Initially, Andrea lost the sight in one of her eyes and her condition has deteriorated from that moment through to becoming a permanent wheelchair user. Each phase of change has resulted in a period of adjustment for Andrea as she attempts to re-define herself and establish past identities/new identities.

Working within a symbolic interactionist theoretical framework, Charmaz (1995) has explored how people manage chronic illness and impairment. Charmaz argues chronic illness assaults the body and threatens the integrity of self. Outside of the specific context of chronic illness, having some form of impairment has been shown to disrupt a person’s previous assumptions about the

relationship between body and self. Subsequently the ‘wholeness’ of a person’s body and sense of self is disturbed (Charmaz 1991, 1995; Frank 1995; Renfrow 2004). Adapting to impairment or a change in condition, which has resulted in some form of identity fracturing is characterised by different “metaphors of opposition” (Charmaz 1995, p.658). For instance, these could include the idealised body versus the experienced body; social identification versus self-definition; invisible versus visible impairment; bodily control versus loss of function. These tensions emerge in different contexts or where there has been some sort of change with a disruptive episode (such as Andrea’s experience above). Subsequently, these tensions lead to the ‘fracturing’ of identities; people move through different processes to comprehend and adapt to such changes. Charmaz (1995) succinctly highlights this:

“As chronic illness encroaches upon life, people learn that it erodes their taken-for-granted preferred identities as well as their health. Further, they may discover that visible illness and disability can leave them with a master status and overriding stigmatised identity. Because of their physical losses, they reassess who they are and who they can become. Subsequently, they form identity goals as they try to reconstruct normal lives to whatever extent possible” (p.660).

‘Fractures’ occurred in different ways for the participants across the narratives and there were examples in a range of contexts. The women had to negotiate any tensions between past identities and potential future identities. These moments indicate the processual and dynamic nature of identities and the ‘work’ the women undertook to manage these instances. In the context of sport, the assault on identity brought on by illness, pain, injury, or altered circumstances has been documented in the literature (Allen-Collinson and Hockey 2007; Smith and Sparkes 2004). Angie reflects on how she felt when she learned that she was being dropped from the national archery squad:

*“I have spoken to others as well that it has happened to it’s almost like a bereavement because there was so much because your whole life revolved around the squad because I was up and down that road at least twice a month it’s a long way to go for mid-week training camps and then you would be going and doing this and you would be going and doing that and all your work at home revolved around doing your diaries you had to do your reports it took up your whole life and then suddenly with the snap of fingers nothing absolutely nothing” Angie*

Angie uses the term ‘bereavement’ to describe the feelings associated with no longer being part of the national squad. On a symbolic level, the ‘sporting identities’ she had as an archer at the elite level – personally and socially – were ‘lost’. Being part of the squad, travelling to competitions, travelling to training and engaging with the planning/administration of her training programme had suddenly ceased, consequently these identities were fractured. She

could no longer identify with this on a personal level or in social encounters with others. As I have discussed previously, sport acts as a vehicle for the athletes to demonstrate their capabilities and engage in alternative self-definitions, which can then be (re)presented to others. These are common occurrences in the context of sport at any level. However, ‘disability’ intersects these experiences; Angie describes being worried about what she would do without archery and how people might view her if this wasn’t a significant part of her life:

*“I think its kept me going a lot longer than it would have if I was sort of stuck in the house looking at doing housework which I hate anyway I would be worried about that being my life” Angie*

This highlights the importance of being able to identify with sport and what the alternative, i.e. just ‘being disabled’ means. Even though she might not identify with this on a personal level, on a social level she would lose the ability to present herself as an elite-level archer. Angie had a short holiday after finding out this news and then decided, in agreement with her husband, that she would continue to compete in the same archery competitions and conduct her own training regime – just not as part of the national squad:

*“When I eventually went back to it my husband he worked out a plan decided right we are just gonna show them cos I’d had this operation on my shoulder as well ... we decided right we are gonna do the national series we will do all the competitions we want to do spend a year doing that and then review it at the end of the year” Angie*

Angie continued to shoot at all the competitions that she would have been present at if she were still part of the national squad. The reference Angie makes to “*showing them*”, in reference to the coaches that make the squad selection, embodies common sport ‘values’, which emphasise individually battling back against the odds or any barriers that one encounters. Being present at the national series and other competitions seemed important to Angie on two different levels. Firstly, it afforded a sense of continuity for Angie in regards to her ‘sporting’ identities. Even though Angie was not competing under the umbrella of the ‘national squad’ she was still able to engage in the same practices and competitions. Secondly, it provided her with the opportunity to maintain her relationships with other members of the squad and be in contact with them regularly. These relationships were important for her to maintain to remain a part of this sporting ‘subculture’. I have discussed the concept of the subculture in chapter three, which depicts a way of life for a group of people. This highlights the social relations, which are unique to these archery competitions and facilitate the maintenance of Angie’s sporting identities. The notion of this subculture is apparent when Angie is discussing the painkillers they share at competitions:

*“Take some blumin big pills always have plenty of pills to hand yeah we share them out between us as well at times well most of us are on the same stuff basically yeah and some of it is heavier duty than others I only take the really heavy ones when I have to or take more than I need to rather than having those because it so easily become addicted to some of this stuff so you have to be careful” Angie*

The above sentiments offer an insight into the normalisation of taking painkillers in the context of archery competitions amongst her fellow disabled competitors. Not only does this demonstrate how competing through pain is routinised – which I will discuss in more detail in the next section – it is also indicative of a subculture and shared perspectives (Allen-Collinson and Hockey 2007; Prus 1996). It seems to be an accepted part of being at archery shoots and common practice. Angie discusses the importance of the social relations she engages with at the archery competitions:

*“You can have a good laugh with some of them as well and cos you’re all doing the same thing people are great I mean the people are so generous and kind and really great great fun” Angie*

In the above extract Angie is describing the relations she has with other members of the archery squad. Continuing her involvement with the same competitions enabled her to maintain her engagement with this group of people. Previously, in her narrative, Angie discussed the concerns she had about being ‘frozen out’ of the squad after being dropped from national selection. *Identity work* played a key role in managing her ‘fractured’ identities after de-selection from the national squad. The concept of identity work has been increasingly applied in the context of sport and leisure (Allen-Collinson and Hockey 2007; Walseth 2006b). Snow and Anderson (1995) define identity work as:

“The range of activities individuals engage in to create, present and sustain personal identities that are congruent with and supportive of the self-concept. So defined, identity work may involve a number of complementary activities: a) arrangement of physical settings or props; b) cosmetic face-work or the arrangement of personal appearance; c) selective association with other individuals and groups; d) verbal constructions and assertion of personal identities” (p.241).

Angie maintained her association with the people and groups that provided her a sense of continuity and arranged her physical settings so that she was still present at the same competitions. On a practical level, Angie was attempting to regain her status as an elite-level archer by continuing to compete and prove the selectors wrong. On a symbolic level, Angie was maintaining her familiarity with the sporting space(s) she was regularly a part of and engaging in the same social relations (at the elite-level of archery competition) to repair her ‘fractured’ identities. Sarah’s experiences also reflect the importance of feeling involved in activities and

relationships that are part of sporting regimes when these are subject to some form of change. In Sarah's case this sense of identity disruption was caused by an injury that prevented her from training and competing for nearly a year, which subsequently saw her stepping away from sport competition. Sarah reflects on what she eats and drinks still, even though she is not training at that level anymore:

*“My coach she just used to make me drink milk constantly like but now it's got to the point where I still eat as if I'm elite training I buy a six pint milk a week there is no need to drink six pints for one person and people are like why are you drinking milk and I'm like I dunno it's just natural and it's crazy I still have the mentality and I still look at myself as if I'm an athlete” Sarah*

Sarah is unable to reconcile her past/present identities and future identities (Charmaz 1995). Drinking milk is a ‘prop’ that works to sustain her personal identity of being an athlete and not being disabled. This is also reflected in the way that Sarah still straps her groin, which is an injury she had previously:

*“I did pull them a while ago and they haven't yet sorted them out so I just keep strapping them [groin]... I'm not an athlete or competing so why am I strapping them and I'm constantly contradicting myself but then I dunno this whole identity thing you have it then you don't realise you have it until you leave” Sarah*

The meanings that Sarah attributes to her sense of self allow her to manage the identities that were fractured by ceasing involvement in elite-level running. Engaging in these forms of identity work is a platform for maintaining her identities in some way. The reference Sarah makes “*not realising you have something until you leave*” reflects the idea that this identity was in some way fractured. Sarah also recognises the contradiction that is represented by still practising the same ‘pre-run’ regimes, i.e. strapping her groin. Sustaining these personal identity affiliations allows her to continue to dissociate from being ‘disabled’. The strong response she has to being seen as ‘disabled’ or ‘losing’ alternative identities can be connected to the social relations that Sarah experienced when she was growing up. Sarah has a twin sister who also has cerebral palsy, however her sister's condition is more severe:

*“I have a twin sister who's got cerebral palsy she's quadriplegic which means the cerebral palsy is in all in four limbs and she's also mentally disabled whereas mine is completely different so when you look at us you can almost tell that she is but I'm not” Sarah*

Sarah's narrative provides an insight into the early experiences she had with her twin sister and the amount of attention that was focused on caring for her. Comparing herself with her sister has led Sarah to attempt to avoid being seen or labelled as disabled:

*“She was the main focus so when we go out with Mum she obviously is the main focus and I’d naturally learned how to hide mine no one ever asked apart from when I walked on my tip toes that was the most obvious sign of there being something wrong but as I trained the backs of my ankles to eventually stretch it no longer needed to be but now and again if I’m really tired then my tip toes will start to appear” Sarah*

Sarah was aware of how people reacted to her sister across different situations and the negative perceptions that accompanied her embodiment. Therefore, Sarah adapted the way she walked. This can be seen as a form of ‘passing’ and an information-management strategy (Goffman 1974). We are aware of how we and others place our bodies as social objects and intentionally manipulate bodily appearances accordingly. Crafting appearances of the body is a fluid and subjective component of the self (Waskul and van der Riet 2002). The reference Sarah makes to ‘hiding her’ impairment is indicative of her attempts to denounce the visibility of ‘disability’ and being perceived as such in social situations. The management of ‘invisible identities’ has generated much research interest (e.g. Rosenfeld and Faircloth 2004; Scheff 2005; Waskul and van der Riet 2002; Watson 2002), alongside the potential impact that disclosure would mean – for either positive status enhancement or for stigmatisation (Allen-Collinson and Brown 2012). Primary school experiences also propelled Sarah into viewing her impairment as something that she needed to ‘cover up’:

*“They treated me fine apart from primary but I think that’s because I had so many accidents of falling over my own feet and stuff but as I got into secondary school like I’d already learned how not to do it which just was a slower pace of walking then I learned that if I walked slower or not rushed to places I ain’t going to be tripping” Sarah*

Sarah talks about how she learned from an early age to avoid ‘negative marking’ (Brekhus 1998), which pertains to the relationship between deviant, ‘non-normative’ identities and privileging, ‘normative’ social identities. These past experiences help to contextualise Sarah’s desire to maintain her athletic identity. Participating in athletics at the elite level is a vehicle to create alternative personal and social identities, and maintain these in different interactional situations. Ultimately, Sarah can manage her fractured identities through this process and by engaging in identity work that keeps these identity attachments alive.

### **Identity goals**

Sport and participating in sport acts as an identity goal for the women. Charmaz (1995) defines identity goals as *preferred identities* that people assume, desire, hope or plan for. The women assumed identities associated with their involvement in elite-level sport, for example archer, athlete, swimmer, etc. These goals became important for the women as they attempted to manage their bodies, particularly when there was a change or deterioration in their condition. It



was in such moments that the idea of fractured identities and the importance of sport were most apparent. The notion of fractured identities contextualises sport as an identity goal because the women continued to strive towards being identified in this way and it seemed to take on greater significance after such ‘incidents’. Blair was admitted to hospital after a rapid deterioration in her condition and discusses the impact this had on her:

*“I always knew from when I was diagnosed that as I got older my muscles would get weaker especially if I pushed them too much but I didn’t realise how much until a couple of years ago I ended up in intensive care January last year cos my lungs I had a chest infection and my lungs just stopped working I went into intensive care and then they diagnosed me with glandular fever so that’s why my body wasn’t picking itself back up cos the muscles weren’t able to do it that’s when I realised what sport means to me” Blair*

Blair spent a number of months in hospital recovering from the glandular fever and describes how she felt after:

*“I became more positive after that I was like I have literally gotta do everything while I can and do the best I can in sport because I don’t know when it’s gonna be taken away and then I got a kick up the backside with that one my muscles were weaker after that” Blair*

Distressing bodily sensations and impaired functions gives rise to defining bodily changes. The unity of prior embodied experience has been shaken. Charmaz (1995) argues that at this point people compare their present body with their past body; they assess the differences between then and now, and measure the costs and risks associated with previous activities. Blair’s desire to retain sport as an ‘identity goal’ – by being able to return to archery after her recovery – and the realisation that was triggered by the rapid deterioration in her health, highlight the importance of continuity when identities have been fractured.

### **6.5.2 Balancing identities**

Balancing identities is a notion that stems from the women’s management of their impairments alongside their sporting participation. It was in these scenarios that the idea of ‘balancing identities’ was most significant. In the majority of the women’s cases, there was interrelatedness between sport and their general health. They had to negotiate a balance between training and competing and the possible health costs that could result. Across the majority of the narratives, the women demonstrated an acute awareness of the potential negative impact of their sport participation. This was particularly prevalent due to the nature of elite-level sport and the commitment to training and competition this commands. At the symbolic level, there is a balance to be struck between identifying as an archer, athlete, swimmer, powerlifter, etc (on a personal and social level) and ‘being disabled’ or potentially exposing the fragility of the body.

Andrea's narrative highlights this 'balancing act' as she discusses the potential costs associated with participating at the Wheelchair Rugby League World Cup. Andrea's desire to participate outweighs any concerns she has over deterioration in her condition:

*"I wouldn't give it up unless I really didn't have a puff to push so yeah but no within reason I am sensible you know common sense would be not training for two and a half hours every day and then having a match that would be sensible but it's a two week period of the world cup that happens every four years I am not gonna say no so yeah I am wise about it I don't think I would have as much of a purpose [without sport] I think there would be a big hole there"* Andrea

The reference Andrea makes to the hole that would be left without sport demonstrates the importance and dominance of identities connected to her sporting participation. This is exemplified on a social level as Andrea states:

*"Whenever people see you playing rugby or they see you in any sort of activity associated with sport I don't think they see you as disabled like they would if you are trying to get in a shop that doesn't have a ramp and you have gotta pull yourself in"* Andrea

A social identity of a 'wheelchair rugby player' is affirmed when people see her participating in sport. Andrea is able to focus on herself as 'object' and is aware of others' perceptions (Mead 1934, 1967). She does not want to be viewed as disabled and engaging in sport acts as symbol of her capabilities. The role of sport as a vehicle for demonstrating that she is not 'disabled' – which she equates to 'weak' and 'disempowered' – is demonstrated below:

*"I guess rugby helps with that I'm not a weak kinda damsel in distress I do manage to do most things myself and if I need physical help its rare normally I can manage to do stuff myself"* Andrea

Andrea enjoys the attention she receives when people see her competing in the context of wheelchair rugby and she is able to negotiate people's perceptions in these interactional encounters. The first interview with Andrea took place whilst she was at the world cup; the second interview was a couple of months after this. Andrea reflects on the impact competing at the tournament had on her:

*"Unfortunately I wasn't too well just after the world cup I got a bit of a nasty kidney infection I knew that the pace of the world cup training every day or playing just doing something every day was gonna take its toll and it did so it wasn't all together surprising but it took me a good couple of weeks I wouldn't say I am completely over it I am still a lot more tired than normal I'm not doing anything in terms of training cos I can't so I'm just having time off which is really hard but it was worth it I wouldn't have not done it but it took its toll for sure"* Andrea

Andrea talks about knowing how participating at the world cup had an impact on her overall health, however this was balanced against the opportunity to compete at the event. These identity opportunities would not be available if she decided against participating and she is willing to offset the deterioration of her health with such opportunities. During this process, Andrea is balancing and negotiating the identities that are attached to her participation in wheelchair rugby. Previous literature has highlighted the normalisation and routinisation of pain in various sporting subcultures (Turner and Wainright 2003; Wacquant 1995; Young 2004). In these scenarios, athletes learn to accept that pain is the price one must pay to be a ‘true’ athlete in competitive sports (Allen-Collinson and Hockey 2007). In the context of disability sport, this takes on an additional layer of complexity as the women attempt to mediate the impact competing has on their bodies and general health. There are higher risks that must be reconciled in comparison to the risk of injury. By using a social-relational conceptualisation of disability, I can see the tension between Andrea’s ‘corporeal’ body and her ‘social’ body. Denzin (2012) has expressed the need to recognise the body as a fleshy presence. The impairment that Andrea has could potentially limit her participation in sport irrespective of any social/environmental barriers. However, Andrea accepts the risk of exposing the fragility of her body – and a potential lupus flare up – in favour of being able to present herself as a wheelchair rugby player in sporting situations and other contexts.

Sarah’s narrative also exemplifies the balancing process that occurs as identities are negotiated. Sarah’s cerebral palsy was worsened by her participation in track running – she describes the pain when she used to run, during and after training/competitions:

*“You’d train through pain and you would race through pain and then you come home and you cry cos it hurts there is no like in the middle so I could be up and ready for a training day and already be hurting”*  
Sarah

Sarah describes the ‘costs’ associated with training and competing and the pain that she experienced. Sarah has stiff calf and quadriceps muscles because of the cerebral palsy. These are the source of the pain she experiences, which is explained in her narrative:

*“My muscles my calf muscles and my thigh are usually quite tight but when the muscle eventually releases and starts cramping my legs bruise and if people ask where the bruises are from I don’t even know they are there unless I do something but it’s just I get bruising as soon as the cramp has finished it’s just damage from training and stuff but it keeps making them stiffer”* Sarah

Similar to Andrea, Sarah has to balance the pain and deterioration of her impairment with her desire to maintain the identity she has as an ‘athlete’. The potential risks associated with participating in sport and committing to the intensity of training are greater for the majority of

these women in comparison to able-bodied sports competitors at the same level. The symbolic interactionist concept of ‘felt identity’ (Goffman 1974) is significant here. A felt identity is an identity grounded in self-feelings, which is largely taken for granted until an event disrupts the routine processes of a person’s day-to-day life. Previous literature has demonstrated how injury and ‘bodily’ disruption in sport are significant events that can rupture prior identities (Allen-Collinson and Hockey 2007). However, this research has not addressed what this means when identities and bodies are continually disrupted or require ‘balancing’. The women’s commitment to preserving their ‘sporting’ identities is greater than the ‘bodily risks’ associated with this. Subsequently, their ‘felt identity’ is drawn from the management and control of their bodies, which facilitate their continued association with sport. The potential negative consequences of participation in sport are negated by the identity rewards associated with their engagement in competitive sport.

In Sarah’s case, her interactional experiences at the start line of races helps to exemplify the social relations that dictate the way she views herself in these situations:

*“I would look across the start line and they [other runners] always looked a lot worse than what I did cos you can’t tell mine as far as I’m aware you can’t identify it whereas other athletes have got like a clubbed arm or a limp in their leg and it’s just the whole way they walk cos I never had that so I didn’t class myself as being disabled” Sarah*

In these situations, Sarah felt ‘abled’ in comparison to the other competitors as she describes how they “*always looked a lot worse than what I did*”. This is where she is able to dissociate from being ‘disabled’ herself and highlights why running and being considered an ‘athlete’ on both a personal and social level is drawn from such interactional encounters. These instances provide another example of the situational nature of ‘disability’ and how this is contested differently across various spaces. Shilling (2012) suggests that in the affluent West there is a tendency to view the body as a project to be worked at and accomplished as part of an individual’s self-identity. Shilling argues that the healthy body is the most common form of body project. Allen-Collinson and Hockey (2007) posit, “for serious sports participants, whether professional or amateur, the ‘worked upon’ and ‘worked out’ sporting body is often central to athletic identity” (p.384). These narratives provide an insight into the management of the body and the balancing of identities that occurs for some of the competitors at the highest levels of disability sport. They have to maintain a balance between ensuring the stability of their health and competing at the highest levels.

## 6.6 Synopsis

In different ways, the participants view sport as a way for them to demonstrate those things that they *can* do. This goes beyond reducing disability to a simple medical category, based on definitions of what they are unable to do. For instance, someone who has lupus, someone who can't walk and is a wheelchair user. Rather, they are 'showcasing' their capabilities and actively challenging what it means to be disabled. I have highlighted how the adoption of this 'liberal individualism' could be potentially disempowering for the wider disabled community. However, on a day-to-day level, it allows the women to attempt to combat assumptions that are made about their physicality. This can lead to tensions between their desired personal identities and their 'ascribed' social identities.

This chapter has utilised a lens of interactionism to tease out the social encounters and relations that have shaped the participants' negotiation of identities. Ultimately, the participants' experiences with disability as 'imposed' and 'accepted' has provided an insight into the complexity of these processes and the active identity work that is required to manage their physicality. The neoliberal sentiments behind how the women describe and also go about their lives emerged organically from their narratives as I became more immersed in the data. It was striking how often the sense of individualism was apparent in how they wanted others to perceive them. On a symbolic level, the women's participation and desire to progress in sport perpetuates a sense of liberal individualism and allows them to project this image in different social encounters.

The 'burden' associated with 'being disabled' was also salient in their reflections on past interactional encounters. These experiences have highlighted how the women demonstrate some sense of agency by attempting to re-define what disability means for them and how they manage this. However, this is constrained by the context and wider values that influence their experiences and underpin their desire to 'present' themselves as active citizens. This chapter has alluded to the difficulties and struggles the women faced, which manifest in the physical and environmental barriers they encountered as well as the identity work and hidden labour required to manage people's impressions. Ultimately, this illustrates the complexity of disability and how this is negotiated differently according to the interactional situation. The next chapter will now focus on the 'body' and 'gender' to highlight how the participants manage their identities in relation to these intersecting presences across interactional situations and sporting contexts.

## 7. Body and Gender

This chapter will focus on the body and gender as two separate concepts and demonstrate their presence in the women's narratives and across different interactional encounters. I am addressing/analysing these as two distinct sections in order to generate deeper insights in relation to each. I recognise these are both 'present' during the women's experiences and arguably operate interchangeably. However, I want to produce a greater range of coverage and look at some of the specific dynamics between disability-body, followed by disability-gender. I hope to highlight the presence of the participants' bodies in social situations and comprehend the ways in which the women manage their bodies. Equally, I hope to provide an insight into the intersection of gender and disability. I discussed in chapter three the lack of sporting empirical literature, which has addressed the interaction between gender and disability for female athletes. I will add to this body of knowledge by using symbolic interactionism to explore such gendered dynamics and the women's negotiation of these in their day-to-day experiences. I will focus on the body in the first section of this chapter and then address gender in the second part.

### **Part one: The body**

From the theoretical perspective of symbolic interactionism, the body is always more than a physical object; it is a vessel of meaning that has significance to both personhood and society (Waskul and Vannini 2006). As Moore (1998) states, it is more than a "mere skeleton wrapped in muscles and stuffed with organs" (p.3). A person's body is not a static 'object' body, but is subjectively embodied in a fluid, emergent and negotiated process of being (Waskul and van der Riet 2002). The body is rarely passive, as explained by Waskul and Vannini (2006):

"The body is opposite to passive. Most often we are aware of how we and others place our bodies as social objects and intentionally manipulate bodily appearances accordingly. Through clothing, accessories and cosmetics we actively fashion what others see and how others perceive the body, crafting appearances of the body as a fluid and subjective component of the self and an ongoing definition of the situation" (p.488).

Therefore, its presence cannot be ignored in social encounters. The women's narratives were infused with moments of body management and negotiation. Using a symbolic interactionist lens, I have been able to explore how their bodies shape and are shaped by various interactional encounters. Impaired bodies are regarded as abnormal, deviant and inferior (Campbell 2008). This is set in contrast to ableist narratives, which impose the body standards that are expected in Western society and sport contexts, in particular. Empirical research in disability studies literature concerning disabled embodiment is relatively scarce (Loja *et al.* 2013). Therefore, I feel

it is important to explore the bodily interactions that were discussed in the women's narratives to further the understanding of contemporary forms of disability experience. The 'bodily presence' is emphasised in Andrea's narrative:

*"Your body image definitely changes for sure [when you become a permanent wheelchair user] and like everybody else you have to use catheters and I use intermittent catheters so it means you use it four times a day but for a little while I had an in-dwelling catheter and that day when I went into the hospital to get it changed I was so conscious nobody else could see it but I was so conscious that it was there I was like you gotta get rid of so yeah it's a huge body image thing I don't want people to see I know what they will think" Andrea*

Andrea is aware of her body and the image it is projecting. In this example the awareness originates in her use of a catheter. Andrea's body is an object of her own reflection – specifically, the appearance and use of the catheter is an object. Subsequently, this is transformed into a subject as Andrea reflects on the meaning the catheter holds in Western society and in different situations. These shared meanings turn the catheter into a significant symbol, which creates its own set of assumptions and expectations. The envisaged reaction of others to Andrea's body and the use of a catheter increased Andrea's consciousness of her body and forced her to reflect on it. Using an in-dwelling catheter evoked images of her difference from other people, which caused her discomfort. This snippet of her narrative helps to highlight the body's presence during interactional encounters and the ways it could mediate how these 'social events' unfold. Waskul and Vannini (2006) suggest that the body (noun) is embodied (verb). From this perspective, 'embodiment' refers to the process by which the object-body is experienced and sustained/transformed as a subject-body. It is through the self that the body is managed as we reflect on the image of our body that others might have and subsequently negotiate its appearance and potential interpretation. This perspective is exemplified in the work of Goffman (1959) in his ideas around 'impression management' and the dramaturgical performances of the body.

The body is particularly relevant for discussions about impairment and disability. *The Absent Body* produced by Leder (1990) argues that the body is taken for granted when it is healthy; it becomes a presence in the mind only when there is discernible, visible or felt pathology. Ultimately, healthiness and 'normality' are states in which one notices the body as little as possible. The process of 'medicalisation' (Zola 1983), which I outlined in chapter two, contributes to the perceptions people hold of different bodies and, consequently, whether these are considered 'diseased' or not. However, bodily 'dysfunction' might not necessarily indicate disease, and disease need not be observed. Similarly, the absence of corporeal or perceptual dysfunction is not evidence of 'positive' functioning. Manderson (2011) succinctly contests the

view of Leder and argues that we are more attuned and used to working with the body than he suggests:

“Manifestations of the physical body may be perceived as neither positive nor negative. Sweating, sneezing, itchiness, changes in breathing and pulse, changes in sensation or gait vary in their ephemerality, persistence and the degree to which we are mindful of and interpret them, but their presence is not necessarily pathological and they may precipitate neither self-conscious monitoring nor reflection” (p.27)

Sometimes the awareness we have of our body is muted, but it is ever-present. This goes further than an understanding based on just the presence of pathology, which depicts that bodies need to be in pain or indicate disease to be noticed. We are always interacting with our bodies, e.g. nose-blowing, hair-brushing, etc. (Manderson 2011). By using interactionism as a theoretical tool, I have been able to explore how the participants interact with their impairment. This shifts thinking away from ideas of impairment that are trapped in notions of tragedy and suffering, instead one can explore how people perceive and interact with their ‘impaired’ bodies in positive ways. It was clear from the narratives the participants spent a lot of time thinking about, attending to and negotiating their bodies during social interaction. This section of the chapter will address the body’s presence across various interactional situations and the dynamics of ‘stigma’ in these encounters. The body needs to be recognised as an active force in the women’s experiences, as I have highlighted above. I will then focus on how the women manage their bodies and the interaction of technology in these processes. Finally, I will focus on how these discussions provide empirical support for a social-relational model of disability that recognises and values people’s bodily experiences.

## **7.1 Reflexive embodiment during interactional encounters**

Cooley’s (1902) concept of the looking-glass self has been employed as a tool for exploring the relationship between body, self and identity (e.g. Charmaz 1995; Charmaz and Rosenfeld 2006; Crossley 2006; Scheff 2005). Charmaz and Rosenfeld (2006) argue the looking-glass self provides magnified meanings for many people with limited or compromised bodies because their bodies can no longer be taken for granted. The looking-glass self refers to an imagined embodied self in action; the body transforms into a looking glass that reflects images of a present self and reveals images of a future self. During social interaction, we formulate an image of our bodies that we perceive others to have of us. We then act on this image and manage our behaviour and bodily ‘meanings’ accordingly. For example, if we are walking along the street and trip over a curb, the reaction we have to this situation will vary according to the people that are around us, if anyone. We might be more likely to smile or laugh if we are aware that others



have seen and are watching to smooth over this type of social disruption. Crossley (2006) suggests an interactionist conception of reflexive embodiment embeds reflexive projects within the context of social networks, norms and relations of power. These potential variations in relation to the social situation our experiences occur within, will determine the extent to which we have agency/resistance in these moments and the role that others' perceptions will play. The way these interactions unfold can be quite fluid, however there are overarching power relations that will have an impact (Crossley 2006).

In relation to disability and chronic illness, Charmaz and Rosenfeld (2006) suggest people who have some form of impairment experience the tensions between body, self and identity in an intensified and magnified form. Such tensions arise in a variety of situations, for instance: trying to control information about the body, overruling images that others impart, visibility vs. invisibility of impairment, bodily control vs. failure. The narratives highlighted how the women were aware of peoples' perceptions and reactions to their embodiment in different situations. All of the women, apart from Lucy and Sarah have an impairment that is visible in all interactional situations. Andrea, Angie, Blair and Anna are all permanent wheelchair users; which operates as a social signifier of disability (Coleman-Fountain and McLaughlin 2013). Kay uses a wheelchair, depending on how tired she feels that day. However, even without the use of a wheelchair, the way that Kay's body moves – stiff and without fluidity – acts as an indicator of impairment/disability. Rosenfeld and Faircloth (2004) in their work with arthritis sufferers, suggest the body is stigmatised if there are 'jerky' and awkward movement patterns that don't fit social expectations of how bodies 'should' behave. Lucy's missing left hand is apparent in the majority of her social interactions, however, to an extent, she is able to 'cover' this up through the use of a prosthetic. Sarah attempts to walk 'normally' to cover up her impairment; like Kay she has cerebral palsy but is able to compensate for the stiffness in her legs whilst walking. This is exemplified in her narrative as she discusses adapting the way she walks to ensure she is not perceived as 'disabled':

*"I have learned how to walk differently cos I used to walk on my tip toes until I was eleven and now I pull the back of my ankle so it will stop me from doing it and I wear heavy shoes cos there is no way my feet can lift up" Sarah*

Sarah's excerpt above indicates the image she perceives others have of her when she walks on her tip toes – she describes it as 'differently' – consequently, she has attempted to move through interactional encounters by wearing heavy shoes in an attempt to cover this up. The process whereby a body becomes perceived as 'abnormal', 'dysfunctional', or indeed 'different' can be understood through Goffman's work on stigma (1963), which I have discussed in chapters two and six in relation to identity. In the context of disability studies, Goffman's legacy has

demonstrated how assumptions made about ‘normality’ shape social responses to impaired bodies (Titchkosky 2001). For Goffman, impairment – understood as a form of physical difference – is not necessarily stigmatising but it becomes so during interaction, when the meanings that are generated in relation to impairment break with perceived bodily norms. Goffman’s work has proved insightful when exploring the relations embedded in cultural constructions of ‘normal’ embodiment.

## 7.2 Awareness of ‘stigma’ – management of surface appearances

Goffman’s work can operate as a lens for understanding how people with compromised bodies attempt to control information, minimise unwanted visibility and manage their identities – it provides a way of understanding the body that recognises the specific situation/context people might find themselves in. The body is a continuously signifying mechanism that provides information about the self through its movement, positioning, gestures, etc. (Charmaz and Rosenfeld 2006). Bodily surfaces communicate information about our identities and a wide range of factors from our past, habits, activities and even our futures. It was apparent from the women’s accounts that they were aware of the potential stigma associated with their impairments and ‘non-normative embodiment’. For instance, in the case of Sarah, above, she was afraid of being stigmatised by the way she walks. Later in her narrative she comments on how people treat her differently when they become aware she has cerebral palsy:

*“There is always that stigma behind it like if you say I have got cerebral palsy some people look at you as if you are mentally disabled and you think well I’m not cos my written English and spoken English isn’t the best I’m not mentally disabled it’s like as soon as you say oh I’ve got a disability they naturally think oh there is something wrong with her when there is nothing wrong with me like that” Sarah*

It is these social relations, which contribute to Sarah’s attempts to control her bodily ‘surface’ and manage the images she believes people have of her. Sarah’s past experiences mean she attempts to manage future interactions in this way and people’s potential perceptions. Lucy’s narrative also exemplifies an awareness of stigma potentially arising from her missing hand and forearm:

*“The things that offend me more is a mother telling a child not to stare or not to talk about it or not to ask because it means that they are ashamed of me or that I am not worthwhile to talk about or just don’t acknowledge them whereas that for me is probably the worst sort of discrimination you can do ... I would much prefer for a kid to come up to me and ask me that awkward question of where is your arm gone and I will give them an answer” Lucy*

Lucy experiences stigma originating from her impairment in day-to-day situations (exemplified above). Lucy's body is an 'object' under public gaze. The children in situations like this transform themselves and everyone who can listen into an audience and situate Lucy as someone who does not quite belong, or who is in some way 'different'. Kay and Angie also discuss similar experiences:

*"Kids they look at you like some of the little ones they ask questions they say why do you walk funny and then I have to explain but like I try not to complicate things some people you know some kids will go past and they laugh and it's like really" Kay*

*"I think they are kinda embarrassed how do they react to you what can they say because of all this political correctness rubbish children are much better at it because they will just point and say why are you in a wheelchair what's wrong with you" Angie*

Their physical impairments become 'stigmatising' because of the meanings that develop and build up during such experiences. This alters the way they attempt to control and manage their bodies. Lucy's narrative highlights the strong emotional reaction these social encounters elicit: *"Because it means they are ashamed of me"*. Such experiences illuminate the social barriers that Lucy faces, even if she views them as personal endeavours to overcome:

*"I realised that whatever impairments you have there is always a way around it you have just got to maybe get your head down and try a little bit harder" Lucy*

This exemplifies the neoliberal values that permeate the women's accounts, which I discussed in the previous chapter. It is these kinds of social relations that influence Lucy's behavior in public. Past experiences and a learned awareness of what is 'stigmatising' during social interaction means that Lucy chooses to 'cover up' her missing arm in specific situations. For example, when she is at nightclubs (discussed in chapter six) and when she is coaching young children:

*"If I am coaching we had two hundred year receptions and year 1's year 2's and you cannot get by without them actually wanting to ask questions but you completely distract them for the whole session so I will put my arm on and put the sleeve over the top of it and do the whole session with two hands just cos sometimes it's a lot simpler" Lucy*

Lucy chooses to manage the impact of her impairment on her body's surface appearance and is controlling her looking-glass body. Charmaz and Rosenfeld (2006) argue that knowing people wish to manage their bodies reminds us of the fragility of appearance for people with physical impairments and of our own sensitivity to how others see and evaluate us. It also helps to highlight how the women are treated in their day-to-day lives across a myriad of social encounters. Previous research focused on disabled female athletes (which I outlined in chapter

three) fails to interrogate the micro negotiations that disabled sportswomen regularly encounter. Competing in sport at the highest level does not provide them with an opportunity to ‘escape’ such social and emotional barriers. The sense of stigma that Lucy associates with her missing limb is ‘lost’ when she is in the company of friends/family and people she knows:

*“That is what I have always been comfortable with like how my friends treat me and how my family treat me and people that know me know that I am at ease with my arm I want everybody else to feel like that ... not oh my god she has got a disability” Lucy*

The way Lucy interacts with her body and the way she manages her appearance changes across these different sites, for instance, when coaching children, when out at nightclubs, when competing in netball/swimming or when she is in the company of her family and friends. Physical difference becomes a stigma when it is deemed by others to be discrediting (Coleman-Fountain and McLaughlin 2013) and when a discrepancy is created between a person’s ‘virtual’ social identity and their ‘actual’ social identity. Lucy perceives her missing limb to be a stigma in contexts where people do not know her or know she is an athlete, based on the reactions she has experienced in the past (Goffman 1963). It seems that being considered by others as an ‘athlete’ mediates potentially stigmatising encounters. This can be linked to neoliberal ideals, which advocate disabled people should strive to combat and overcome the limitations they might experience, particularly in sport, i.e. the ‘supercrip’ (Howe 2008). For Lucy, being considered an athlete by other people she knows/or is with, helps to combat the stigma associated with her impairment.

What the participants felt was ‘stigmatising’ was emergent from interaction, rather than originating from some form of intrinsic knowledge. This was also exemplified in the narratives of Andrea, Angie and Blair in their discussions of how people have treated and reacted to them in a variety of social situations. When Lucy is with her friends, family and people she has met before, her ‘virtual’ social identities remain consistent; they view her as a Paralympic swimmer, and they do not see her as disabled. Therefore, Lucy is more “comfortable” when engaged in interaction with people she is familiar with and who are familiar with her and her capabilities. Stigma associated with ‘bodily difference’ emerges through the different meanings and identities that are generated by social interaction and a variety of social relations. For instance, Lucy chose to stop wearing her prosthetic arm at the start of secondary school to ensure that people became familiar with her without it on. The catalyst for this was ensuring that her fellow students became accustomed to and comfortable with her impairment:

*“Actually going to secondary school you are meeting a lot of people that you don’t know and it is like if I wear a plastic arm it almost seems like I am covering it up and hiding it when you have to get changed*

*and take your arm off and everyone goes oooooohh whereas actually I thought get it off from the start"*

*Lucy*

In the above extract it is clear that Lucy was aware of how people would react if they saw her remove her prosthesis or saw how it was attached in the school changing room environment. In these situations there is no chance for her to cover up the fleshy presence of her body. Being open about her use of a prosthetic arm and making her impairment 'visible' was less 'stigmatising' for Lucy than attempting to cover this up. Such examples show how the visibility of disability affects how we imagine others views us and how these imagined images shape our experiences with our bodies (Charmaz and Rosenfeld 2006; Rosenfeld and Faircloth 2004).

### **Reverse stigma**

Following this, there was a sense of 'reverse stigma' in the context of disability sport. For instance, in Sarah's narrative she describes feeling the need to demonstrate or prove her disability. In comparison to the other competitors, Sarah's impairment was not as visible. Surface information does not always render disability visible, which further complicates how people think and act towards their body and how others view their body:

*"On the track you look at the young girls coming up and how not how severe but how visible their disability is ... I class myself as quite abled person and you look at how their parents are thinking oh why has that girl just come first or second and then why isn't their child and then they will just look at you like in angry attitude or just a facial expression which you don't even wanna look you just know if you look at them they are going to look at you and you just walk away and walk past them ... I'd rather run with blind or amputees"*

Sarah describes the awareness she has of how people read/view her body. The lack of visibility or signs of her impairment influenced their perceptions. Subsequently, she felt that people questioned her 'level' of impairment if she did well in a race. This implies that there was stigma associated with Sarah's performance because she was competing in a category in which she appeared more "abled" than other athletes. Consequently, when Sarah won races or finished runner-up she felt like people were "angry" because, on a surface level, she was visibly less impaired than other athletes. In these interactional experiences, the stigma associated with Sarah's surface appearance originates in her apparent 'lack' of impairment and is therefore reversed. This demonstrates the complexity surrounding stigma and what bodies are considered 'normal' in different situations and contexts.

These narrative excerpts also highlight how 'stigma' and our perceptions of what is stigmatising in a variety of scenarios, associated with our bodies, mediate our interactional experiences and how we attempt to control surface appearances. It also demonstrates the awareness the women

have of how their bodies are received and how people might react towards them; these ideas are developed through different social experiences. Disability is emergent in interaction. There are numerous ways in which bodies are different and many of these differences will not be significant. Writing from a symbolic interactionist perspective, Coleman-Fountain and McLaughlin (2013) argue:

“An important aspect of what makes something a notable difference is how it manifests itself as a socially salient issue within an interaction. What makes something ‘notable’ is based on the interplay between the embodied, emotive and linguistic dynamics of a specific situation and the broader social narratives, scripts and modes of recognition, which inform how those present come to that interaction, participate in it and produce meaning from it” (p.144).

The meanings that are attached to the women’s bodies are a product of what has occurred in social environments and in the company of others. The coding of bodies as ‘other’ to ‘social norms’ emerges through interactional encounters, which privilege certain embodiments over others. It is not a straightforward dichotomy and there are nuances that problematise the polarisation of normal/abnormal. I highlighted these nuances in some of the previous examples in relation to how the participants experienced their bodies and the factors that mediate how people perceive impairment. For example, what it means to be a ‘supercrip’, the idea of ‘reverse stigma’ and also, the fluid nature of how impairment is considered – which emphasises a range of bodily experiences rather than a simplistic juxtaposition between normal/abnormal. The participants’ narratives reflect these processes and highlight how they manage their surface appearances – in some situations – to ‘fit in’ with the expectations associated with their bodies. These experiences create stories of ‘stigma’ and otherness. However, Shakespeare (1996) argues that stories are contestable and, while some stigmatising narratives do achieve a dominant cultural position, that position is not guaranteed. Actual bodies can become sources and objects of challenge – in the way people make use of them – to contest norms associated with body shape and movement, and offer ‘valid’ disability experiences (Coleman-Fountain and McLaughlin 2013). Exploring stories of bodily difference is an important vehicle for understanding the processes that formulate embodiments, which are deemed ‘other’ to focus on how these can be challenged. The women’s experiences in various sporting spaces, demonstrate how sport performance/participation intersects with narratives of ‘stigma’ and ‘otherness’ to produce a different set of social meanings. Furthermore, whether training for competition, competing, or talking about sport, the women’s impairments intersect with these sporting scenarios and, subsequently, create different framings of their embodiment. This section has demonstrated the women’s looking-glass bodies and the reflexivity they employ over their embodiment. I have also highlighted the processes influencing how the women manage their

bodies and the potential for stigmatic disruption. I will now set these discussions against the women's sporting experiences. Sport has the potential to create different readings of stigma and highlights the fluidity of bodily meanings.

### 7.3 Shifting 'body' meanings through sport

Sporting spaces mediated how the women felt about their bodies; in some circumstances, the meanings of their impairments and the potential for 'stigma' were both transformed. Their narratives are peppered with examples of the micro-processes through which the differentiation between 'normal' and 'stigmatised' is maintained. However, the intersection of sport in some of these experiences disrupted how the women's bodies were received and delineated these kinds of simplistic dichotomies. This occurred in two ways: Firstly, sport contexts reversed what would potentially be considered 'stigmatising' in other situations. Secondly, sport contexts allowed the women to 'perform' their bodies in different ways and belie preconceived images of disability.

#### Reframing stigma

Goffman (1974) uses the term 'frames' to describe the internalised social expectations that structure how events and interactional encounters are apprehended and understood. There are shifting meanings across different contexts, which alter these frames and, ultimately, the corporeal expectations governing them. Consequently, people look back and reflect on their bodies in different ways through the 'looking glass'. The women's narratives demonstrate the shifting meanings and expectations of their bodies, and those events that are deemed 'stigmatising'. In Andrea's narrative, in the context of wheelchair rugby, she talks about the regularity of players getting tipped over in their wheelchairs during training and competition. In day-to-day situations outside of the sporting space, Andrea finds similar occurrences embarrassing:

*"You go a bit over balanced and you fall out [of the wheelchair] that has happened I have fallen out once or twice and you go how did that even happen and then you realise oh right well and it's quite embarrassing in public" Andrea*

There is a sense of shame attached to Andrea becoming unbalanced and falling out of her wheelchair in public places. This unsettles the 'norms' of social encounters; Andrea feels embarrassed when these situations occur because they disrupt the interactional flow. Goffman (1963) suggests that impairments become stigmatising when they break with perceived bodily norms. Andrea's use of a wheelchair is an immediate signifier of 'bodily difference' and there are certain social 'norms', which dictate how one would expect her body (and the wheelchair) to function during interaction. Falling out of the wheelchair seemingly breaks these social

expectations and alters the way her physicality is read; this sets her up as someone who is 'disabled', weak or fragile. The care we take to avoid these consequences helps to highlight their significance when/if they do occur (Goffman 1959, 1963). The results when such occasions arise can be disconcerting and undermine our desired self-presentation. Williams and Barlow's (1998) study of rheumatoid arthritis indicates the extent to which people's assumptions about themselves may shatter when observers attribute the 'worst' qualities imaginable. In regards to Andrea's experience, the looking-glass body reflected images of her bodily failure that depicted her as someone who is weak and dependent.

However, in the context of sport, both Andrea and those around her read similar occurrences differently and an alternative set of meanings were imbued into these moments:

*"Whenever people see you playing rugby or they see you in any sort of activity associated with sport I don't think they see you as disabled like they would if you are trying to get in a shop that doesn't have a ramp and you have gotta pull yourself in I think they see that I don't know this is my perception of what they think they might not be thinking that at all but they are probably like oh right yeah that poor woman in a wheelchair but whenever you are playing rugby and even when you chat to anybody who hasn't seen it before you tip each other out of your chairs and stuff it's brutal you are like well why wouldn't you do that we are not out to just pat each other on the head" Andrea*

Andrea describes how players frequently fall out of their wheelchairs or are tipped out due to the force of collisions that happen on the rugby pitch. In these circumstances, the interaction is read differently; sporting spaces mediate the perception of events that are deemed 'stigmatising'. Rather than being associated with weakness, being tipped out of the wheelchair is regarded as an assertion of strength and toughness. The reference Andrea makes to "brutal" characterises the way wheelchair rugby is played and perceived. This stands in contrast to the alternative description Andrea provides of the "poor disabled woman" and illuminates the body as a carrier of social meaning. The way Andrea's body is presented in these situations contests dominant ideas that are associated with 'disabled bodies'. Being tipped out of her wheelchair in a sport situation is a demonstration of 'fearlessness' and commitment to the game, which are desirable characteristics within sporting spaces. An individual's competence is asserted, opposed to their weakness or vulnerability, which reframes the meaning of what is stigmatising for wheelchair users in these interactional contexts.

Later in her narrative, Andrea affirms that these are 'desirable' events in the context of wheelchair rugby:

*"If you're playing running rugby people fall over and you get taken out well that's what happens and sometimes people are a bit like oh you know oh you can't do that to disabled people well why not? There*



*is no difference you know so I think once they see the sport you play they do understand that you're not made out of cotton wool and you're not going to fall apart England has a girl and Ireland has a couple of girls we haven't played them yet but the Australian and French squads have no girls and I think they realised within no time at all that I wasn't a soft target on the far wing" Andrea*

The reference Andrea makes to “being made out of cotton wool” is indicative of how she believes others view her. Her participation in sport – the hits, knocks and occasional wheelchair-tipping she experiences – contest these dominant social ideas about what disabled people are capable of. Andrea enjoys not being a “soft target” and her participation in wheelchair rugby is a space in which she can present her body in a different way. Ultimately, these social relations foster different meanings about what is stigmatising for impaired people and wheelchair users, rather than being ritualised in social conventions that govern what constitutes a ‘bodily malfunction’. Cahill (2006) argues, “whether we rigidly adhere to conventional bodily boundaries, habitually relax them, or poke meaningful holes in them, we acknowledge them” (p.69). Subsequently, they are of great significance and the meanings that are attributed to similar events in different contexts highlight the fluidity of bodily meanings. Andrea’s narrative demonstrates how these perceptions can be challenged to create an alternative set of ‘acceptable’ bodily practices. These perceptions are built up through the social relations she experiences as part of the national wheelchair rugby team. Bodily boundaries are re-defined in these interactional contexts; Andrea refers to the ‘banter’ that shapes the perceptions that are attached to their bodies. Previous research has demonstrated the importance of ‘banter’ and ‘joking around’ for the establishment of team dynamics and cohesion in the context of sport (Crocket 2013; Waldron *et al.* 2011). This has also interrogated the gendered nature of developing a sense of ‘camaraderie’ and the establishment of ‘laddish masculinities’, which challenge the singular existence of hegemonic masculinity (Dempster 2009; McCormack and Anderson 2010). The extract below is an example of the camaraderie and ‘banter’ that occurs within the team:

*“The physio that was down with us in one of the training sessions he hopped in the chair to make up the numbers one of our guys had broken his wrist so he was sitting out and then at the end David got up it was killing him sitting down for two hours so he got up to push his chair back and we were slugging him off like crazy and he was like this is probably the first time ever I have been slugged off for using my legs it's crazy there is total banter with each other” Andrea*

Andrea’s comments demonstrate the shift of ‘social meanings’ when she is in these sporting spaces. The social relations she is exposed to re-define those events, which are stigmatising (i.e. being tipped out of the wheelchair) alongside what is considered ‘normal’ embodiment. The way the physiotherapist – who temporarily uses the wheelchair – is perceived and the ‘banter’ that is directed at him, illuminates how his embodiment is defined as ‘different’. This also undermines

the traditional image of masculine embodiment, by challenging the ‘normality’ of the physiotherapist’s ability to walk. Subsequently, the players share a joke with him about this and his reaction, “*I have never been slagged off for using my legs its crazy*”, encapsulates the fluidity of the meanings underlying ‘surface appearances’. Gill’s (2007) research with female rugby players has highlighted that through engaging in these types of practices (i.e. telling jokes, engaging in banter) they were able to assert characteristics of being strong and capable, ultimately subverting traditional gendered expectations. Andrea’s engagement in this behaviour with her male teammates enables her to ‘fit in’ with these gendered dynamics and demonstrate alternative forms of femininity in comparison to what might be expected from a female wheelchair user.

Questions about what counts as a ‘legitimate’ body have been at the core of disability literature (Shilling 2012). Disabled people have struggled with a corporeal identity that is defined predominantly by medical model narratives that situate it as ‘abnormal’ (Loja *et al.* 2013; Zitzelsberger 2005). The medical gaze plays a crucial role in invalidating bodies that do not conform to the norm. Campbell (2001) has defined ableism as: “a network of beliefs, processes and practices that produces a particular kind of self and body, that is projected as the perfect, species-typical and therefore essential and fully human” (p.44). Ableism as a concept enforces a corporeal standard; not ‘matching’ this standard represents a path towards disability. The players are negotiating and resisting these ableist ideals through the jokes they are having with the physiotherapist and they are re-defining the meaning of being ‘able’ in these situations. The politics associated with ‘difference’ legitimise not sameness but human variation (Jones 2006). This is an important lens for destabilising ableism, and micro-level social relations, such as this are important spaces for recognising and celebrating bodily difference.

The intersection of sporting spaces and impairment to create new bodily meanings and re-frame corporeal expectations was also strongly exemplified in Blair’s experiences:

*“I had my thumb fused to the right position for my bow when I had the operation they were like where do you want it and I was like I want it so it fits the bow ... they were like are you being serious I was like yeah so I took my bow in when I had my operation and had it put like that they were okay we could do that so my hand now is the perfect position for the bow ... it’s gotta be done and that’s what I mean I’m not messing now I wanna get there I’ve had enough go on in the last few years” Blair*

Blair had an operation to strengthen her thumb joint, which involved fusing the base of her thumb because the muscles were too weak to hold it in position. Blair chose to fuse the thumb joint into a position that would enable her to hold her archery bow. This operation is permanent and cannot be altered. Blair’s decision is an attempt to maintain control over her surface appearance and retain her sporting identities. These identities lie in her ability to participate in archery and, subsequently, demonstrate this to others. The dramaturgical body (Goffman 1959),

as a symbolic interactionist concept, posits the body as emergent from a process by which people express themselves and impress themselves upon others (Waskul and Vannini 2006). Blair has transformed her impairment, in the sporting space, into an attribute that will potential improve her sporting performance. This could create more difficulties in other contexts however, Blair's commitment to 'getting ther' i.e. to the top of her sport, is prioritised over her life and abilities in other situations. Blair has crafted and manipulated her body to sustain her sporting participation and consequently 'do' her body in a different way. This is socially regulated by her desire to continue to compete in archery and 'prove' she is capable in this context, which consequently challenges assumptions made about disabled people.

Blair's narrative also highlights what is happening 'behind the scenes' of her surface appearances. For instance, when Blair is shooting in the national development squad, people are unaware of the bodily struggles she faces and the way her hand has been manipulated to sustain her sporting participation. Cahill (2006) makes the distinction between the dramaturgical performances of people's 'private' bodies and their 'public' bodies. Goffman (1959) originally made the differentiation between the 'back' and 'front' stage, which relates to the distinction between what is considered private/public. There has been strong critique aimed at the separation of these concepts. With the rise of electronic communication and the Internet, the line between the two is becoming increasingly blurred (Barker 2008; Jensen 2006; Meyrowitz 1985). Facebook, Twitter, Skype, Instagram, etc. are making previously 'private' matters more public. However, distinguishing between these concepts in this particular social setting helps to highlight Blair's attempts to obscure parts of her body, which she prefers to keep 'hidden' from people in generalised social contexts. I am not claiming there is a clear distinction between what could be considered public/private but it helps to demonstrate the way in which Blair attempts to maintain 'control' over people's impressions of her. The impairment that Blair has in her hand is part of her private body, which she tries to hide from public view. The time Blair spent in a cast, whilst her hand healed, resulted in further muscle weakness caused by her muscular dystrophy:

*"I was in cast for the next six months on and off so I couldn't do any sport during that time a third of my muscle bulk went for no reason in two weeks I went from being able to do things to not ... things I could do I wouldn't be able to just go out in the garden like if my brother wanted to play football I could sit down and kick the ball ... I just couldn't do it I was like what and what upset me more is that it wasn't that I couldn't it was the fact that it was the things I should be able to do with my little brother that I couldn't anymore but I didn't want anyone to see that I just wanted to get back to archery as soon as possible" Blair*

Despite our sometimes heroic attempts at bodily self-control and maintenance of the private body, the organic body is an unruly subject (Cahill 2006). Blair's experiences – in relation to her hand and the weakening of her muscles, alongside her desire to ensure “*nobody saw that*” – demonstrate the divide between the public body and the private body. The obscuring of the private body allows Blair to retain her identity as an archer and ensure this surface appearance is ‘intact’ during training and competition. A body that is out of control does not ‘fit in’ with conventional standards of healthy, athletic bodies, which dominate sporting expectations. Sport constructs boundaries between the competitive ‘performing’ body and the ‘vulnerable/suffering’ body. Consequently, the women attempt to avoid exposure of the ‘disabled’ body in sporting spaces and conform to social conventions that dictate which bodies are acceptable in different interactional spaces. However, maintaining this divide is not always a neat, clear-cut exercise, alongside what is considered public/private in an increasingly public realm (Raffel 2013).

### 7.3.1 Alternative performance of ‘disabled bodies’

This is the second way the women's impairments intersect with the sport context. Sport spaces, whether in training or competition, allowed the women to ‘perform’ their bodies in different ways and belie preconceived images of disability. Lucy's narrative highlights the attempts she makes at ‘proving’ people wrong when she plays netball with able-bodied women:

*“Many times people will underestimate me like I will go out on a netball court and they will be like oh she is rubbish she can't catch I'm this one armed girl who comes to coach netball to all these very abled girls and I like blow them away because they are like oh god you kind of caught us off guard ... there is an automatic expectation and that is what I enjoy about taking part in sport because when you are in a maths class you can't prove anyone wrong other than trying to get it right whereas you step onto the court it's like oh my gosh she can actually catch a ball” Lucy*

Lucy's experiences exemplify the assumptions that are made about disabled bodies and what they are capable of. Netball isn't the sport that Lucy competes at the highest level in however, she enjoys being able to “*blow them*” (people) away because they have low expectations about what she is able to achieve in this context. Lucy's body performs in an unexpected way, which grants her the opportunity to “*prove*” people wrong. The corporeal, competitive, skilled body allows Lucy to craft different definitions of what she is capable of in these situations (Waskul and van der Riet 2002); subsequently the ‘audiences’ assumptions and perceptions are altered. When you look at the life story of Lucy, her desire to break away from the ‘disabled’ box can be linked back to the relations she experienced during childhood:

*“I just assumed that everybody had something like someone wore glasses and another person had short hair and I just didn't have a hand and mainly due to my upbringing my parents never called me the 'D' word as they say it they are not putting me in a box” Lucy*

Lucy's parents were wary of calling her disabled and did not want to put her into that 'box', which has driven her attempts to defy expectations. Participating in sport is a path to showcasing alternative body performances. Lucy describes sport as a way for her engage in a variety of opportunities:

*“We realised that sport was actually a really great way for me to get over my one hand thing and actually really opening up my opportunities it must have been primary school when I did Mum was always very good at being the Mum that helped out in lessons and after school clubs because she was very much like making sure that I wasn't getting left out” Lucy*

Lucy talks about how participation in sport was a good way for her to “get over her arm thing” and says this in the context of “we”, which implies her family have played an important role in her sport progression. The reference Lucy makes to “getting over” her impairment implies that sport affords an alternative bodily performance, which directly contrasts how the audience would ‘normally’ perceive her fleshy capabilities. Surface tensions are created, which challenge pre-conceived ideas about disabled bodies. These tensions were also evident in Angie's sporting experiences:

*“I did have one was it at the masters ... we done the seventy meters then we had to do what's called a head to head and of course we went into it and I think she just took her eye off the ball sort of thing we came up to the first end and of course I shot and I beat her and she was like oh re-think tactics wake up she beat me only by one or two points at every other end but she went onto win the whole competition I think she got a bit lazy thinking wheelchair archer but she soon woke up” Angie*

Angie describes how an able-bodied archery opponent underestimated her ability when they competed in a competition head-to-head. There are surface tensions between Angie's body and her reliance on a wheelchair, which led to misconstrued perceptions about her sporting abilities. The micro-processes that occur in sporting contexts create and maintain the differentiation between ‘normal’ bodies and those that are considered ‘other’. It then comes down to the disabled competitor to ‘prove’ people wrong, which the women seemed to take pleasure in as exemplified by Lucy and Angie above.

Impairment and ‘disabled bodies’ in these situations are not just about the experience of limitation but demonstrate how impairment can be productive. The women are bringing their different bodies into interaction to challenge presumptions that they are tragic or heroic (Coleman-Fountain and McLaughlin 2013). In chapter three I discussed the literature that

situates disabled sports people at the highest levels as ‘supercrips’ (e.g Berger 2008b; Moola and Norman 2012; Peers 2009, 2012). Supercrip narratives rely on dichotomies between disabled people as heroes, or as tragic victims of their impairments. The women are expressing their bodies in ways that are neither tragic nor heroic. Instead, they are challenging disability as a negative form of embodiment. These counter-identities highlight what the women *can do* and challenge dominant assumptions of ‘disabled’ embodiment; their bodies are transformed into vessels of meaning that allow for alternative performances of disabled bodies and offer alternative readings of impairment.

#### 7.4 Body and technology

There has been much debate in disability sport literature concerning athletes’ use of emerging technologies. The advances in science and technology promote bodily enhancement and create a demand for the improvement/modification of the human body in respect of structure/function/abilities (Magdalinski 2008; Nature 2008; Wolbring 2010, 2012). There are a range of technologies outlined in the literature, which detail the various ways people engage with technology in their day-to-day lives. This spans from robotics (Palese 2012), exoskeletons (Manderson 2011), mobile phone technology (Chouliaraki and Blaagaard 2013), to the use of automated technologies in the home (Rapoport 2013). It could also include a variety of ‘commonplace’ and ‘medical’ bodily modifications, including hearing aids, cataracts, pacemakers and hip replacements (Manderson 2011). Haraway’s (1991) work is amongst the most influential in reflecting on the fusion of the technological and organic. I am going to focus specifically upon the women’s use of wheelchairs, which operate as highly visible signs of disabled embodiment (Wolbring 2010) and provide a pertinent example of the interaction between body and technology. I will explore the role of this form of technology in their lives and the interplay between body/technology/identity(ies).

It became clear from the narratives of those women who used wheelchairs – both on a permanent and intermittent basis – that these became incorporated into their embodiment. This is highlighted by Andrea’s experiences:

*“I have had people in coffee shops and stuff have pushed me here you go my dear and it’s like what are you doing I’ve put the cup between my legs and then gone to wheel myself and then they have been here I will give you a hand and they are obviously being polite but that’s like me man handling someone by the hips it’s not okay it’s what are you doing but they don’t see that the chair is part of you they don’t see that” Andrea*

Andrea feels an invasion of her bodily space when people attempt to ‘help’ by pushing her wheelchair. She defines the wheelchair as *“part of her”*. It is just an extension of her own body,

which she likens to manhandling somebody by the hips. Papadimitriou (2008) in a study of people who had suffered spinal cord injury, documents the ways wheelchair users learn to use their chairs as part of their functional body. Papadimitriou describes this process as becoming “en-wheeled” (p.701), which involves a constant challenge of negotiating, reorganising and reconfiguring one’s way of being, especially in public, in order to achieve the status of ‘active doer’. In the sport context, there was an interesting intersection between body and technology as the women engaged in identity work to present their wheelchairs and, ultimately, their bodies in quite specific ways. This goes further than just exploring how their wheelchairs become part of their ‘functional’ bodies but also a part of their dramaturgical, ‘performing’ bodies.

The women managed their wheelchairs as they would their bodies to negotiate their self-presentations in interactional situations. For example, Blair discusses the lights she has on her wheelchair:

*“The amount of people who stare [at the wheelchair] is ridiculous but because my front wheels light up you get the kids like oh look and that’s better than them saying look she is in a wheelchair ... they look and go look at the wheels that’s why I do it cos like if you are gonna be in something it’s like I said to my friend you aren’t going to go out in tatty shoes everyday so why would you expect somebody to go out in a wheelchair ... I’m lucky to have a wheelchair that I’ve got it’s carbon fibre and it’s just as light as a feather great for sport” Blair*

Blair’s comparison between her wheelchair and a pair of tatty shoes indicates the impression-management she is undertaking to formulate an alternative image of a wheelchair user. Blair takes pride in her wheelchair as she would her clothes or a pair of shoes and this diverts attention away from her wheelchair use. Furthermore, in the context of sport, Blair has a technologically advanced wheelchair that is lightweight and easy to manoeuvre, which helps her to feel like a high-performing archer. This is similar to having the latest sporting technology, which helps competitors project ‘elite-level’ images and identities, for instance with the newest equipment and clothing. Andrea also engages in this form of ‘wheelchair work’ and is aware of how wheelchairs are perceived by people and the images they project:

*“When I got this chair I put on these wheels so these are carbon fibre wheels cos I didn’t like those spoked wheels that the NHS gives you I didn’t like them and they give you these big fat grey casters and I said they look super disabled the guy was like you what and I said well they do they look super disabled I don’t want them so I got him to put these on it and he was just looking at me like news flash kinda thing” Andrea*

Andrea refers to the NHS wheelchairs as looking ‘super-disabled’ because of the grey casters on the wheels. This highlights the link between the appearance of the wheelchair and how people

feel others perceive them. The NHS chairs, because they lack the same technology as sports chairs, look ‘more disabled’ with large casters and spoked wheels. As the women see the wheelchairs as an extension of their own bodies, this in turn makes them feel ‘more disabled’ because of their envisaged perceptions of the generalised other. Andrea also uses a sports chair and there is a marked difference between how she feels in this chair compared to her NHS ‘day chair’:

*“They are so much lighter and look better [sports chairs] and when you get back in this it feels like a tank [NHS chair] compared to it pushing carpet in here is like you don’t even need to go to training cos carpet is ten times harder to push on it’s a bit like the chairs you see in Asda or something this is one that they say is for an active user but even then it’s not as light as it could be I feel better in my sports chair” Andrea*

Andrea “feels better” in her sports chair and compares her day chair to the wheelchairs that are provided in supermarkets. The technology behind her sports chair and its subsequent appearance is much more contemporary and conjures up a different image for people – not as somebody who is ‘super disabled’, but somebody who has access to the latest technology and is ‘active’. Just as an elite-level, able-bodied athlete would have the most advanced sporting equipment and technology, these disabled athletes strive for access to the latest technological developments. For the women, the technology operates on a performance level (i.e. lighter chairs that are easier to wheel and perform in) and also on a bodily level as the women attempt to manage the impressions of others and moderate how ‘disabled’ they look. Anna also mediates the image that her body is projecting by attaching her quiver to her leg. A quiver contains different badges that archers achieve when they win various shoots, or achieve certain scores:

*“I love it because I have a quiver that sort of straps to my leg which is quite unusual as lots of wheelchair archers have one that attaches to the wheelchair which can then be a bit more difficult to see so I have mine and everything is all visible and quite often people come and have a look” Anna*

The attachment of the quiver to her leg ensures that people have a clear view of Anna’s sporting achievements. Anna is able to visibly demonstrate her past successes, which draws attention away from her wheelchair and towards her archery prowess. The women’s relationship with their bodies and technology was shaped by the images they hoped to present to different audiences and the work they engaged in to influence people’s perceptions.

## **7.5 Theoretical relevance for the social-relational model**

These discussions around the body and impairment demonstrate the need to recognise the body as part of a holistic understanding of people’s disability experiences. It is important to see the



situated nature of disability experiences, for instance, the women may understand themselves as capable doers in one setting (e.g. performing in sport, among peers in accessible environments), but not in others (e.g. trying to access inaccessible environments, such as buildings, public places, housing). Therefore, disability is not an all-encompassing state of being, but a situated accomplishment (Papadimitriou 2008). This reaffirms the social-relational perspective of disability and how different interactional spaces can mediate people's experiences.

The joy and pain that can be part of people's impairment experiences demonstrate how these physical reactions are part of the corporeal body. Goodley and Rapley (2002) claim naturalised views of impairment are at the core of oppression. These statements emerge from social model perspectives of disability that measure the political standards of research and involve the adoption of emancipatory research positions (Barnes and Mercer 1996; Oliver 1996; Stone and Priestley 1996). I have discussed my own research position in the methodology chapter; I did not embark on the work from a critical, emancipatory standpoint. I feel it is of greater significance to fully account for people's experiences, which includes recognising the physical and social dimensions of disability and impairment. My research highlights the empirical relevance of the women's bodies and the physical grounding of impairment. People need tablets, operations, therapies and other remedies; millions of competing texts, discourses and representations are not much comfort for people who are in pain (Vehmas and Makela 2009). It also goes beyond equating impairment with the 'suffering' body or a body that is in pain, but also registering the opportunities that can be generated and the joy people can experience through impairment. I feel my work can contribute to the growing body of literature that aims to account for the physical relevance of the body, impairment and how disability is understood/perceived in a variety of contexts, i.e. sport.

## **Part two: Gender**

*"I think that's one thing that you do get with disability you don't get the gender problem well I haven't found it anyway I think that because you've already got the hurdle there with disability" Blair*

Gender 'dynamics' in the women's narratives have been touched upon in the previous section in relation to the body and team processes. However, in this section, I am going to focus specifically on how the participants negotiated gender (and disability) in multiple and sometimes contradictory ways. When attempting to explore the gendered activities of the women, I looked for key ways in which gender was spoken of and various manifestations of 'femininity' as symbols of gender in society and sport. An important aspect of this process was attempting to understand the gendered aspects of the narratives and the women's perspectives of these. From a symbolic interactionist perspective, people described as being 'female' or 'male' are endowed with characteristics that are defined as feminine or masculine. People's sense of gendered

selfhood arises through routinised interaction with shared understandings about what gender 'is' and what it means (Brickell 2006). Therefore, concepts such as gender are found in the meanings people bring to them and are managed presentations (Denzin 1993; Goffman 1959; Scharff 2011); people are 'doing gender' (West and Zimmerman 1987; Fenstermaker and West 2002). Gender has been explored from a symbolic interactionist perspective across a number of areas, which I outlined in more detail in chapter two, ranging from understanding people's behaviour towards shop assistants (Williams 2005), women's negotiation of life course transitions (Loftus and Andriot 2012), to sexuality (Brickell 2006; Longmore 1998) and gender positioning (Nordström and Herz 2013). These studies share the same underlying principles about understanding gender and emphasise the importance of exploring the rich layers of meaning that are generated through interactional encounters.

Having spent a significant amount of time with my participants and after immersing myself in their narratives, I have grown increasingly aware of the inequities they have faced (in regards to being disabled and being women) and, in some ways, how sport exacerbates these politics. I was struck by their responses when we were discussing their experiences in relation to being disabled women in society and involved in sport at the elite level. The pervading theme was a distinct 'lack of' (any) experience in relation to these dynamics or, simply, a lack of perception of such politics at work, as highlighted in Blair's quote.

This discussion and my thinking has been informed by previous work that has focused on the female subject in relation to neoliberalist values and notions of individualization (Francombe 2010; Francombe and Silk 2012; Rich 2004, 2005; Volman and Ten Dam 1998; Walkerdine 2003). Individualization as a neoliberal concept refers to the responsibility people have for their own personal well-being. Rewards in society are based on personal effort, which creates a climate in which structural inequalities are converted into individual problems to be overcome (Scharff 2011). As this section unfolds, I will demonstrate how the women negotiated gendered identities and how disability intersects these processes. These gendered identities were often managed in contradictory and ambiguous ways as the women 'downplayed' the presence of gender inequalities but, at the same time, gender was an organising dynamic within their lives (Volman and Tan Dem 1998).

An interactionist approach involves exploring the social encounters that mediate how the women negotiated their gendered identities and the experiences that have influenced this. Furthermore, this perspective allows me to understand their experiences in relation to the current 'neoliberal moment' and the meaningful symbols the participants utilised to exhibit these Western social 'qualities'. For instance, the ways they talked about their careers, sporting participation/achievements, any barriers faced and how these became significant symbols,

which they (re)presented to others during interactional encounters. Ultimately, different contexts and situations influence the way these are projected and received, and the women's own reflexive accounts; gender is something you *do* rather than something you have (Loftus and Andriot 2012). The link between symbolic interactionism and neoliberalism shifts attention towards the ways the women negotiate different femininities and the meanings associated with their behaviour. When people enter social situations, they are confronted with 'normative' expectations of how to 'behave', therefore gender is framed by the social norms that permeate Western society (Jensen *et al.* 2013).

## 7.6 Disabled women in sport: 'Individualist' identities

In chapter three, I outlined the previous literature that has addressed not only women's involvement in sport, but also disabled women's involvement in sport. Much of this research has asserted that women suffer from a 'double disadvantage' (e.g. Blinde and McCallister 1999; Hardin and Hardin 2005) both inside and outside of sport contexts. Huang (2005) argues that disabled women, in comparison to disabled men, face more social and cultural barriers that potentially blockade their sporting opportunities. Consequently, the context surrounding their participation might be discouraging. However, opportunities for disabled women to participate in sport have been increasing alongside the coverage that is afforded to disabled female sport (Huang and Brittain 2006). This approach follows the logic of an intersectional analysis (Crenshaw 1989), which recognises the interplay of different socially created 'categories' such as gender/race/class with a focus on the intertwined nature of these multiple identities (Bilge 2010; Crenshaw 1991). I have not used an intersectional analysis; the focus from this perspective would have been on patterns of oppression, in relation to wider aspects of the women's experiences outside of gender and disability. However, I do recognise that identities are not discrete, but relationally emergent and defined (Shields 2008).

Nevertheless, aside from the gendered structures of power in sport, disabled women participating at elite level have to negotiate dominant images of gender. The inclusion of women, whether or not they are disabled, often conforms to acceptable ideals of physicality (Depauw 1997, cited in Huang 2005). This has been highlighted in research, which has explored the stigma that is associated with female disabled athletes and the sports they compete in. For instance, Huang and Brittain (2006) illustrate the barriers and difficulties disabled female powerlifters face. As a sport, powerlifting is dominated by images of power and strength, which are not congruent to social images of what is considered to be a 'feminine' woman. Building on the work of DePuaw (1997), recent research that has focused on gender/disability and sport has highlighted the difficulties disabled women can face when accessing sport (Hardin and Hardin 2005; Kavanagh 2012). The wider public awareness of disability sport has developed since

DePauw's writings (Gilbert and Schantz 2008), however there is still a dominant hierarchy of bodies in regards to both gender and impairment (Gilbert and Schantz 2008; Howe 2011; Swartz and Watermeyer 2008). The complexity that lies at the heart of the physicality of the sporting body and the impaired body remains (Purdue and Howe 2012). Based on this backdrop, when I entered the women's interviews I expected there to be much discussion about the 'problems' associated with gendered and disabled identities. However, reflecting on the narratives, there is much pertinence in what was 'not said' as much as what 'was said'. In literature that has focused on analysing 'discourse', silence has been shown as a powerful source of resistance. Research has also demonstrated that silence is active in upholding dominant power structures by operating as a subversive mechanism (Kurzon 1998). This has been highlighted in work that has addressed gender at the level of individual narratives (Bhattacharya 2009; Ferfolja 2008; Simpson 2005) and also at an institutional level (Laurendeau and Adams 2010).

The women's experiences demonstrated a desire to undertake individualist identities (Giddens 1991). In the current economic and social 'moment', this upholds neoliberal values associated with being 'good citizens' and celebrates the virtues of individualism, which subsequently recasts social problems as individual problems (e.g. drug use, obesity, or inadequate health cover) (Silk and Andrews 2012). Bauman (2000) argues individualization is a fate, not a choice and suggests that the refusal to participate in the individualizing game is not on the agenda. Bauman goes on to state that everything is now down to the individual; the conditions in which they live, their experiences and their narratives undergo a relentless process of individualization. The neoliberal state (re)established the notion of the self as a 'do-it-yourself' (DIY) project, enforcing a context of individual responsibility, which has been transformed into the pursuit of identities of choice and focus on the self (Harris 2004; Heywood 2007). Neoliberal policies have been a central feature of politics in the UK since the conservative governments of Margaret Thatcher in late 1979, through to 'New Labour' governed by Tony Blair and, subsequently, Gordon Brown (Harris *et al.* 2012). The influence of 'Thatcherism' on politics today with the promotion of free-market policies, reduction of the welfare state and the implementation of a range of authoritarian social policies is well recognised (Corbett and Walker 2013; Davies 2012; Scott-Samuel *et al.* 2014). The current Conservative-Liberal Democrat (Con-Dem) coalition government has implemented policy reforms that emphasise market participation, which is constructed as the essence of adult citizenship (Parker 2006). This is encapsulated in the Con-Dem's 'Pathway to Work' scheme, which is the main employment programme for disabled people. It characterises the neoliberal values and principles upheld by current UK governmental policy (Harris *et al.* 2012), with an aim to reduce welfare expenditure and an emphasis on promoting the free market, rather than securing social rights (Owen and Harris 2012).

These wider public policies, and the values instilled in society as a consequence, impact individuals' day-to-day lives and encourage people's market participation in order to be considered a 'citizen' (Soldatic 2013). Such policies not only influence people's attitudes to work and the contribution of disabled people to society, but also spill into other areas, for instance healthism (Crawford 1980). The values are similar – everyone should work and live to maximise their own health, which ultimately removes the burden of healthcare from the state to individual citizens (Ayo 2012). This idea of health encapsulates the notion that it does not just concern the absence of disease, but is connected with the concept of wellbeing, which recognises more positive aspects of health through practices such as yoga, tai chi, meditation and preventative medicine (Fullagar 2012). This version of 'health' is not a neutral term; rather it privatises the struggle for wellbeing, which is exemplified with the idea that if you are ill/sick then it is your own fault (Rose 1999).

The work of Harris (2004) succinctly highlights such principles through the notion of the 'can do' girl, which encapsulates the modern day 'success' story. This 'type' of girl draws on the resources around her to excel and achieve in a range of areas from education, to health and employment. Any social structures that are encountered are overcome through determination and hard work (Harris 2004). These value systems infiltrate people's day-to-day lives and potentially shape how people are seen by others/would like others to see them. Therefore, neoliberal societies/politics can have a significant impact on how women negotiate their gendered and 'disabled' identities.

These ideas have been prevalent in feminist work that has explored young womanhood and the subjectivities that are taken up by women in relation to feminism and gender (e.g. Azzarito 2010; Francombe 2010; Harris 2004; Heywood 2007; Rich 2005). My research highlights the ways the participants articulated a similar outlook in regards to gender inequality or the 'gender problem' in sport and discussed the sense of choice they felt they had. The specific social 'processes' influencing the young women in previous research (as highlighted above) and women involved in elite-level disability sport potentially differ on a variety of levels. For instance, I have not viewed the data through the lens of social class. However, the same value systems seemed to influence their accounts and dictate the interpretations they had of their lives.

In the interviews, all of the women stated they had not encountered any problems in relation to being female in their experiences both inside and outside of sport. Some of them did allude to an awareness of persisting gender inequalities. However, they did not offer a critical account of gender relations:

*“Because you already got the hiccup there of being disabled gender doesn’t come into it which I think is a good thing cos if you were like oh my god disabled and female and stuff but yeah ... I’ve never had any problems [gender related] with stuff like that” Blair*

*“I have been quite lucky like female sport is fine there’s loads out there in terms of the media that’s the problem there are opportunities out there for girls there definitely at mainstream and I have never once been told you can’t do that because you are a girl ... I personally haven’t hit many barriers of being a woman with a disability” Lucy*

*Being a female powerlifter I have just tried to do my best in the sport I haven’t had any problems with being a women in the sport I have just got on with it” Kay*

When talking about being a female in sport, the women strongly affirmed they had not encountered any gendered difficulties. The participants distanced themselves from an understanding of the significance of gender (Scharff 2011). Instead, the women discussed the choices they made in regards to entering sport and spoke of the decisions they had undertaken to pursue sporting opportunities. The women’s stories reflected the idea that they had a ‘choice’ in regards to the various opportunities they could potentially pursue, particularly in relation to sport:

*“I started in 2002 so when I was fourteen I just tried it out and then they saw potential and then I got my first gold medal at the national junior games in Stoke Mandeville it was great and then I got the international potential award that was a multi sport competition so I tried out a load of things I tried table tennis what else loads of different sports I can’t remember now but I don’t think I tried it but there was wheelchair fencing wheelchair table tennis power lifting obviously boccia swimming” Kay*

Furthermore, the women emphasised sporting choices and opportunities are open to all, it just depends on whether they take them up:

*“I think boys have always got that little bit of extra competitive spirit and I was a tomboy so I was always a bit competitive myself and if the boys were playing football or at lunch time I would go and join in regardless of the fact my friends were sitting there playing with their hair ... I think that’s just innate that boys always have that little bit of hunger to go out and kick a ball whether it is due to peer pressure or the socialisation of girls but they never really are that keen so I don’t think it’s the lack of opportunity it’s just there is a smaller pool of girls that actually enjoy sport to a level to actually compete and train at it in and then take it further again” Kay*

Kay’s comments highlight the ‘tomboy’ identities she had when she was younger, which granted her access to sporting spaces. This is an ambiguous situation, which simultaneously challenges and reinforces gender binaries. By participating in sport she is resisting the ‘norm’, however by identifying herself as a ‘tomboy’ and making reference to her friends ‘playing with their hair’ she

is simultaneously emphasising gendered differences (Azzarito 2010; Pfister 2010). These are different symbols of femininity, which take on different meanings in such contexts, subsequently contributing to how Kay sees herself and the perceptions others have of her. This snapshot illustrates the participants' belief that women have the opportunities open to them; it just depends on whether they choose to participate and take them up. This reinforces a notion of individualism and places responsibility on the individual to make the most of available opportunities and engage with sport.

The majority of the women participated in some form of 'multisport' event from which they elected to continue participation in their 'chosen' sport. These were critical moments (Sparkes 2002) in the women's lives, which ultimately marked the start of their sporting pathways and their upward mobility from 'normative' social expectations of disabled women. The participants talked about these moments in a self-driven and self-made way that perpetuated their own sense of potential success if, in Andrea's terms, "*they put the work in*". Previous work has highlighted that having a sense of 'free choice' has become a dominant theme in young women's lives (Scharff 2011; Harris 2004). The perception is that this alone is enough to overcome any structural or cultural constraints which, consequently, sees a distancing from female and, in this case, disabled 'collectives'.

### 7.6.1 'Choice' perceptions

It was clear from the women's retrospective interpretations that they felt as though they had a number of different choices available to them. Most of the women drew on values of individualization – in relation to their sporting participation – and the belief that there were no 'gender' barriers, which had negatively impacted their sporting progression. Subsequently, this was reflected in the women's interactional experiences. From a young age the majority of the women, particularly those with congenital impairments, discussed their involvement in sport and the options that were available to them to pursue a variety of different sports. What seemed most important to the women was finding a sport that they were 'good' at and excelled in:

*"I almost gave up because I didn't really think I was very good at it I wasn't as good as my friends in the swimming pool you aren't as fast because you haven't got the two hands whereas when I went to a disability competition that is probably the first time I was exposed to other disabled people there were groups that you could go to especially for amputee people and my parents were like it's your choice to go but it is not as if I was a recluse or didn't have any friends ... I don't think there is any sort of particular gender issues around it like in my particular classification there are huge amounts of girls with my disability there has always been equal numbers of boys and girls on the national team it has never been the*

*case of ob boys have better opportunities and they get to compete so I have never really noticed the sort of gender inequality in the sports that I have competed in” Lucy*

Lucy is negotiating her identities in relation to able-bodied others and her early experiences in the swimming pool. After participating in disability sport events, Lucy chose to pursue swimming based on her achievements. Merely participating in swimming was not enough for her; she wanted to excel and succeed at the highest possible level. Reflective of Lucy’s sentiments above, the women felt they had similar sporting opportunities to men and did not perceive a sense of gendered inequality. Furthermore, there were comparisons made between the current situation for women in comparison to previous times, *“I think I am lucky if you ask anyone sort of ten years ago it probably would have been different story”* (Lucy). This contributes to the perception that things have changed and moved forward in regards to gender inequalities and available opportunities in wider social contexts.

The women also demonstrated such ‘choice’ perceptions outside of the sport context. For example, in relation to their careers away from sport, Andrea, Anna and Blair discuss the options open to them and their desire to make something of themselves and symbolise this to others. Their accounts reinforce neoliberal trajectories towards fulfilment and success:

*“You probably find nine times out of ten somebody in a wheelchair is going to be a better worker there has always been those problems and hurdles and everything that when they have got something they are going to work harder for it and it’s gonna make their life easier well of course they are gonna work for it ... I think the problem there is especially with me I don’t want to work in a job that I’m not gonna be happy with so I’m gonna be a bit picky there but I’m lucky I’ve got the opportunities there are no inequalities being female so many people have said to me you can come and do this you can come and do that” Blair*

There is an interesting intersection here between gender and disability. Blair affirms that wheelchair users are potentially better workers because of the ‘hurdles’ they have overcome. These sentiments link to wider neoliberal notions framing Blair’s experiences. There is a focus on working on ‘the self’ rather than attempting to improve the social context or remove any structural constraints disabled women might face (Corbett and Walker 2013; Parker 2006). From Blair’s perspective, being female and being disabled does not limit her opportunities; if anything, her previous experiences have made her more resilient. Rather than operating as a ‘double disadvantage’, gender and disability dynamically combine to offer Blair a different set of opportunities. This allows Blair to discuss being ‘free’ from gender constraints, whilst simultaneously augmenting her own determination as a result of being a wheelchair user. Similarly, Andrea’s narrative exemplifies this when she discusses her pursuit of ‘medicine’ as a career choice. Andrea was able-bodied before the onset of lupus, which occurred in her first year of medicine, but she is now permanently wheelchair bound:



*“I have grown a really thick skin now but at the start it used to really wind me up or people I hadn’t seen for a long time when they would meet me then they would say oh and you were doing medicine and I’m like well I still am I haven’t stopped I still have those choices it’s funny that though I notice a difference when I come out so if I’m in the hospital in my smart clothes with my name badge and my stethoscope I am not treated any different I am treated just like any other medical student and then you pull on your hood and you go outside and you instantly become a patient but I am not I am there to work and unless you carry a banner saying that especially for me when I tell them [people] I am doing medicine they kind of look at you like really at the day centre are you sure at the start yeah it used to really wind me up they would kind of patronise you and talk down to you in sort of school girl tone and they just see the chair I think and they just assume that you went to special school no offence to people with learning disabilities or anything I am not slagging them” Andrea*

Andrea is still driven towards doing medicine even after the gradual onset of her impairment, and, if anything, she is more committed to pursuing this career now. Andrea is exercising identities that allow her to demonstrate her sense of choice and independence, whilst simultaneously resisting both disablist and gendered ‘expectations’. On a symbolic level, the presence of her wheelchair automatically conjures assumptions about what she is able to do, which is demonstrated by the ‘surprised’ reactions people have to her continuation of medicine. In other situations at the hospital, the presence of a stethoscope and a name badge act as ‘symbolic cues’, which prompt assumptions concerning her identities in these situations. This example helps to highlight the day-to-day burdens Andrea might encounter across her medical career (if she goes on to become a doctor) and provides an insight into how people could perceive her. Andrea later reflects on how it feels when people find out she is doing medicine, *“I really enjoy being able to tell people and take pride in that”*. Even though she is a female in a wheelchair – in the context of her studies – Andrea is able to employ individualised identities that operate as an expression of ambition and success, simultaneously highlighting the notion of having ‘choices’ (Harris 2004; Rich 2005).

This celebration of individual ‘autonomy’, set against the assertion that there are no *“problems with gender”* (Anna) was also apparent in Anna’s narrative:

*“No one speaks about it it’s still like hidden in the world [discussion around disability benefit] apart from when you hear like fraud or they have had money taken off them ... there is not a line so I don’t know where I would come in to where someone else would come in to them [government] I went to University so there is not much wrong with me but I am okay on my own” Anna*

Anna is identifying herself as a ‘good citizen’ because she chooses not to claim any disability benefits. Such statements are permeated with neoliberal ideals that encourage people to go it alone, which seems partly encouraged by the perception that some disabled people are

“scroungers” (Angie) or engaging in fraudulent activity to access welfare benefits. Day-to-day encounters, infused with concerns over ‘fraudulent activity’ were prevalent in the participants’ narratives; Lucy’s experiences as a ‘blue badge’ holder (allowing her use of disabled parking spaces) strongly illustrate this:

*“I get out of the car and I have had many a comment from an old or overweight person who is parked in the next space next door to me going (puts on a voice) you know that’s disabled and I’m like yeah and they are like well you shouldn’t be in it and I was like do you want to check my badge then they are like what’s wrong with you and I was like this [holds arm up] and they were like oh right ok and it frustrates me because sometimes I just want to go I don’t even want to prove to you that I am disabled” Lucy*

Lucy’s comments reflect the ambiguous situations that the participants can find themselves in. I highlighted in the previous chapter that, to the majority of the women, ‘disabled’ is a negative identity they attempt to dissociate from. Yet, when it comes to accessing welfare benefits or ‘blue badges’ they are forced through a process that requires them to ‘prove’ the limitations of their impairments and, subsequently, identify with being ‘disabled’. This sense of ‘approval’ occurs not only on an organisational level but also on the ‘micro’ level, as highlighted in the extract above. These experiences potentially reinforce the desire to demonstrate ‘alternative’ identities, as highlighted in Anna’s narrative, which see disabled women attempting to surpass expectations and secure a sense of self-reliance and independence.

These examples illustrate how the women attempted to (re)present identities associated with individualism and choice through their sporting participation and also outside of either competing or participating in sport, for instance with work and welfare benefits. These situations were understood in relation to other ‘disabled women’ who were ‘caricatured’ as being scroungers or lazy. The values the women associate with citizenship and being a ‘good citizen’ are clear here, alongside what symbolises a failure to achieve this status. Harris *et al.* (2012) argue Governments are reorganising citizens as market workers and redistributing resources via market participation. Martinez and Garcia (2001) identified five major tenets of neoliberalism, two of which include the rule of the free market and an emphasis on individual responsibility. Being unemployed and failing to contribute to the economy, or not participating in sport and failing to maintain a ‘healthy’ lifestyle (Ayo 2012), are symbols of not being ‘active citizens’. These symbols generate the idea that a failure ‘take responsibility’ means people are ‘lazy’, which sets the precedent that it is their ‘job’ to alter the situation. The women were driven towards subverting gendered and disablist expectations, which they attempted to achieve by identifying themselves as free of constraint and in control. This has been demonstrated in previous work focused specifically on young women (Azzarito 2010; Rich 2005, Scharff 2011).

However, whilst the women might find themselves empowered by presenting identities that weave a different thread through what is ‘expected’ in Western society, these distancing measures potentially stand to reinforce gender binaries and impairment hierarchies. The dissociation from collective groups (alongside the recognition that these are not homogenous groups) supports values associated with individualism. The women are finding small pockets of ‘resistance’ to social norms in the choices they make and through the perceived opportunities they have, however this does not contribute to an overall sense of a gendered and disabled collectivity. Instead, this is an articulation of neoliberal values, which see people attempting to provide for their own needs and service their own ambitions. Indeed, Scharff (2011) argues, “individualist statements do not only elide the regulatory forces of norms but actively contribute to their reinforcement” (p.124). This is apparent when looking at the intersection of gender and disability in the women’s lives. Even though the women were quick to dispute any sense of gendered dynamics affecting their lives, there were clear examples of these processes at work in their experiences. Symbolic interactionism allows me to explore these interactions and, ultimately, highlights the complex nature of the women’s negotiation of identities and the ways in which they attempted to manage their self-presentation in relation to these processes.

### 7.7 Intersection of disabled and gendered identities

The women’s accounts demonstrate the intersection and overlapping of individualised identities in relation to both gender and disability under the neoliberal rubric. In regards to sport and disability, the supercrip narratives that I discussed in chapter three exemplify these hyper-individualistic ideas. The ‘fixing’ of disabled bodies through rehabilitation or sport promotes these supercrip narratives. Figures such as Oscar Pistorius and Ellie Simmons are two examples that embody the media’s celebrations of inspirational stories. Batts and Andrews (2011) draw attention to the “anything is possible if you work hard enough” (p. 558) rhetoric that is ingrained in able-bodied and disabled elite sport. Specifically, in the context of disability sport this creates a stereotype whereby people are stigmatised if they do not meet or overcome the expectations that are set by a handful of others. For instance, the able-bodied population is not stereotyped for failing to compete in elite-level sport. The culture of ‘militarisation’ that is starting to permeate elite disability sport (Bush *et al.* 2013; Batts and Andrews 2011; Purdue and Howe 2013) reinforces these ideals. This is encapsulated in sporting programmes, such as the ‘United States Paramilitary Programme (PMP)’ (Batts and Andrews 2011) in the US, which serves to perpetuate and glamourise tales of triumph against the odds. Batts and Andrews (2011) identify the power of these narratives:

“The individual heroism of the soldier/athletes, encased in their dual role of representing the nation and embodied by their wounds, is supplemented by the perceived gallantry of

the PMP itself and as an institution of expertise that facilitates the recovery process and enables the narrative of dramatic overcoming. Through participation in sport, injured soldiers have the chance to restore and reconstruct a similar version of their former self” (p.599).

On a sporting level, neoliberal values related to both gender and disability are exemplified in Harris’s (2004) ‘can do girls’ and the supercrip narratives of disability sport (Berger 2008b). Both of these encourage an individualised ‘hard work rhetoric’ as people seek to ‘overcome’ adversity. The women attempt to symbolise identities associated with individual triumph and a ‘work hard’ ethos as these wider values shape their understandings of their day-to-day lives. When the women were reflecting on gendered and disablist dynamics influencing their experiences, they did not interpret them as in some way disadvantaged or unequal. Identities associated with the ‘can do’ attitude can be a burden (Harris 2004) to the individual as they attempt to demonstrate a commitment to valued ‘goals’ and upward social mobility. Recognition needs to be accorded to the burden upon disabled people to achieve and maintain such identities. These types of burden connect with the idea of ‘hidden labour’ (Scully 2010) discussed in the previous chapter and potentially exacerbate the societal work women are required to do in order to negotiate the wider values shaping their lives and others’ perceptions.

### 7.7.1 ‘Micro’ level dynamics

In this section I will elaborate on the encounters the women had with the dynamics that I discussed above and how these were present in their lives, even though they all ‘played down’ the impact of such structures. All of the women expressed that gender was not a problem, for some, being ‘disabled’ overrode any potential inequalities they might face as a female, whether in sport, the workplace, education, or just in general life:

*“I personally haven’t hit many barriers of being a woman with a disability it’s more been about the fact because I had a disability and I could quite happily barge that one down and actually the work I am doing with the BBC at the moment the fact that I am a female with a disability and I’m young is working in my favour” Lucy*

*“Personally no I haven’t I can’t say it has made much difference not in sport wise at all I think the opportunity there is as much there for male and female in the sport” Angie*

Lucy’s comments demonstrate the fluidity of the intersection between gender and disability. Angie’s viewpoint on this subject reaffirms this stance and her belief that there are equal opportunities for both women and men to access and participate in disability sport. It is not simply a layering of discrimination onto the body, which has been suggested in previous work.

Instead, this is negotiated in various ways dependent on the context and in relation to the social interaction. Lucy and Blair, in particular, felt that being disabled presented more ‘barriers’ in their lives than being a woman. Therefore, there was no perception that being a disabled woman presented them with some form of ‘double disadvantage’:

*“I think that’s one thing that you do get with disability you don’t get the gender problem well I haven’t found it anyway I think that because you’ve already got the hurdle there with disability gender is not a problem because I don’t wanna say anything without it sounding bad if you’ve got a disability it’s harder to work with an agenda they’ve already got the disabled banner they don’t focus on whether you are female or male which is good I think cos you know you don’t want more problems on top of having a disability”*  
Blair

It is clear from Blair’s extract above that she feels as though she does not encounter any ‘gender problems’. The comment Blair makes, *“they don’t focus on whether you are male or female”* seemingly allows her to resist a gendered sense of self and operate as an individual (Budgeon 2001). However, it actually reinforces the idea that disabled people are ‘asexual’ beings. Previous literature has highlighted the stigma disabled women face in regards to their sexuality and social perceptions that regard this as an inevitable aspect of being disabled (Cheng 2009; Kim 2011). Consequently, these ideas raise the notion that disabled women are undesirable or unable to partake in marriage or sexual partnerships, which leads to a variety of social, emotional and environmental barriers (Kim 2011). The complexity of Blair’s relationship with gendered and disabled dynamics (as social structures) is exemplified when she discusses how people react to her when she is out in her wheelchair with her boyfriend:

*“Like with my family I don’t seem to get it as much [people staring] but with my friends or Mark [boyfriend] it’s a different story ... they don’t expect you to have that set up that normality cos nine times out of ten people with disability are left out but cos I am so laid back about it and I would rather make a joke out of things than be sort of serious about it”* Blair

The extract above is completely polarised with her previous sentiments in regards to not facing any ‘problems’ associated with gender. Blair is open about the stares she receives when she is out in public with her boyfriend and how this relates to people’s perceptions about what is ‘normal’ for a wheelchair user. Blair attempts to distance herself from other disabled women by behaving in a ‘laid back’ way during such encounters. This reinforces the idea that disability resides within the individual (Shakespeare 2006). This raises the ‘me’ and ‘them’ mentality in relation to disabled women, i.e. this is what it is like for me but this is what it is like for them. The ‘hierarchy of impairments’ (Deal 2003) allows Blair to symbolise that people are worse off than she is, by presenting identities that are ‘laid back’ and subverting people’s reactions. Shakespeare (2004) suggests in general, disabled people often come to terms with their own circumstances but

think of other impairments as harder to deal with. Being a female in a wheelchair and having a boyfriend defies social assumptions and expectations. Blair further reinforces this when she comments on holding hands with her boyfriend in public:

*“All the time when we are out [people stare] like cos well I wouldn’t say lazy but if we are in town he is you know six foot or something I can kinda get pulled along cos it is like pulling nothing so he doesn’t even realise he is pulling me but at the same time it is quite nice you know cos you would walk around holding hands because you are together ... that time when you are kinda normal the amount of people who are like what are you doing and I am like I don’t care he is helping me cos he is pulling me ... if he pushes me I would just look like a complete idiot and there are people who have to be pushed and I am not dissing that at all but for me I don’t want to be pushed” Blair*

For Blair, being pushed in her wheelchair is highly symbolic and implies a sense of weakness or dependency. However, she is happy to be pulled along by her boyfriend because it means they can hold hands – for her, this action does not carry the same symbolic meaning as being pushed. Blair is managing the impressions she is projecting (Goffman 1959) and is aware of people’s reactions when she is in public with her boyfriend. In these situations, the reaction of other people is indicative of how society sees disabled women. Blair attempts to avoid being viewed as vulnerable and aims to maintain her own sense of independence. However, this places her in an interesting paradox; these interactional encounters demonstrate discourses associated with gender and disability at work. Ultimately, these values influence her day-to-day life and mediate the way she behaves and feels when she is out in public.

The women’s narratives were riddled with examples of how they negotiate the dynamic intersection of gender and disability, even though they do not identify with the presence and influence of these structures in their lives:

*“When we are going to get into houses [viewing for rental purposes] that have a couple of steps I have had a couple of guys say oh I will lift you and I’m like mate I am nearly ninety kilos you won’t lift me no chance I am heavier than you a little bit of it is fat but most of it is muscle ... they wanna prove their macho bravado I will give you a hand well you physically cannot lift me there is no way they can do it and I don’t think they would say that to a guy” Andrea*

Andrea’s experiences are in some way typical of the kinds of social relations the women faced in their day-to-day lives. Andrea refers to the “macho bravado” image the male letting agent is attempting to exert by offering to carry her up the stairs. Furthermore, she does not believe that a similar offer would be made to a male wheelchair user. The intersection between gender and disability is illuminated in situations such as this with the image of disabled women requiring

‘help’. Indeed, Andrea later affirms she does not see herself as being in ‘need’ and projects her own individualist identities by constituting herself as being unitary and autonomous:

*“I guess rugby helps with that I’m not a weak kinda damsel in distress I do manage to do most things myself and if I need physical help its rare normally I can manage to do stuff myself” Andrea*

Andrea’s participation in wheelchair rugby (both training and competition) has allowed her to develop her strength and facilitated a greater sense of independence. The sporting experiences Andrea can draw on afford her the opportunity to identify herself as ‘overcoming’ the barriers she faces, contrasting this to being a ‘damsel in distress’. Anna echoed similar comments:

*“I think you almost just want to get to the point where you go am like this that not quite limits but I can’t think of a better word than limits but then I’m going to say ok there is that and I’m going to get through that and fight beyond it” Anna*

The identities of individualism Andrea and Anna utilise and enact, ultimately reinforce familiar gendered binaries by operating the contrast between being a ‘damsel in distress’ with being ‘strong’ or a ‘fighter’. The relational nature of these types of ‘can do’ (Harris 2004) femininities should be noted here:

*“The lady I was chatting to [swimming pool attendant] she was like well I have got a guy that comes in and he is fine and I was like well it’s fine for guys though cos you’re already ungamely as a girl in a costume you don’t then need to get yourself into your wheelchair I was like no I am not doing it” Andrea*

When discussing the accessibility of a swimming pool, Andrea is put off by being in her swimming costume and then having to transfer out of the pool into her wheelchair. The complex interplay between gender and disability is apparent in this situation. Andrea states that her situation is more difficult in comparison to a man. She is attempting to maintain her sense of embodied femininity (Azzarito 2010; Rich 2005) by avoiding being in a swimming costume, which she describes as ‘ungamely’ and combining this with transferring into her wheelchair. It seems the act of getting herself back into her chair would clash with her sense of femininity, even though she would physically be able to. Andrea is happy to assert her sense of physicality and strength to dispel any ideas that she is a ‘damsel in distress’, however this causes concern when her embodied femininity is at stake. Kenway *et al.* (1994) suggest that many women are laying cross-gender foundations to empower themselves, however they are at times uncomfortable that these practices could challenge their gendered identities.

Similarly, Sarah discusses the image she has of women who use wheelchairs, which again illuminates the perceptions people might carry of disabled women and the awareness the participants have of this:

*“We still want to do better for ourselves and some women still want to be the main incomer in the house but I still think myself I still look at people if they are a woman they are in a wheelchair and they obviously do have a disability I just feel sorry for them cos I know in my head they are never gonna make it that could be really controversial way to look at it and it is a harsh way ... a female in a wheelchair that is trying to get a job it doesn't have the same impact” Sarah*

Sarah is aware of the potential barriers disabled women might face in society and the imagery this could elicit for people (Shakespeare 2006). In this example, Sarah recognises the presence of gendered inequalities by describing how female wheelchair users “are never gonna make it”. However, she chooses to resolve such tensions by setting up these dynamics as personal challenges that need to be tackled or overcome. Furthermore, Sarah is disassociating herself from being in a similar position by framing these sentiments in respect of ‘wheelchair users’. In chapter six, I discussed the ‘passing’ techniques (Goffman 1963) that Sarah has adopted in order to manage her appearance and people’s perceptions in social situations. Her comments above are reflective of her stance on being ‘disabled’ and how she negotiates this on both a personal and political level, in regards to the wider disabled community.

The examples above highlight the contrast between the perceptions the women have of gendered inequalities in their lives and how they experience these on a day-to-day level. The women engaged with a sense of individualism (to challenge social assumptions and make their own sporting choices), which allowed them to draw on different interpretations of gendered dynamics and downplay the presence of such structures in their lives. Sarah did discuss a sense of gendered inequality in her narrative, however she quickly dispelled any association with this. The women’s identities in relation to gender and disability are multiple and at times contradictory. They attempted to subvert the expectations that might accompany being a disabled [woman] by developing their strength through sport and (re)presenting femininities that allow them to challenge stereotyped images of disabled women ‘in need’.

### **‘Disabled femininities’**

Building on my last point, it appeared the woman created these ‘tough’, ‘strong’, ‘independent’ disabled femininities through their sporting participation. These femininities are indicative of the deeply intertwined nature of gender and disability, and how these interact in different ways depending on the context, which highlights their relational disposition. The majority of the participants were quick to point out their physical strength and bodies sculpted through elite-level sport competition and training:



*“I just want strength I don’t wanna be like a bulk some people in the gym they are like really big and they have a triangle shape I notice that my arms are stronger and the muscles are bigger but I mean like some t-shirts in shops sometimes they don’t go over the umm over my back cos I’m too broad” Kay*

*“I go to the gym on a regular basis and I have a personal trainer which I see twice a week so I’m doing as much work as they are [able bodied elite athletes] so I don’t feel that we are any different really we are still elite athletes elite sportspeople shall we say to put it properly I quite like it because a lot of people’s automatic reaction was to a fat woman in a wheelchair they are lazy and all the rest of it” Angie*

*“I just bum up the stairs and put all the weight through my shoulders so if I wasn’t muscley I would find that really difficult I think but I don’t wanna end up looking like some body builder that’s not me I am a little bit proud that I’m not a weakling but yeah I don’t want people to think it’s fat look at those big bingo wings” Andrea*

The women are able to demonstrate their physicality and negotiate being a disabled woman – by using their strength to go up and down stairs, for example – whilst facilitating their alignment with what might be expected from an athlete involved in elite disability sport (apparent in Angie’s comments above). This sense of femininity was apparent in situations where the participants could demonstrate their physicality to navigate both social and environmental barriers. The social in respect of other people’s assumptions and behaviour, the environment in terms of going up stairs, transferring in and out of a wheelchair, etc. Andrea’s physicality allows her to ‘overcome’ environmental constraints she faces, which provides resistance to the image of a weak, frail or vulnerable disabled woman and projects the alternative image of a ‘strong’ disabled woman. Sparkes *et al.* (2014) in their reflections on disability and femininity, suggest disabled female bodies attract a ‘dehumanising gaze’, which depicts them as ‘failed’ women in terms of both sexuality and gender. However, in the participants’ accounts they used sport as a vehicle to develop their strength and muscle tone, which simultaneously allowed them to negotiate and combat images of weak or ‘inferior’ disabled women.

However, this sense of ‘disabled femininity’ is somewhat tumultuous and complex. What is starting to come through in Andrea’s extract is they are not comfortable with this when it jeopardises their sense of ‘femininity’ related to hegemonic norms. The tension lies in whether this then makes her look like a “body builder”. The complex interplay between gender and disability is summed up in Andrea’s final remarks as she describes feeling proud that she is not a “weakling” but simultaneously she does not want people to interpret her physicality as being “fat” or having “bingo wings”. This also highlights the relational nature of these different femininities and gendered identities; Andrea is happy to exert her physical strength when contesting people’s expectations, however this image is not welcome in other contexts.

Similar to the values of individualization the women adopt (under the neoliberal rubric), the desire to remain ‘feminine’ means they attempt to (re)present their identities in relation to gendered expectations. This demonstrates how the women are active in the constitution of gendered identities and the interplay of disability in these processes. I will now further explore the women’s production of gendered identities in different social situations and illuminate the relational nature of these identities.

## 7.8 Production of gendered identities

In the women’s narratives it was apparent they had concerns over preserving their sense of embodied femininity and, consequently, they produced gendered identities. From an interactionist perspective, people have agency in the extent to which they elect to perform and negotiate the identities they are presenting in a particular situation (Sweeney 2014). However, they are still constrained by the wider expectations influencing the situation and the meanings attached to these expectations. Ultimately, these are shaped by wider social values, which determine the appropriate signifiers of gender/femininity in a particular context and the extent to which the women can ‘produce’ alternative femininities or ways of ‘doing’ gender. The following examples demonstrate the women’s production of identities along ‘normative’, gendered lines, but also the relational nature of these identities, particularly at the intersection of gender/disability and the symbols associated with various femininities. Femininity is implicated in dominant narratives of whiteness and heterosexuality, creating a fetish for able-bodied, fit, healthy, female bodies (Caudwell 2011). As I highlighted above, the women were in an ambiguous situation regarding their physicality and, consequently, they performed ‘gendered’ identities in a variety of ways. When I refer to the concept of ‘performance’, I am not utilising a Butlerian notion of ‘performativity’, but instead drawing on interactionist ideas associated with how gender is produced and reinforced through daily interactions and symbols of masculinity/femininity (West and Zimmerman 1987).

Andrea was keen to demonstrate her strength and ‘toughness’ on the wheelchair rugby pitch:

*“I’m not a butch girl but on the court I am expected to play the same as the boys do I mean on Saturday I put a French guy out of his chair with the tackle I gave him I’m not scared to go into contact cos I’m a girl I’m certainly not at all ... out on the street I would be cos I just wouldn’t do it but on the court I will just do what the boys do that is okay so I don’t think you are classed as the girl ... with it being a mixed sport I think if they were to say oh the girl does this and does that then that would mean that I wasn’t being a full team member and wasn’t playing to the full capacity that everyone else does so I wouldn’t want that to be” Andrea*

In the context of sport, Andrea takes pride in asserting her strength and wants to be seen as “*one of the guys*” when she is training and competing. Similarly, Andrea wants to be seen as “*strong*” in relation to her disability in situations where this is challenged (as before discussed). However, away from the pitch she discusses feeling the need to exert her sense of femininity:

*“Yesterday on our day off I went and put on a maxi dress cos I was like I need to feel like a girl”*

*Andrea*

Andrea is attempting to maintain her sense of embodied femininity by wearing a maxi dress, stating that this makes her “*feel like a girl*” in comparison to being in her sports kit. The maxi dress acts as a signifier of her femininity and allows her the opportunity to legitimately claim feminine identities (Caudwell 2011; Pfister 2011). From a symbolic interactionist perspective, the women are aware of the social cues that implicate such identities, from the appropriate clothing through to their facial/bodily gestures and behaviour. The ‘risky’ nature of the women’s gendered identities was also highlighted in Kay’s narrative:

*“I don’t want to be a body builder if that makes sense I don’t wanna be too big” Kay*

In the context of powerlifting, Kay is required to develop her muscle tone and strength, however she does not want this to prevent her access to feminine identities. Kay talked a lot about the effects of cerebral palsy and how this has slowed down her metabolism. Subsequently, Kay has tried a variety of diets to avoid putting ‘weight’ on:

*“I do the five two diet it’s basically you fast for two days a week and then eat relatively normal for the five so it is quite flexible in your lifestyle you can choose when you do those five but the fast days are 500 calories I’ve done lots of diets that didn’t work” Kay*

Kay is acutely aware of her body image and, subsequently, strives to ensure the way she looks ‘fits’ with the standards of femininity expected in Western society. Kay produces gendered identities by monitoring her weight and being aware of how much she develops her muscle bulk for sporting competition. The intersection between gender and disability in the maintenance and production of such ‘feminine’ identities was apparent in many of the women’s accounts. Their experiences highlight the dynamic interaction between gender and disability, and the complexity that underlies how they strive to hold onto signifiers of their femininity. The women’s desire to do this is reinforced by the perceptions that people have of disabled women (as discussed above) and their participation in elite-level sport, which contributes to the (re)production of the ‘cult of masculinity’ (Pfister 2011). There were some pertinent examples in the women’s narratives that allude to the interaction of gender and disability, and the participants’ own sense of embodied femininity. This is illustrated in Andrea’s comments below about the difficulty she has finding clothes that are ‘tailored’ for wheelchair users:

*“When we go to buy a dress or something you look good in it standing up any clothes you buy them standing up when you then spend your life sitting down long dresses are not made for that and tops and shirts are not made for that so I end up being conscious round my middle I don’t want to end up looking really bulky cos of the way things sit it took me a while to find I am not saying I totally dispensed with the clothes that I used to wear and got a new style that’s not necessarily true but I wear a size bigger in my jeans ... number one it’s easier to get them on and off but also because you just sort of bulge out of things where you never bulged before so yeah that took a while to get used to ... when I finally found clothes I was happy with that helped but at the start I wasn’t happy with my image cos I went out and felt really frumpy” Andrea*

The above extract highlights the influence that being in a wheelchair has on Andrea’s ‘feminine’ identities as she discusses the difficulties associated with the way women’s clothes are tailored. Clothes are tailored for people when they stand up, not when they are sitting down, which leads to Andrea feeling “*frumpy*” in some of the clothes she owns. The intersection between gender and disability is apparent here, as there seems to be a lack of consideration for the needs of wheelchair users. Even though Andrea is disabled, this does not suppress her desire to dress in a feminine way with appropriately tailored clothes. Consequently, gendered identities are produced through the concerns she has over the way her clothes look and the attempts she makes to “*avoid bulging out of things*”. It also demonstrates the adjustments Andrea had to make when she started using a wheelchair and the compromises she has subsequently made in regards to her dress sense. Similarly, Angie describes how being in a wheelchair affects her body image and sense of femininity:

*“I did feel differently about myself I thought I was a useless fat lump I felt like the decision to go to a wheelchair felt like giving in to it I suppose I am a bit what you might call bloody minded and stubborn but I suppose I had outlived the time where I was told I would probably be in a wheelchair by so I wasn’t too bad ... I do try to stand up in social situations” Angie*

Again, the concerns the women have over appearing ‘fat’ are exuded from Angie’s comments about being a “*useless fat lump*” because of her appearance when she is in a wheelchair. There is increasing stigma associated with being overweight or considered ‘obese’ in Western society (Dickins *et al.* 2011; Lewis *et al.* 2011; Puhl and Brownell 2006), and critical attention has been paid to the so-called ‘obesity epidemic’ (Evans 2006). Partly, this has been created by neoliberal values, which determine those bodies that are considered ‘healthy’; thinness has been constructed as a social ideal. This idea is continually perpetuated by a number of different agencies including the media (Francombe and Silk 2012), government policy, the fitness industry and the medical profession (Lewis *et al.* 2011). The ‘healthy’ body and the symbols of such, for instance, being toned, slender, and thin, have come to signify the disciplined, worthy citizen who can exercise control over their lives (LeBesco 2011; Tischner and Malson 2012). For Angie,

being considered ‘fat’ is a risk to her sense of femininity and people’s perceptions of her, particularly in ‘social’ situations. The women ‘do’ gendered identities in a variety of ways depending on the interactional situation and how it unfolds. In some situations they attempt to (re)present identities that are associated with being strong and independent, for instance Andrea on the wheelchair rugby pitch. However, they also manipulate their bodies and appearance to conform to expectations of femininity (Volman and Ten Dam 1998). Furthermore, Angie is aware of people’s expectations concerning what an ‘elite’ athlete in disability sport looks like. Subsequently, Angie referred to herself several times as “*fat*”. The participants’ sense of physicality is shaped in relation to their perceptions of an ‘elite’ athlete and also to protect their own embodied femininity. Consequently, the majority of the women performed gendered identities that were relational and dependent on the social interaction. There is a complex interplay between gender/disability, which means the women negotiate their identities and symbols of each in contradictory and convoluted ways.

## 7.9 Synopsis

This chapter has demonstrated the women’s negotiation of identities in relation to their embodiment and at the intersection of gender and disability. The concept of ‘reverse stigma’ highlighted the relational nature of the perception of visibly impaired bodies and the various ways in which the participants managed their bodies and ‘surface appearances’. This helped to demonstrate the importance of micro-level social relations as spaces where bodily differences can be celebrated, by re-defining what being ‘able’ means in different situations. The women’s experiences illustrate the convoluted nuances concerning how impairment is embodied and subsequently the complexity of disability. Sporting spaces allowed the women to ‘perform’ and express their bodies in ways that were neither tragic nor heroic. This challenges ‘disability’ as a negative form of embodiment and offers alternative readings of impairment. In relation to the social-relational model, the women’s narratives affirm the need to focus on disability from such a perspective, where it can be understood on multiple levels. This approach can account for how impairment and identities interact across contexts and the presence of the body in these varied encounters.

The second part of this chapter focused on the women’s ‘gendered identities’ and the interplay with disability. The participants portrayed symbols of femininity and gender in different ways, depending on the context, which demonstrated the fluid and dynamic nature of these identities and the processual nature of their negotiation. They all had perceptions of choice and opportunity in relation to different pathways in their lives and were striving to (re)present ‘individualist’ identities, which could contest assumptions made about their physicality and the ascription of disabled identities on this basis. It seems these were shaped by wider neoliberal

politics and societal understandings of what is required from citizens within Western society. The intersection between gendered and disabled identities was illustrated in different contexts, which was encapsulated with the idea of 'disabled femininities' and the complexity underlying how they desired to be seen as 'strong/tough' alongside maintaining their sense of embodied femininity. Sport operated as a vehicle to develop their strength and muscle tone, which allowed them to negotiate their perceived images of 'weak' disabled women. There was a complex and contradictory interplay between gender/disability that was mediated by the interactional situation and how this unfolded.

## 8. Conclusion

These concluding comments will draw together the arguments I have developed and themes I have discussed to highlight their wider significance. Over the following sections, I am going to return to my research questions to outline the overall aims of my research. I will then address the strengths and limitations of the approach I have implemented, alongside the original contribution my work makes. Subsequently, the overall significance and associated implications will be detailed. There is a dearth of literature that has addressed the complex, convoluted and tumultuous realities of women involved in elite disability sport. The voices of disabled women in the sporting context have rarely been heard. One of the main aims of this thesis was to explore the lived experiences of women in elite disability sport from their own unique perspectives.

Going back to my research questions:

*“How do female athletes competing at the elite level of disability sport negotiate their identities across contexts and see themselves – the role of gender and the body in these processes?”*

*“What are the wider social, cultural and environmental factors that mediate this process, and how are these linked to the interactional situation?”*

The overall aims of the research were to generate insight into the nexus of identity(ies)/gender/body and investigate how the women felt about themselves and their bodies. The interactional situation and wider socio-cultural and environmental factors were recognised as key influencing forces that could potentially mediate their negotiation and management of identities across various contexts. The research has embodied an analysis focused on how disability as an identity is projected, managed and is, sometimes, in tension with the women’s sporting endeavours. I have incorporated a social-relational conceptualisation of disability to account for the body’s fleshy presence across interactional situations and the corporeal reality of living with impairment.

The seven narratives (re)presented in the thesis position the participants’ reflections, thoughts, ups, downs, struggles, joy and pain at the forefront of the project to provide a vivid snapshot of what participating in sport and living with impairment is like. The participants’ stories and reflective memories offer a powerful insight into these worlds. The narratives not only illustrate personal problems and aspirations, but also afford an insight into a range of related issues concerning identity, societal perceptions, dominant narratives, neoliberal values and notions of ‘normal’ embodiment and physical perfection. They also highlight the hidden work disabled people engage in to manage social encounters, people’s perceptions and project ‘acceptable’ images of themselves. The women’s sense of reflexive embodiment (Crossley 2006) was

discernible throughout their experiences as they reflected on their physicality and the way people might or might not be perceiving them.

## **8.1 Research strengths**

The combination of a life history approach with a symbolic interactionist perspective has proved fruitful for addressing the research questions. It is important to attempt to understand people's own realities – which might not alter their material realities – but it allows for a fuller understanding of how disability is perceived and managed by athletes in elite disability sport. Furthermore, the use of a life history perspective recognises historical contexts; in combination with interactionism, it has afforded a fuller exploration of the critical moments that have shaped the women's past/future relational encounters. This has allowed me to explore the key moments in the women's progression along their sporting pathways and draw out the reasons behind why they approach the world in the way they do. For instance, staying away from the 'D' word in Lucy's case, and Sarah's experience of being raised with a more 'severely' impaired twin sister. Seemingly, these experiences have triggered their desire to be considered 'active' citizens. When I was analysing the narratives using an interactionist perspective, it was difficult to prevent slipping into ideas around narrative theory to account for how the women 'positioned' themselves when recounting their experiences, and the different ways they 'storied' past encounters (Sparkes and Smith 2002). However, symbolic interactionism has provided an insight into their experiences in different socio-cultural situations and the dynamic nature of these experiences.

### **Complexity of disability**

At the start of my research I had a desire to foreground the unique, individual experiences of the women and document their interaction with 'disability' on various levels, from their own personal identities to wider narratives that inform people's understanding of what it means to be disabled a sportswoman. By focusing on this throughout my research, both in the approach I have adopted and the underlying ethos I have maintained, I have been able to demonstrate the dynamic nature of their identity negotiations and the fluidity of 'disabled' identities. This has relevance for developing symbolic interactionism as a theoretical tool in similar sporting contexts to account for individuals' reflexivity about their identities in different interactional situations. Symbolic interactionism, as a theoretical framework, allowed me to capture the ways the women negotiated the presence of their impairments and the complexity behind 'disabled' as an identity signifier.

The women's experiences of disability as 'imposed' by others, or actively 'accepted' by them provided a strong insight into the intricacy of these processes. One of the key tensions present in



the work was the management of social identities associated with their sporting participation – as athletes or sportswomen – in contrast with the imposition (by others) of disabled identities, which were associated with weakness, vulnerability and fragility. The factors influencing these tensions/negotiations included the presence of impairment, the context, their perceptions of others' reactions, past experiences and the 'behaviour' of their bodies. Highlighting the convoluted nature of identity processes surrounding 'disability' from the women's perspectives has been a key strength of my research. This demonstrates the need to employ research approaches that look at the nature of disability on a variety of levels, starting with how people see and feel about themselves.

### **Relational nature of impairment**

Following on from this multi-level approach, my work has developed the argument for recognising people's unique impairment experiences. The relational nature of impairment needs to be accounted for when attempting to generate a holistic picture of how people identify themselves and (re)present their identities. These are not 'one-off' moments, but arise through the interplay between current contextual scenarios and past interactional encounters. By focusing on the micro-processes that shape people's lives we can highlight the dominant narratives permeating their day-to-day experiences. In the context of disability sport, this means generating an understanding of disability that does not reinforce abled/disabled dichotomies, but instead addresses the interaction between individual bodies and social environments. All of the women discussed times in their lives where they have experienced their bodies and being disabled differently; research should account for these nuances.

The Nordic social-relational approach has provided a lens that recognises impairment, personality, individual attitudes, environment, policy and culture as part of peoples experience with disability. In contrast to the work of Thomas (1999, 2007) and the social-relational model she sets out, the Nordic position views disability as the interaction between individual and contextual factors. Thomas's materialist position focuses on disability as 'oppression', or 'impairment effects', subsequently, this definition of disability resides in the experience of oppression or social barriers. However, a more holistic view of impairment is required, for example the effects of impairment can fluctuate and do not remain consistent. Furthermore, different people are impaired in a wide variety of ways, but not everyone is oppressed (Shakespeare 2009). I highlighted in chapter two that one of the key ideas forming the Nordic relational model is: disability is a mismatch between the person and the environment (Tøssebro 2004). Therefore, there is an allowance for the interactional nature of disability. This concept has allowed me to account for how the women experienced their impairment, outside of moments when this was related to oppression or societal barriers. This can contribute to

changing how people view disability in society and that having a physical impairment is not necessarily a ‘negative’ form of embodiment. I will address this in more detail in the ‘significance’ section.

### **What does it mean to be a female athlete in elite disability sport?**

Another strength of my research is the dissection of what it means to be an ‘elite’ disabled female athlete and how disability sport intersects with ideas about elite sport combined with how the participants viewed themselves in relation to this. I feel, in the current context of disability sport and the increasing profile of Paralympic events, it is important to understand the micro-processes that inform female athletes’ lives. A pervasive point in my work is the incongruence between the ‘values’ of elite sport, associated with muscular physicality, masculinity and virtuosity, and the capabilities of disabled women. Ultimately, this is one of the major contributing factors to the ‘inferiority’ associated with disability sport in comparison to able-bodied sport (Huang and Brittain 2006). I have explored these tensions to help contribute to the literature and existing knowledge about the intersection between notions of ‘elite’ and disability sport.

The women’s experiences illustrate the ‘social tensions’ that manifest in their negotiations of identities associated with being disabled and a female competing in sport at national level, on a day-to-day level. Most commonly, the women were required to engage in identity work – either by deliberately wearing their national tracksuits, verbally detailing their sporting achievements to others, or using their sports wheelchairs in day-to-day contexts – to project a specific image of themselves and dispel ‘disabled’ assumptions. All of these examples help to underline the complexity of living with impairment and managing people’s impressions of disabled embodiment, even for elite disabled sportswomen. Each social situation, sporting decision, sporting event and social relationship, seemed to be imbued by the women’s physicality and the wider narratives that are strongly attached to being a wheelchair user, having cerebral palsy, or missing a limb.

A few weeks ago I came across an article on the BBC news website with the title ‘Paralympics: transformed attitudes towards disabled people’. It claimed that since the 2012 Paralympic games, society’s attitudes towards disabled embodiment has been changing for the better. It made me reflect on the importance of understanding what is happening behind such statements. The narratives of my research are a powerful vehicle for exemplifying the struggles that disabled women encounter on a daily basis – on environmental, social and psycho-emotional levels. I am not reducing their experiences to negative accounts of disability, with only hard work and burden. However, it is imperative, with the circulation of such articles, to actively challenge whether these claims reflect the reality of disabled people’s lives. An important role of my

research is to foreground the women's voices, and to sharpen the focus on how disabled people are treated and seen in Western society, whether or not they are involved in sport.

### **Neoliberalism and disability sport**

Another key strength in the approach I have undertaken has been the inclusion of neoliberalism to understand wider values in relation to elite female athletes and how this intersects with the meaning of sport, for them. The presentation of self the women were aiming to project (to others) through sport was shaped by neoliberal values and the desire to be seen as good citizens who are 'active' and, ultimately, masters of their own destiny. This is in opposition to 'poor', disabled women who do not have the potential to 'make it' in social terms. On a symbolic level, the women's participation and desire to progress in sport and indeed other areas of their lives, for example work/education perpetuates a sense of liberal individualism that allows them to project this image in different social encounters. This might provide some day-to-day pockets of resistance as the participants overturn people's assumptions and demonstrate/highlight their sporting capabilities. However, their desire to 'be someone' or 'overturn' people's perceptions about disability potentially reinforces the negative assumptions associated with 'stigmatised' forms of physicality.

As my research journey has meandered and progressed, I have found my position in relation to the work changing and evolving. At times I have felt uncomfortable at bringing in neoliberalism as a lens through which to view the women's experiences. I have wrestled with the sense of unease and the tensions this has created, as it wasn't a perspective I envisioned adopting at the start of the research process. I embarked on my PhD pathway with a determination to allow the women's accounts to evolve organically, without imbuing them with a layer of oppression and disempowerment. Many of the scholars I have drawn on over the course of my work, for example Morris, Corker and Thomas, start from a position of assumed 'inequality' with political motivations. I feel that neoliberalism in relation to disability generates a somewhat negative outlook that places onus on the disabled person to make their way (successfully) through Western society. I wonder whether the participants involved in my research would see their lives in that way, or whether they would be happy to have them described in such terms?

However, I feel that combining symbolic interactionism and life history, allows wider historical and contextual forces to emerge. Therefore, grounding the women's experiences within the current political climate is a strength of this theoretical and methodological affiliation. There were contextual constraints and social values, which shaped the micro-relations and different ways the women negotiated their identities alongside their sense of embodiment. Furthermore, utilising the lens of neoliberalism focuses attention on contemporary understandings of disability. The difficulties and struggles the women faced were clear in their experiences. I have drawn

these out with respect to the physical and environmental barriers they encountered, alongside the identity work (Snow and Anderson 1995), and hidden labour (Scully 2010) often required to manage people's impressions and navigate their way through social interaction. These instances highlight the importance of developing a critical consciousness of the social views and wider cultural perceptions that impact disabled women's lives. Furthermore, this neoliberal lens has been adopted in combination with other perspectives, which highlight the value of impairment experiences and capabilities that I will discuss in relation to my own work's implications. The concept of hidden labour, which was a pertinent aspect of the women's 'interactional work', can help to extend our understandings of the 'cyborg' and bodily boundaries. The day-to-day aspects of the 'body's engagement with technology and the potential burdens that arise should be addressed. Posthumanist work has been critiqued for failing to consider the reality of living with a body that is hybridised with technology (Reeve 2012; Siebers 2008). Interactionism offers a lens that can achieve these ends and the concept of hidden labour can be extended into this area to help explore bodily/technological interactions in different situations/contexts. This thesis has developed the notion of 'hidden labour', on a conceptual level, by highlighting the various ways this type of work can manifest in different situations. Therefore, it is not just apparent when a person is attempting to manage the impressions of others, but also intersects how they manage their health, sporting participation and can be seen in the idea of 'balancing identities'.

In relation to the aforementioned strengths of my work and the confidence one can have in these assertions, I attended to issues of representation and enhanced the trustworthiness of my research by implementing the eight criterion outlined by Tracy (2010). This extended throughout the research process and included: (1) worthy topic, (2) rich rigor, (3) sincerity, (4) credibility, (5) resonance, (6) significant contribution, (7) ethical and (8) meaningful coherence.

The narrative extracts included in the thesis provide an insight into the wider set of raw data that I had and help to foreground the participants' experiences to increase resonance with the reader. This aligns with (re)presenting the work in the form of a realist tale (Sparkes 2002), I shared the transcripts with all the participants in order to create a sense of openness and provide the women with a chance to view them and to make comments or clarifications. This allowed me to maintain an ethical project, which ensured the participants were considered in the ongoing research. I recognise that the conclusions I draw from my research are set amongst a wide variety of possible interpretations and the narratives have been produced within a specific social and historical context. Throughout the research process, I attempted to articulate my own reflexive position and accorded recognition to my own presence in order to demonstrate I have approached the research with openness. I recognise I have interpreted the women's experiences with influence from the research questions driving the work, the overarching theoretical

perspective and the wider literature debates. Therefore, their experiences are partially (re)presented in relation to these factors and I am not making any ‘truth’ claims about their lives. Furthermore, I recorded in detail the analytical phases I manoeuvred through, which ensured I maintained consistency in regards to the lens/perspective I applied to each individual. The research diary I have kept has highlighted the decisions I was making and the basis of these decisions. My own interpretive awareness has been illustrated by the inclusion of my own reflections and extracts from my diary at pertinent points in the thesis. Overall, these different approaches have helped to ensure I have been reflexive during the research process and that I have made a reasonable interpretation of the interview transcripts in relation to the wider theoretical and methodological framework. Furthermore, the work is set within a timely contemporary moment concerning disability sport. This increases the relevance it has for policy makers and ensures it is a worthy topic that makes a significant contribution to existing work and the knowledge we have of disabled athletes’ lives.

In hindsight, I could have enhanced the credibility of the work by not only sharing the transcripts with the participants but also sharing the narratives and analytical inferences I was making. This could have allowed greater ‘multivocality’ (Tracy 2010) and catalysed a deeper and richer analysis by creating a variety of voices within the final analysis. I felt uneasy at approaching the participants with further data to look at, having already sent them two transcripts and taken up their time with interviews. However, it could have been a fruitful practice on an analytical level.

This also raises an important question about the politics of (re)presentation and the writing of the thesis in the form of a ‘realist tale’ (Sparkes 2002). Even though this befitted the research questions and underpinning theoretical and philosophical tenets, future research could adopt alternative perspectives that attempt to further disrupt/challenge perceptions of disability and associated power relations. Within disability studies literature there are strong debates concerning who should be conducting work in the field and the stance that researchers “should” adopt. Macbeth (2010) suggests there is much controversy over the place of non-disabled researchers, as ‘outsiders’ in the field of disability studies; such sentiments also exist in cross-gender, cross-ethnic, cross-class and cross-sexuality research. For example, Branfield (1998) argues that non-disabled researchers cannot fully appreciate the reality of the lived experience of disabled people.

Consequently, there has been much work focusing on *how* and *why* disability research is conducted and the underlying intentions of the researchers. This has led to a widespread consensus – mainly by social model scholars – that disability research should be ethical, inclusive and emancipatory (Barnes and Mercer 1996; Goodley 1999; Huang 2005; Oliver 1990;

Shakespeare 2006; Stone and Priestley 1996). Shakespeare (2006) identifies the ideal characteristics of emancipatory research, suggesting, “the research agenda should be generated by disabled people, and the researchers – whether disabled or non-disabled – should be accountable to organisations of disabled people” (p.186). I have addressed these debates in sections 1.2 and 4.8.2 of the thesis, however it is important to re-address these debates to re-emphasise the justification for the way I have (re)presented the women’s experiences and the partiality of the insight this research delivers. Emancipatory research begins from a perspective that disability is a form of social oppression that needs to be challenged and changed, with a final aim of ‘empowering’ disabled people in some way.

I believe that if I had approached the research in this way, it would have prevented a fuller picture of the women’s lives developing. This thesis has explored the relational nature of impairment and disability, both in and outside of a sporting context and the women’s relationships with impairment, their bodies, friends, family, partners and the micro-politics of their lives. Even though I did not adopt an emancipatory stance, I have still been able to draw attention to social and physical disadvantages encountered by the women. Furthermore, I have recognised the concerns of emancipatory research advocates in the field of disability studies, by attempting to be open about the research process and making more explicit the role of myself (as researcher), and my relationship with the research participants.

I acknowledge that I may not have had similar experiences to disabled people, however – as argued by Fitzgerald (2009) – the exclusion of non-disabled researchers limits the possibilities of research endeavours that can highlight the barriers disabled people encounter within society. Therefore, far from being ‘parasites’ (Stone and Priestley 1996) in the field of disability studies, non-disabled researchers have an important role to play in social change and recognition. However, it is important to be open about the research process, ethical dilemmas faced and the ethical considerations made (Macbeth 2010).

## **8.2 Research limitations**

I found it difficult with the approach I used to account for the disjuncture between my own research outlook/theoretical framework and accounts that are more ‘critical’ (emerging from research focused on gender and or/disability) for instance, work grounded on the social model of disability. My major concern was that I did not want the overarching perspective of my work to be founded on an assumption of disadvantage or oppression. However, it did lead to tensions during my analysis when I was tussling with the structural, social and emotional barriers the women faced and how to frame these within my research. If I had used a different perspective, for instance the social model, I would have focused more on these barriers to politicise the

women's experiences and highlight the ways in which they are oppressed in Western society. I have accounted for these issues by demonstrating how they operate within the women's lives. However, I have maintained my original outlook by viewing these relations as part of the interactional space, which people can negotiate in a variety of ways. This is outlined in more detail in the section above and my discussion of the way in which I incorporated neoliberalism into my understanding of the women's lives.

Another limitation concerns the methodology and using only interviews as the main data-gathering tool. Using other methods, such as daily video diaries, written diaries or participant observation in different contexts would have provided a deeper insight into the ways the participants negotiated their day-to-day lives. These different approaches would potentially have produced a more holistic picture of their experiences outside of the interview space. Notwithstanding this, using a life history perspective and employing this approach in the interviews allowed me to develop an in-depth perception of their lives in order to explore the research questions and highlight the different contexts/historical moments that were pertinent.

Finally, another potential drawback of the work is the focus I placed on the lives of the participants rather than attempting to dissect and analyse the influences of wider institutions on their experiences. These institutions could include governing bodies of disability sport, the IPC and other organisations that control disability sport at the elite level. Future work could focus on Paralympic institutions and the classification process to generate an understanding of how these organisations contribute to the ways female disabled athletes are viewed and perceived. This might also develop knowledge concerning the dichotomy between abled/disabled bodies in the context of sport and how these differences play out and are sustained. As I have negotiated my research pathway, I have battled against potential tensions on a variety of levels from my own position as an 'able-bodied' researcher in the field, through to theoretical and analytical issues. Even in light of these difficulties and the limitations of my research, I have been able to highlight the operation of disability at several analytical levels in the context of disability sport, specifically. This ranges from the individual perspective of the women, in regards to body and identity(ies), to the wider interactional level in various situations. In light of these strengths/limitations, I will now focus in more detail on the original contribution to knowledge that my research makes.

### **8.3 Original contribution to knowledge**

Having addressed the strengths and limitations of the approach I have implemented, alongside the insights it has generated, I am now going to frame these wider elements within the original contribution(s) my research has produced. My work has made an original contribution to knowledge in three major ways. Firstly, I have enhanced understandings of the intersection

between gender and disability. I have also extended the use of the social-relational model by applying it in a disability sport context. This has allowed me to develop knowledge of the value attached to different forms of embodiment and the meaning of impairment in disability sport. Finally, I have provided an insight into the lives of disabled women in elite disability sport, which has subsequently progressed the current empirical work in field. I will now address these contributions in more detail below.

My work contributes to the theorisation of disability by detailing the dynamic intersection between gender and disability, and the relational nature of these identity processes. As I outlined in chapter three, previous literature has failed to fully explore the interactional nature and interplay of these identities. By focusing on the women's gendered and 'disabled' identities, I have been able to detail the concept of 'disabled femininities', which furthers our understanding of how disabled women negotiate their sense of femininity and physicality in different situations. Furthermore, the approach I adopted highlights the theoretical relevance of focusing on the micro-processes that influence people's experiences with impairment and the choices underlying their self-presentations. As a theoretical lens, symbolic interactionism emphasises the development of shared understandings, via interaction. Therefore, understanding contextual and historical factors is imperative in developing a holistic picture of what being a 'disabled' female athlete living with impairment is like. Without this perspective, I would have been unable to fully explore Blair's relations with her boyfriend in public spaces and the complex interplay between ascribed 'disabled' identities, or Andrea's sense of her gendered/disabled embodiment when these identities intersect in different environments. These insights are a unique contribution to the field of both disability sport and disability studies.

A key aim of my work, which I stated in the introduction, is to help develop the social-relational model of disability in the context of disability sport. The Nordic approach has allowed me to progress our understanding of how disabled women define and interact with physical impairment in sporting situations and other contexts. I adopted this position as it encompasses impairment, personality, individual attitudes, environment and policy in exploring disability. Ultimately, this perspective recognises the interplay of different factors that influence the experience of impairment. I believe my work extends this model by recognising the psycho-emotional effects of living with impairment rather than just focusing on structural, physical or environmental constraints. My research has highlighted the need to account for the emotional impact any perceived 'gap' between the individual and the environment generates. For instance, the way Kay feels when she is walking in public and people stare at her, or the way Blair feels when people assume she is intellectually impaired because she is a wheelchair user. These experiences had profound effects on the women and influenced future interactional encounters;



therefore, they must be accounted for in the construction of disability. They create exclusion and discrimination on an emotional level.

I have also developed the social-relational perspective by highlighting the need to account for instances where stigma attributed to impairment is 'reversed'. I have described this concept as 'reverse stigma' and it operates when people who are 'less' impaired are discredited in some way. In the context of disability sport, this occurred when the women's bodies were stigmatised for demonstrating an apparent 'lack' of impairment, for instance Blair's experiences when she was competing against athletes who appeared more 'impaired' than her. Therefore, the lens of the social-relational approach should be broadened to account for how different bodies are perceived in different situations. Returning to the main concepts that encompass a Nordic approach, one of the fundamental ideas is that disability occurs in the gap between the environment and the person (Tøssebro and Kittelsaa 2004). To enhance understanding of the social relations that deem impairment 'disabling' or discrediting, attention needs to be directed towards those situations that disrupt these processes. This highlights the importance of exploring the relations between disabled people, particularly in a sport context. These insights illustrate how 'disabling processes' can operate in the opposite way, i.e. not just in the creation of disability, but also in the discrimination of individuals deemed 'too abled'.

This research is also important in progressing empirical work that has addressed the lives of disabled women who compete in disability sport at the highest levels. It contributes to knowledge about how they experience their lives, how they understand their impairment, how they see themselves as disabled people (or not), and the wider political and social issues that influence them. When I discussed the strengths of my research above, I outlined the importance of the narratives as a vehicle for foregrounding the women's unique experiences. The individual perspective can emerge in these moments but, combined, the narratives can also say something about gender, disability and sport on a broader level. This has illustrated the perceptions others have of their physicality, the practices they engaged with during training/competition to negotiate their identities as impaired/disabled/athletes and how they (re)presented their identities to others. As athletes in disability sport, their experiences are an insight into the social processes that influence the interaction between identity, disability and gender in sport, and other spaces. By exploring stories of bodily difference, embodiments that are regarded as 'other' can be contested. Social relations foster different meanings about what is stigmatising for impaired people. Therefore, I have been able to highlight how impairment is interpreted in different situations and contexts and, ultimately, the influence this has on disabled women in elite disability sport. Previous research that I outlined in chapter three, has failed to provide an in-depth picture of disabled women in sport and the intersecting forces that shape and influence their lives.

#### 8.4 Research significance and implications

One of the most significant aspects of my research is the contribution it makes to the way we think about disability and gender in the context of sport and the way we think about disability more generally in Western society. I have highlighted the dynamic nature of the intersection between gender and disability and the importance of exploring disability as a contextual and relational process. The women's experiences in sport demonstrated how they were able to enjoy their embodiment in positive ways, rather than be associated with weakness or inferiority. The negative assumptions that were associated with disabled identities created the desire for the women to disengage with such identities. The participants did not attempt to dismiss the presence of impairment or the limitations this sometimes presented, but they attempted to re-define what impairment means in a complex and contradictory milieu of cultural expectations. Their participation in sport is a demonstration of how impairment can be productive; ultimately the women are expressing their bodies in ways that are neither tragic nor heroic. They do not position themselves as overcoming disability, instead they are showcasing their own capabilities.

This challenges previous work that discusses disability sport in terms of empowerment; the women are not seeking pity or praise, but desire to be recognised for their own capabilities in respect of their impairment. In chapter three and also in chapter seven I highlighted the link between sport, empowerment and rehabilitation of the 'disabled' body. The empowerment narratives that emerge from disability sport reinforce the idea that, in some way, these athletes have rehabilitated themselves and overcome impairment, which ultimately reflects the dominance of medical perspectives on disability. Greater value needs to be attributed to the wide range of embodiments that are present in Western society, instead of denigrating or celebrating those acts of physicality that fall somewhere outside of cultural expectations. This can be made possible through generating an understanding of how bodies interact with the environment in different spaces. The bodies corporeal effects should be regarded and a person's capability should be valued as part of an interaction between embodiment, the wider environment and performance. For example, recognising the ability of an athlete swimming with one hand, or what it is like for an athlete with cerebral palsy competing with stiff/tight muscles. The wider implications concern the need to be critical of previous empirical work that frames disability sport and elite disability sport as an 'empowering' institution for disabled athletes and disabled people generally. As I highlighted before, there needs to be a greater critical consciousness of statements that draw attention to 'changing' public perceptions in light of events such as the Paralympic games.

The experiences of the seven elite disabled sportswoman involved in the research highlight the powerful forces that are impinging on their day-to-day lives in relation to disability, sport,

gender and body. I have been able to provide an insight into the way they manage, perform and negotiate their identities in relation to these wider social values and political agendas. It is evident from the women's experiences that disability is, to some extent, a 'burden' to be managed with strong assumptions accompanying the presence of physical impairment. However, the participants attempted to defy these assumptions in their own ways and re-define what their physicality means.

One of the main tensions I have grappled with throughout the course of the research is my 'less' critical stance in comparison to what is desired within disability studies. I feel it is important to try and instigate some form of social change and resistance through research with 'minority' groups; however small steps prelude such movements. These steps could range from highlighting the presence of disempowering narratives to challenging institutional practices. I have attempted to achieve a 'small step' by providing a platform for disabled women's marginalised realities in disability sport and to understand these experiences in relation to the current social and historical moment.

## 8.5 Future research

Following on from the implications of my own work in addressing how we understand disability in the context of disabled female athletes, future research could utilise critical methods to understand the power structures that are operating on a wider scale, outside of individual day-to-day lives. For instance, this could include an analysis of sporting policy to focus on various institutions that contribute to the differences between disabled/able-bodied sport, and athletes' experiences as a consequence. It is also important to address the rise of neoliberalism and the ways this intersects with disability sport at all levels and the competitors involved. This draws on the call of Soldatic and Meekosha (2012, p.206) to "bring the state back" into the analysis of disability to understand the role it plays in creating social and political understandings of disability. They argue this entails a radical shift away from 'blaming the individual', which has strong ramifications for the supercrip ideologies, which prevail in elite disability sport. There is a growing body of literature around sport and neoliberalism (e.g. Andrews and Silk 2012; Denzin 2012; Francombe and Silk 2012; Green 2012); it would be interesting to focus on disability sport as a specific intersection in these processes.

Building on the idea of exploring the ways in which neoliberal values influence the lives of disabled people, another pertinent avenue of research is the influence of healthism on disabled bodies; my research touched briefly on this. Previous work has failed to fully explore or account for the ways disabled people are influenced by wider values associated with 'healthism' and the desire to appear slim, lean, toned, or 'athletic'. This could be an important direction in the

future to fully explore how factors associated with healthism intersect with disabled people's experiences and influence their self-perceptions or the way they (re)present themselves. Furthermore, the concepts of 'fractured identities' and 'hidden work' could be extended to explore how these impact on wellbeing. The importance of understanding the gendered nature of wellbeing in different contexts has been highlighted (e.g. Fullagar and Brown 2003; Fullagar and O'Brien 2012, 2014). It is also important to develop the idea of 'disabled femininities' to build up an understanding of the different ways disability and gender intersect across different contexts and how these negotiations are tied to wider cultural and social practices.

Word Count: 101,617

## Appendices

### Appendix One

#### Appendix One: Informed Consent Form

*Researcher:* Emma Seal

*Course:* PhD (Education)

*Place of study:* University of Bath, Bath, BA2 7AY, UK

*Tel. No.:* 07851118038

*Email:* els21@bath.ac.uk

**Research topic: The identity negotiation of elite-level female athletes involved in disability sport**

Thank you for agreeing to take part in this research. The purpose of this form is to make sure that you are happy to take part in the research and that you understand what is involved. By signing this form, you will be confirming that:

- you have the opportunity to ask questions concerning your participation in this study at any time, and if for any reason you experience any discomfort or concern during your participation, you are free to discuss this with the researcher, including via the address given above;
- you acknowledge that you are voluntarily taking part in and are free to withdraw from this research at any time;
- you understand that your name and personal details will be kept anonymous throughout the research; all your information will be kept strictly confidential and will only be used for the purposes of this specific research project.

I, as a participant, have been provided with an information sheet and an informed consent form. I understand the information I have been provided and that I have the option of ending my participation in this study at any time by contacting the researcher. By signing this sheet, I confirm that I have read, understood, and agreed to the conditions of consent for this study.

-----  
I agree for the interviews to be recorded:  (Please tick to indicate your agreement)

I agree to take part in this research:

Participant Name:

Participant Signature:

Date:

## Appendix Two

### Appendix Two: Research Information Sheet

You are invited to take part in a study exploring the identity negotiation of elite-level female athletes involved in disability sport. Please read this form carefully and feel free to ask any questions you might have. This study has received full ethical approval from the Department of Education at the University of Bath.

*Researcher:* Emma Seal, PhD candidate, University of Bath.

*Supervisors:* Dr Jill Porter, University of Bath and Dr Emma Rich, University of Bath.

**Purpose and procedure:** The purpose of this study is to explore the experiences of women with physical disabilities and how they develop and negotiate their identity within sport. The main aims of the study are to, a) understand how participants identify themselves, b) to explore the role sport plays in identity negotiation, c) the positive influences upon athlete development d) to bring a female perspective to current understandings of disability sport and the process of identity development within this context.

The study will require you to take part in 1-2 interviews on a one-on-one basis, which will approximately last 1 hour each and will be flexible towards your own availability. The interviews will be audio-taped and will then be transcribed word for word. You will have the opportunity to provide feedback on the accuracy of the interview transcripts and to review the themes for data analysis, if you wish.

**Potential risks:** Your participation in this study is voluntary. You can refuse to answer any questions asked during the interview. Should you like to discuss issues raised in the interview with others, you will be encouraged to contact counselling services recommended by the English Federation of Disability Sport.

**Potential benefits:** This study is giving voice to disabled, female athletes and although the impact of such messages cannot be guaranteed, participation in the study will contribute to understanding the process of identity negotiation within disability sport. The study will also touch upon the positive and negative influences on an athletes' journey within sport, which will help to highlight environmental barriers and constraints that can be addressed within disability sport programmes. In addition, you will be conveying your perspectives to the wider research community, demonstrating the benefits of sport participation to current and prospective players and athletes.

**Confidentiality:** The following steps will be taken to protect your anonymity and the confidentiality of the interview transcripts, a) names and any identifying features will not be discussed or made public outside the research team (researcher, supervisor), b) pseudonyms will be substituted for all names that appear on the data transcripts, c) the interview recordings will be identified by code number only. The information stored on computer will be labelled by code and stored under password protection. Quotes will be used within the analysis to illustrate themes; however, the confidentiality of the participants will be paramount at all times. Therefore, all team names, coach names, sport arenas, locations or potential team identifiers will be removed from the quotes or pseudonyms will be used, if appropriate.

After your interview, you will be given the opportunity to review the transcript and to add, alter or delete information as you see fit.

**Right to withdraw:** You will be reminded of this prior to interviews that you have the right to refuse to answer any questions and can withdraw from the research process at any time. You may switch off the recording at any point during the interview and if you do withdraw from the study all the data that you have contributed will be destroyed.

**What happens when the research study stops?** The findings from the interviews will be written up as part of my PhD thesis and will hopefully improve the understanding of identity negotiation within sport and across contexts. This information might also be published in the form of a journal article. There will be no information about individual people and you will not be identified in any report or other publication. I might use direct quotes from the interviews but these will be anonymous and not identify you.

**Questions:** If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact me if you have questions at a later time. My full contact details are provided below:

Emma Seal  
University of Bath  
Department of Education  
Claverton Down  
Bath  
BA2 7AY  
[els21@bath.ac.uk](mailto:els21@bath.ac.uk)

## Appendix Three

### Appendix Three: Ethical Implications of Proposed Research (MPhil or MPhil/PhD)

To be completed by the student and supervisor(s) and approved by the Director of Studies before any data collection takes place

#### **Introduction**

1. Name(s) of researcher(s)

Emma-Louise Seal

2. Provisional title of your research

Identity juggling: I'm a woman, I'm disabled and I'm a Paralympian

3. Justification of Research

The research aims to explore the experiences of disabled female athletes related to broader areas such as social support, community access to disability sport, societal perceptions/attitudes and how these impact upon their identity negotiation within a sporting context. Therefore, the research will develop current theoretical debates and give voice to a marginalised group within the research arena.

#### **Consent**

4. Who are the main participants in your research (interviewees, respondents, raconteurs and so forth)?

The main participants are disabled female athletes to partake in interviews

5. How will you find and contact these participants?

The main sampling strategy will involve a snowball sampling technique. Therefore, I will aim to negotiate access to possible participants through gatekeepers and word of mouth.

6. How will you obtain consent? From whom?

I will obtain consent directly from the individuals that I contact or whom contact me. The participants will be required to give explicit consent by signing an informed consent form.

#### **Deception**

7. How will you present the purpose of your research? Do you foresee any problems including presenting yourself as the researcher?

I will be open about the nature of my research, because of the potentially sensitive nature of some of the topics that will be discussed it is important that I ensure the participants are aware of these and the research purpose.

8. In what ways might your research cause harm (physical or psychological distress or discomfort) to yourself or others? What will you do to minimise this?

The research may cause psychological discomfort as issues around identity and body identity in relation to disability might be touched upon. In order to minimise any discomfort felt by the participant I will present them with information regarding what topics I will be looking to discuss and address. This will allow them space to voice whether they would be happy to have such discussions, or not. Furthermore, I will be aware during the interviews of the participants' responses and will ensure I am sensitive to any signs of distress.

**Confidentiality**

9. What measures are in place to safeguard the identity of participants and locations?

I will ensure I do not use the names of the participants in the transcriptions/analysis or when referring to them in any informal field notes. The electronic data I have will be stored on my password-protected computer to protect any saved information.

**Accuracy**

10. How will you record information faithfully and accurately?

I will write up field notes after the interviews to ensure that I record the information to the best of my memory. I will transcribe all interviews manually and verbatim.

11. At what stages of your research, and in what ways will participants be involved?

Participants will be involved at the data collection stage during the process of conducting the interviews.

12. Have you considered how to share your findings with participants and how to thank them for their participation?

I will provide the participants with a copy of the so they can reflect upon this and then inform me of any feedback they might have. I will also share my final analysis and conclusions with them, if this is something that they would want.

**Additional Information**

13. Have you approached any other body or organisation for permission to conduct this research?

No

14. Who will supervise this research?

Dr. Jill Porter (Lead supervisor) and Dr. Emma Rich (Second supervisor)

Name of Student: Emma Seal

Signature:

Date: 6<sup>th</sup> June 2012

Names of Supervisor(s): Dr. Jill Porter

Signature(s):

Date:

Name of Director of Studies for MPhil/PhD: Dr. Jill Porter

Signature:

Date:



## Appendix Four

### Appendix Four: Example interview transcript

#### Interview with Andrea 8<sup>th</sup> July 2013

**I= Interviewer**

**P= Participant**

P: its nice to have a wee bit of extra time but then our matches are early in the morning like our match tomorrow is at twelve

I: okay that's rolling now

P: so uh it will be after training it will be dinner bath and bed I think (laughs)

I: yeah yeah yeah so you do the (..) you said you were doing you do like part of the team management role as well as play then?

P: oh umm I am also team manager yeah (I: okay) so all the other things like I say like getting seat slings fixed getting the wifi and everything done

I: picking up the cokes and

P: that's it it comes down to me so (I: yeah yeah)

I: just making sure everyone is happy I guess

P: yeah exactly I mean like we had some guy who umm the dinners have been fantastic here you know like proper meat and two veg stuff but he only eats chicken nuggets and he was like I don't eat anything else and I thought we actually this is my responsibility to get you something that you will eat so he had kids portions you know so (laughs) so all those wee things that you don't think about (I: yeah yeah) but no that's an added dimension to the thing but no

I: yeah I guess it just depends if people haven't got any problems then you kind of haven't got anything to do so yeah

P: yeah its all wee things but its manageable

I: yeah small things yeah umm so like what I have is not like a set of questions its not meant to be like a questions and answer kind of session its more just to kind of talk about your experiences over your sporting career but how other kind of general lifestyle and how that fits into the sport aspect of it as well umm so I will start off by asking a few kind of general basic demographic type questions just to umm for the purposes of the recording as well umm and then we can kind of just take it as and when but there will be certain things that it would be nice to kind of cover umm but just as and when things come up we can just kind of chat around them

P: no worries

01:46

I: umm so gender is female

P: female

I: umm age?

P: I will be twenty seven in August so twenty six

I: twenty six okay umm and to talk a bit about your disability was that something you were born with or did you acquire it?

P: umm no so I was born with a spinal injury umm by a I have lupus well mixed connective tissue disease is the title umm so I have vasculitis in my spinal cord umm which is how I how I ended up in the chair but overall I also have it widespread so I am blind in my left eye (I: okay) I have problems with my lungs problems with my kidneys

I: so did you umm is that like an on going condition then or is that something you had when you were younger

P: no I was diagnosed with it in 2009 I was completely well until then

I: oh really

P: yeah yeah

I: so could you tell me about your history with it?

P: I I lost the sight in my eye in 2005 so I did know we knew there was something not quite right but that was just a stand alone just a bit of bad luck really and you can get isolated vasculitis in your eyes so that was the first thing and of course with the benefit of hindsight looking back it all adds up but you know we didn't know that at the time but no prior to that I was fine I was well so

I: okay and how has it affected you?

P: it can make me very ill yeah so if I've had like sort of 2010/2011 I had about five months in hospital I was an in patient so I am on long term immunosuppressant therapy just now umm to try and keep it damped down so the damage that is done is done but hopefully nothing new will happen umm by way of that so yeah I have an added issue in that I don't just have a stand alone spinal injury like some of the lads that have had an accident

I: yeah and that's a one off kind of acute injury and then yeah

P: exactly yeah I have an on-going condition I need to manage umm and so the fatigue associated with training and stuff can be difficult to work them both around but I do manage (I: yeah) its it can be tricky

I: yeah yeah and I guess you have good days bad days good weeks good months

P: totally totally (I: yeah) and ive winter is specifically bad for me cos of having the weakness in my chest now if you get a bug that will take you just a couple of days to shake off it will take me a couple of weeks and then that knocks me back in my training and then so that's yeah that's not ideal and im aware of that but my medical team are also aware of it and are happy for us to work around it so I can play sport

I: yeah yeah and umm your sport classification in regards to wheelchair rugby how does that work in?

P: so wheelchair rugby league doesn't have well they are going to bring it in like the basketball classification system (I: yeah) they don't

I: the points system?

P: yeah so in basketball im a three and a half umm and they are gonna bring it into wheelchair rugby league the good thing about it is it is an inclusive sport that you can have up to able bodied players on the court at anytime so in basketball there will be five pointers (I: yeah yeah yeah) the problem is at the moment even if you look maybe at the Ireland squad the Ireland squad is a good example because there umm three well they have two wheelchair users but their other two disabled team members to me are very to me is a very lose term of disability yes they have cerebral palsy but its very mild (I: yeah) I mean in Scotland we have one able bodied player and the rest are all permanent wheelchair users

I: able bodied as in a five or able bodied as in completely (..) nothing wrong with them or

P: it could be either so it could be a five as per basketball so just a small impairment or it could be completely nothing wrong with them

I: oh do you get many people able bodied people playing then?

P: yeah I mean one of the lads from Scotland he is completely able bodied (I: okay) but he

I: just prefers to play just likes to play wheelchair rugby?

P: has got an what happens tends to happen is that you will have a friend of someone who plays it's the same with Australia their able bodied guys are friends of the of the squad members who've umm well I know one of them played running rugby together prior to his accident and because it does the rules allow for able bodied players to play they have come on board (I: yeah yeah) and it is good I mean in Dundee at my local club umm we have a family that come along with one of the kids has got mild CP but his two it like his brother and sister are able to play along with him and that's nice because you know if you put them out running he will always be left behind whereas if you put him in the chair he will be superior to them (I: yeah) so it is it does have a nice mix that way but it does need to be umm honed a wee bit more I think so they are working on that cos it is a new sport you know so

I: so do is that cos they have wheelchair rugby league is it the same as like normal rugby cos you have rugby league and rugby union or?

07:04

P: yeah I mean its based on the rules of rugby league (I: okay) umm and there aren't for obvious reasons like there is not scrums or mauls (I: no) or like line outs it would be a bit difficult (I: yeah yeah yeah) so umm have you seen like tag running tag rugby?

I: yeah yeah

P: its kind of a hybrid of rugby league and tag rugby so we play with tackle tags on our jerseys and that's how tackles are effected by removing the tag (I: okay) there is a set of six tackles and if you haven't made a try by or any points by the sixth the ball is turned over so that's from rugby league (I: okay) umm there's an offensive and defensive referee the same for rugby league umm we play with a size four rugby league rugby ball and uh conversions like the point system is the same so a try is four and a conversion or a penalty drop goal is two and they are kicked from the hand so there is a kicking tee and you kick the ball from the like a fist (I: yeah) umm over the posts (I: okay) so its yeah it's a bit of a hybrid

I: a few modifications but yeah

P: yeah but anybody watching it would understand that you are playing rugby you pass back

I: cos I went to I saw some of the Paralympics I went down to London and I saw some of the wheelchair rugby would that be the same you play the same rules and regulations as they were there or its?

P: not at all its quite different cos murderball those guys are all high level quads they are all so murderball was developed for quads because they couldn't play basketball (I: okay) umm so if you if I went to play murderball you need to have impairment in all four limbs to play it

I: okay okay there is a difference between murderball and rugby

P: wheelchair rugby league yeah

I: okay so they are the two variations within like disabled rugby?

P: yeah (I: okay) cos if I went to play like they play with a volleyball and its its kind of just get from one end to the other and that's very technical if you don't have you know a lot of them don't have say if they're a C4 or C5 injury they wont have they maybe have their triceps but not their biceps so they don't have finger extensions that's very technical for me it wouldn't be so technical playing murderball so that's why there is the two distinctions so

I: so do your you've got a spinal injury umm are you able to walk at all or?

P: no (I: no) so I am an L1 incomplete so all I can do is move my hip a wee bit that's all I can do

I: okay and that just happened quite suddenly or?

P: yeah it happened over about three weeks (I: really) yeah

I: so you went from walking being active...

P: I went from walking with a it was difficult I would say there were three weeks in terms of not being able to walk at all (pardon me) but I had about maybe a year before that where was using crutches or sticks because any distance then I would start to stumble or I wasn't able to walk properly but I rested then it wasn't too bad again so it was manageable but yeah over the course of three weeks I had a flare in my spine and then that's how it happened

I: so how did you find that kind of being diagnosed and the whole process?

P: umm very difficult (I: yeah) it was difficult because I had in some ways it might have been easier had I had a sudden acute injury because sort of you like bang this has happened and that's the result (I: yeah) whereas my condition is a bit more kinda windy you know and meandering pathway where it takes you you aren't quite sure whats gonna happen with it so yeah I was very difficult to get my head around and having been well and active beforehand it was quite quite a a new thing so

I: did you play sport before?

P: used to kayak a lot so that was my main thing (I: yeah)

I: but you've always been you have always been active and involved in sport?

P: yeah

I: so was it something that when it happened you were like

P: I still wanna do sport in some way because I was gonna go nuts otherwise I really felt like well because I was doing medicine umm it was during my degree and so that had to stop well I am back at it now but had to stop and umm so my career path was kinda derailed I wasn't able to do a sport I had been doing I wasn't really able to do anything so I just thought no I have to get into doing something cos im going to go nuts to be honest (laughs)

I: so is that what you were doing so vocation at the moment you're are doing your medicine studies?

P: yeah uh huh

I: okay

P: so I have just completed second year just now umm three years later than I should have and should have qualified this year but that's okay its that's life so

I: I guess at least your kind of back on track with it now and you can still kind of pursue that course or career that you wanted to before

P: yeah I mean my plan was maybe to do like pre hospital trauma medicine (I: yeah) that's clearly not so viable now but umm I will just see where it takes me you know I would quite like to stay in the field of like sports medicine so maybe with like a disability aspect to it theres loads of sort of wee ways I could go so I am quite interested in doing that

I: yeah and how have you been getting on are you?

P: I mean medicine its eminently doable from a chair like there is hospitals are made for beds so if a bed can get somewhere I can get somewhere (laughs) so yeah one or two things that you find you have to tweak so umm but its its doable totally doable

I: yeah and your enjoying it?

P: oh I love it yeah

I: where what Uni are you based at?

P: Dundee

I: Dundee okay is that near geographically near your home or?

P: no I am originally from Northern Ireland umm but I have been in Dundee since 2008 cos I became eligible to play for Scotland

I: oh you have been in Dundee since 2008

P: since 2008

I: yeah okay

P: umm so that's when I first enrolled in Uni there so umm so no its not my home place its its Northern Ireland so there is a bit of sea in between (laughs) so not

I: so you moved over with your family?

P: yeah I have family based uh I have got an aunt in Arbroath which is not too far from me so (..) so yeah Dundee is home Scotland is home now so yeah

I: are you not going to be moving back?

P: I don't think so no I quite like I just like everything about Scotland to be honest so I think I am gonna stay (laughs)

I: um and so since you kind of since you were diagnosed and how its progressed and things umm has sport helped?

P: definitely definitely (I: yeah) because I think chatting to anyone else you know everyone has a dark period where you know you are quite happy just to sit at home and shut the curtains and never leave (I: yeah yeah) umm so yeah I am not I had that too there is no point in saying that I didn't because that would be a lie so but having the just having the purpose of playing sport you know and knowing that there is a progression and a path way where you can really do well if you put the work in umm you know its not just sort of a pat on the head give everyone a medal for turning up its not like that umm really you know made me think hang on I can do this if I work at it so

I: so how did you get involved in wheelchair rugby?

P: it was by accident really umm (pardon me) I had started to play basketball umm but I found basketball quite difficult with my eyes so being down to one uh high balls high passes and trying to aim for the basket anything other than front on was pretty much impossible so I wasn't really much of a team much use to a team in that respect so that was frustrating and then I was just having a wee look on because the sort of North East of Scotland is sort of the area that I live in it doesn't it didn't have any formal disability sport it had boccia and that's it

I: that's more for severely disabled people isn't it?

P: yeah yeah and disability swimming but it didn't have anything else for active manual chair users and I just thought well I could go through (..) Glasgow is about two hours away and Edinburgh is about an hour (I: yeah) Aberdeen is an hour and a half I thought well I could go through to those places and play but there has gotta be more than me in this area that wants to play umm so I got in contact with umm the disability sports officer of the council and said whats whats the story kind of thing and he said well what are you thinking and I said well I don't know like leave it with me and I will have a look and then Scotland rugby league will have been really their development managers have been quite positive in terms of putting into grass roots of wheelchair games as well and so when I got in touch with them I just got an email right back from Mark Centre the Scotland development manager and he said lets have a meeting lets chat and that's how I got involved in rugby I had never played it never knew anything about it so went down to play with the lads in Glasgow and then said right well lets get this running in Dundee as well (laughs) so that's that's how it happened

I: okay so then you kind of helped to set up a programme in Dundee for?

P: yup so there is a club there now umm which is thriving and they have just taken delivery of six new chairs this week so (I: oh really) yeah so its fab and weve got a huge range of disabilities and ages there and umm I mean one guy with umm spastic quadriplegic CP so he's he's severely disabled and really he would be an ideal candidate for boccia but he says that is too tame and too disabled for him so I said right fair enough come along and uh even his wife they've just got a wee baby who is five months old and his wife said like he never normally would have umm sort of fraternised with anyone else who had a disability cos he didn't class himself as disabled you know but he loves rugby his umm kind of a bit rougher and a bit more like well get out there and have a goo umm you know they say that people with that level of impairment cant develop muscle memory or anything but he definitely is I mean after about twenty minutes he is wrecked but he definitely learned to catch the ball and stuff and it was fab to see that you know you've got guys with spinal injuries coming along pummelling up and down the court and folks like him clearly not you know at world cup game level but are able to play and enjoy themselves (I: yeah) so its really and there was nothing for them before so

I: yeah so its good to kind of be able to provide that I guess I guess its nice for you to kind of feel like you are part of helping to kind of develop that and bring that on in that area?

P: definitely I am chuffed because not from any like you know I don't have any pride in it in terms of oh I did it its not about that its just the fact of like I know I was frustrated that there was no sport and the fact is that because wheelchair rugby league is played in basketball chairs just that are reinforced a wee bit there is absolutely no reason why they cant then play basketball or tennis or whatever we want to do and so to have that there in the area I am really chuffed so its just there was a massive gap there that wasn't being tapped into to so

I: so how long have you been involved in the kind of Scotland set up?

P: its less than a year (laughs) so its all been quite quick umm so yeah I went down for a I got invited to trials (I: trials okay) and was asked at trials if I wanted to join the team and I said well yeah if you think I am good enough (laughs) so that's how it happened umm and umm it was then monthly training and then unfortunately with medicine being medicine you have to sort of shut your life down for a couple of months at exam time so I had to do that and just say no I have gotta focus on my exams and they were fine about it (I: okay) umm and then the plan was to get straight back into training and I had a car accident so I don't know whether I had said that to you but (I: no) I had a quite a serious car accident just after my exams

I: was that what this year or?

P: yeah so that's when maybe nine weeks ago (I: okay) yeah so my car was written off and (I: oh really) yeah so the passenger who was with me her side of the car was crushed and if (..) the police said if we hadn't been in a sturdy car she would have been killed so it was a really bad accident

I: serious yeah

19:24

P: and it was the other entirely the other guys fault but you know probably sounds like I would say it you know you would say that but it was he just came round the corner on the wrong side of the road and took us out so (..) so that left me like black from here to here (points to area on abdomen) cos of the airbag and the seat belt and stuff umm so the car did its job in that it kept us safe but not without you know maybe if you had got a really bruised chest yeah it would be sore but for me it just meant then everything was difficult transferring into my chair was difficult everything was hard and then (pardon me) as a result my lupus flared up which is quite common after a big thing like that so coming into this competition for the nine weeks it should have been you know training full on I have been really

I: bit and piecing it as and when you have been able to

P: yeah it has really curtailed what I should have been doing so that is reflected in the fact that I am not match fit at all so I am coming off the benches and impact player so I am on for ten minutes off for ten on for ten because I am just not fit for the whole which is very frustrating

I: yeah I can imagine like its just you are working hard for something and looking forward to something and then something like happens and it just knocks you off your feet completely

P: entirely combined with you know it was nothing to do with me I was coming from Paralympic GB curling and I had a trial session with them umm now that's all very in its infancy but I shouldn't be any good at curling again with my sight but I seem to have some innate way to manage to deliver the curling stone so umm that's something that I am really looking

I: okay

P: looking to pursue as well as a winter sport probably far too late for Sochi or anything like that but I have my mind on Korea who knows umm so that was I was just probably the only person who has had their car written off with a grin on their face because I was chuffed to bits after the session I had just had

I: whereabouts was the trial?

P: it was in Stirling (I: okay) so it was about an hour and a half from Dundee (I: okay)

I: so you are able to drive normally with?

P: uh hand controls I use (I: ah okay) an automatic car with hand controls (I: okay)

I: so at least you can kind of get about and stuff

P: absolutely yeah just I just yeah there is one or two things you cant do like obviously but I just live my life sitting down same life I lived before you know and like if I can get like one of my mates in Edinburgh lives in a fourth floor flat with no lift I just get out and bum up the stairs what are you gonna do you are bot gonna go and see her so (laughs) (I: yeah)

I just kind of navigate those sorts of barriers as and when you kind of come up against them

P: absolutely yeah

I: so is your lupus okay at the moment then if it?

P: its uh its I will show you like that wee tiny bit of a rash is a threat to say im not happy (laughs) and I know because I am training every day and I am playing if I am not training I am playing I know I am putting my body under considerable stress (I: yeah) so after this world cup I will have to really (I: rest) rest so I am hoping that doesn't get any worse because its normally a sign you know of what is going on inside if my rash sort of picks up so ive got got it a wee bit at the moment so I am keeping an eye on it (I: yeah)

I: just kind of see how it progresses

P: yeah yeah

I: so in terms of like say for instance you had a flare up what would that entail would it effect different parts of your body would it effect all of the parts that are effected normally or would it?

P: it totally depends umm just depends where it settles it sort of does what it wants but umm it would normally for me be my lungs or my kidneys umm you know some people they can get nervous system flares so and I can look like I

have had a stroke kind of thing but that will calm down its just a people can have any sort of thing but for me that's normally what happens so umm like if its my kidneys my kidneys function will be quite badly impaired and you will just be so tired like just cant really do much if its my lungs it's the same but also you cant get a puff never mind if your tired so its umm I suppose cos im used to it now but I think for people like a normal I probably have lost perspective on how ill I can get you know umm

I: its your normal

P: uh huh

I: someone else would just yeah

P: I am probably like my sort of my one hundred percent its probably someone else's sixty and that's the best I ever get so umm if I get ill you are bringing that down and down you know so constant I am constantly battling with it but you just have to take rest when you get it

I: How do you deal with that kind of unpredictability?

P: very frustrating because umm if I and that's hard sometimes to keep your focus cos it can get it can really wind you up umm sometimes like I sort of think like well if I had have had an accident like skiing or something you can tell yourself off and be like oh this is all your own fault you know but this is this condition is not nothing brought it on well my aunt has it and my uncle has a variant of it so its quite likely that (I: genetic ) always there and always gonna happen you know but that's frustrating because yes you can try and keep yourself as well as possible but I mean what am I gonna do not come and play whenever I have been picked to represent the country I have adopted you know just cos oh well my lupus has flared a bit and it might get worse well you you curtail everything you did then for that so you kind of have to not throw caution to the wind but you have to weight it up how much do you want to do this thing and then how much are you going to pay for it afterwards

I: yeah so I guess being involved in sport you have kind of learnt to negotiate the fact that you are that is it going to maybe have a negative impact upon what your body and how you feel (P: definitely) and but its kind of outweighs

P: I think the mental health part it makes you feel way better up here uh when you have played sport when you've made yourself tired and a bit breathless because you have been exercising and having sport rather than you are just like that because of your condition so umm yeah I wouldn't give it up unless I really didn't have a puff to push (laughs) so yeah but no within reason I am sensible you know

I: yeah like you say it is about managing it and dealing with it in the best way that you can really

P: totally yeah

I: umm so how do you kind of sport wise you are just going to carry on as you are and maybe do the curling and?

P: that's the plan yeah so yeah after the world cup I will go back to Northern Ireland for a few weeks holidays and then start back for the academic year in September umm back in Dundee and I will do the keep going with local training at home so that's twice weekly uh well weekly training and then weekend matches umm to see what as the Scotland squad regroups whats what the plan is uh for there will be a four nations so working towards that (I: okay) if I still get picked and yeah curling is something because curling is a winter sport that's something I am going to really pursue when I am back in September

I: yeah so it wont kind of clash with?

P: no they are completely opposite which is great so (I: yeah)

I: umm would you do you identify as being disabled or as being an athlete or?

26:59

P: see that's really difficult because like like even now just you know this morning when I went to get that umm repair done umm I need to park in a disabled space cos I need to get my door open wide to build my wheelchair that's the only reason I need to part there but you know when you are sitting waiting and all the people returning to their cars are to me able bodied like they can walk and your just like lads what are you doing like your not disabled its umm its really difficult one because I don't feel disabled in my head like I just sit down umm I would say I don't really know what the answer is I guess in some in some situations like when you are using public transport and things you gotta identify yourself as disabled because you need a bit of extra help in sport yeah I play disability sport (I: so yeah) so I suppose I am umm but yeah its funny

I: but you wouldn't ever class yourself that as kinda you know if you were saying I am a female I am an athlete I am disabled that wouldn't be something you would call yourself

P: it wouldn't be the very first thing that springs to mind to be honest umm I am a wheelchair user and you cant get away from that but umm if someone asked me sort of as a sentence I would probably say well yeah I am play wheelchair rugby I am a medical student and I am paralysed that's probably what I would say rather than umm oh I am disabled yeah not that the term has really negative connotations but to me I think society makes it a negative word like if you are disabled then you're well in todays society you are either a scrounger or umm or you have got like learning disabilities that's the way people seem to use the term

I: yeah so you think that the social expectations for someone in a wheelchair are different compared to someone that is able bodied so to speak

P: I think so yeah and you do get that you know in umm like people ask you all the time when especially for me when I tell them I am doing medicine they kind of look at you like really like at the day centre are you sure (laughs) and you kinda

I: how does that make you feel?

P: well its kinda I have grown a really thick skin now so but at the start it used to really wine me up or people I hadn't seen for a long time when they would meet me then they would say oh and you were doing medicine and im like well I still am you know like I haven't stopped you know umm its funny that though I notice a difference when I come out of so if im in the hospital like in my smart clothes with my name badge and my stethoscope I am not treated any different I am treated just like any other medical student (I: okay) and then you pull on your hoody and you go outside and you are instantly become like a patient but I am not I am there to work and umm unless you carry a banner saying that like I don't know how to how to

I: I am a doctor in training really like

P: yeah I don't know how you would fix that to be honest (I: yeah) umm so at the start yeah it used to really wine me up you know they would kind of patronise you and talk down to you in sort of school girl tone and your like (laughs)

I: why yeah yeah

P: they just see the chair I think and they just assume that you went to special school no offence to people with learning disabilities or anything I am not slagging them but yeah I think the Paralympics have helped a wee bit umm but no its not uh its not as like even one of my team mates Graham he tells this really funny story where he was like out he has rowed for Scotland you know and so he is the same he is really fit guy he has an L1 spinal injury too and he was out umm rowing with some mates and he went to it was like a day centre trip out as well at this area and he went back to leave something in his car and as he was wading back all the folk on their bus on their disabled bus umm and the driver came and grabbed the back of his chair and went right come on time to go and he was like what are you doing buddy its may car over there you know time to go and his mates were standing there and he was like that's all my mates and the driver said is he with you and of course as boys being boys they were like noo I haven't seen him in our lives before (laughs) and this guy is sort of man handling him onto the bus and he is like what are you doing but like when he said that I didn't like it didn't make me think like oh he will catch on like I could well see it happening cos people you know like when your just like ahhh so yeah its better but its not (..) you are treated differently there's no no two ways about it

32:31

I: do you think that changes when you are kind of kinda in a sport context would you say people treat you differently compared to out and about down the shops?

P: yeah yeah they do because when they are watching come along to watch you play because rugby is kinda like the is a collision sport there is no doubt about it

I: yeah because it is pretty intense

P: it is

I: the bits that I saw because they had reinforced front bits I mean is that do they normally have that on there or?

P: yeah they have I mean you have your so on your sports chair you front offensive wing is reinforced but I mean your knees tend to obviously I cant feel mine so its not a big deal but your knees tend to take a battering they tend to be bruised and stuff and if you hit each other right you'll your chair is going going to tip over

I: yeah because a few people were and they would just lie there for a bit and wait for someone to come along and pick them back up again



P: yeah exactly and

I: which looks kind of funny but it shouldn't but yeah it is part of the game

P: exactly if your playing running rugby people fall over and you get taken out (I: yeah yeah) well that's what happens and umm sometimes people are a bit like ohhh you know oh you cant do that to disabled people (..) well why not (laughs) (I: yeah) there is no difference you know so I think once they see the sport you play they do understand that your not gonna you're not made out of cotton wool and you're not going to fall apart (I: yeah yeah) umm but yeah I mean oh just out and about people do like (..) people grab your chair and push you that's something that drives me nuts

I: really just strangers?

P: I have had people in coffee shops and stuff have like pushed like here you go my dear and its like what are you doing (I: yeah) ive put the cup between my legs and then gone to wheel myself and then they have been here I will give you a hand and they are obviously being polite but you know like that's like me man handling someone by the hips (I: yeah yeah) its not okay its like what are you doing but they don't see that (..) that the char is part of you they don't see that (I: yeah) and umm yeah the first time that ever happened to me I had to really restrain my urge to beat them up I just had to be just had to bite my tongue and be polite but yeah so yeah its

I: its just yeah I imagine those situations are quite difficult when they kind of arise (P: yeah) yeah

P: I have definitely (..) as well as like playing sport I at top level now and then the career choice I have made myself I don't really want to end up on the first page of the paper so I have had to really bite my tongue and be polite umm and try my answers to be more in an educating way than just wanting to scream at people which would probably be your innate nature to be like that when someone is blatantly silly to you so that taught me a lot but umm yeah its well I don't why it happens it I don't know

I: I think its just people just its almost like they don't really understand or they like you say they are trying to be helpful without really realising that its quite patronising for that individual its not what you want them to do

P: yeah and you also don't wanna be rude because they are trying to be helpful but even people opening the door for you they open it in like the most ridiculous way they will open it and then stand with the back to it with their feet in the door way (I: yeah) that's invariably how people will help you and like what would you like me to do now roll over your feet (I: break your toes) get out of the way and let me do it myself like what do you think I do when your not here you know (..) or when you are at Tesco and you are packing your shopping in the car and I wouldn't say every time cos that sounds like people are generally super helpful because thats not the case but I will have people come over and say oh do you want me to get the boot for ya and its always on the tip of my tongue to say now just apply a bit of logic do you think I would have opened the boot and let it get 8 feet above me had I not worked how to get it closed I am hardly going to drive down the road with it open (laughs) so I have a stick that I got from physio and they were like in case you haven't noticed you cant walk what do you need that for and I went well I have got a wee idea and I just use the walking stick to hook my boot down and then shut it umm but yeah people don't use any logic I think when (I: yeah) they approach you that way or when you are putting yourself in the car and building your chair and you have it half lifted and and they will say someone will say do you need a hand and well its nice of them but what what were you expecting me just to sit and wait for someone to (..) you know damsel in distress

I: yeah just sit there by your car and wait for someone to put your wheelchair in for you

P: uh huh and your not going to do that so you learn to do things yourself so yeah like its also a generational thing too though I think older people are worse they honestly think your totally unable and incapable of doing anything whereas younger people are a bit better so and I think that's come from mixed schooling I think there is no such thing as special schools now for people with physical disabilities yes if you have maybe got learning disabilities along with it they will go along but you know if you are just paralysed you will go to a normal school cos your all you need is a ramp (I: yeah) you know so I think that's part of it

I: umm so do you see yourself as being an athlete

P: yeah

I: yeah yeah

P: definitely

I: and obviously you were saying elite athlete as well?

P: well I don't think im yet good enough to (I: say) yeah to say that but

I: I guess playing you know internationally for your country

P yeah I suppose then

I: you could class it in that way

P: you can put it that way yeah I suppose but in my head like I have a way to go to until I would class myself as being elite (I: yeah) so but that's just a personal aspiration thing I think you know so (laughs) so yeah

I: so was this this would be kind of this competition now would that be your best achievement so far in your sports kind of thing?

P: yeah yeah and its like I am chuffed to be here you know and to get capped for Scotland is quite quite cool I mean not many not many sports people represent their country in for so so you know it is a big thing so yeah in that respect im chuffed I have been picked so

I: and do you find that because you said that your one of your team mates uh the other female umm couldn't make it down umm how do you find it being the only female in the team does that have (..) do they treat you differently or are you just one of the lads or?

P: its all the typical banter of like you know we were chatting about going swimming and umm I hadn't been swimming since I got out of hospital like rehab sort of thing and I said to the boys well you'll have to stay stay around in case I go floating to the bottom and they were all like don't you worry Lizzie you have got built in air bags like you know all the normal banter boys would give you but no they respect that like yesterday on our day of I went and put on a maxi dress cos I was like I just need to feel like a girl (laughs) sitting in rugby gear all the time you know like you get stick but they respect that umm yeah I am a girl and I am different in that respect like im not im not a butch girl you know umm but on the court I am expected to play the same as the boys do and take I mean I well on Saturday I put a French guy out of his chair with the tackle I gave him it wasn't it wasn't cos like uh I know im not scared to go into contact cos im a girl im certainly not at all umm but umm maybe out on the street I would be cos I just wouldn't do it but on the court I will just do what the boys do that is okay (I: yeah) umm and they I think you have to prove yourself the first couple of times that in training and things you know after I was picked well Sarah has played for for team GB for basketball before umm so yeah I had to prove to them that I wasn't you know a woose and once they realised that I was willing to pull my weight

I: taking the hits and kind of yeah and and kind of give as good as your getting

P: totally then you are just respected as another player

I: yeah do you feel like when they when you first started playing they maybe took it a bit easier on you or would they just go in as they would anyone else?

P: maybe for the first ten minutes but after that no it was fine and I think the other squads have realised that I mean England has a girl and Ireland has a couple of girls umm we haven't played them yet but umm yeah the squads Australia and France have no girls and they umm I think they realised within no time at all that I wasn't just you know a wee oh don't worry there is a soft target at the far wing they realised that's not the case so yeah maybe maybe for a minute but after that

41:19

I: so you said before like you know you kind of put your dress on and stuff yesterday just to get out of kit basically umm do you feel like you don't really identify as being almost like a female on the court just kind of like trying to be like one of them almost just kind of when you are talking about sports and whats associated with you know attributes saying like females that play football and the kind of perceptions that people have of them against people that play netball those kind of like gender specific sports so to speak in that respect do you feel like that has an impact on how?

P: definitely yeah I mean its funny cos even though in my head if I were able to play running rugby as a girl im not sure I would cos I think it is quite rough like umm just you know full contact running rugby is rough and total hats off to the girls that do play it but im not sure I would want to (I: yeah) umm so then why do I play wheelchair rugby well I love the sport and the collisions yes there are collisions but there's not like full body hits that you know your chair takes the brunt of it your foot might fall out but umm so am I one of them (..) I think so I don't think you are classed as or the girl because if that with it being a mixed sport you know I think if that definition you know if they were able to say oh the girl does this and does that then that would be that I wasn't being a full team member and wasn't playing to the full you know capacity that everyone else does so you know I wouldn't want that to be

I: what you were identified as

P: yeah I would rather they just say oh number six you know has this way she does this or that you know umm so yeah on court I think I don't think you are a woman on court I think you are just a team member and it happens to be that the rest are all boys umm

I: does that change the way you see yourself on the court or just generally when you are around them?

P: oh when I am around them like in terms of like going for you know team you know dinner and stuff no im the girl and uh well boys in terms of like they will get into crude banter and stuff and that's just what they do and then eventually they will be like whoa sorry and that's okay its all a bit of a laugh but no im that's just not my nature im not im not umm just im not really life butch and rufty tufty you know that's just not me I am girly so umm

I: when it comes to sport you kind of become a bit more like that I guess?

P: it doesn't really matter like once I am playing its okay (I: yeah) yeah its odd that I have never really thought about it like that before to be honest (laughs) yeah umm yeah I wouldn't like anybody to be like oh that girl like you know just looks like one of the blokes like when you are all in kit like fair enough but umm I wouldn't really like that to be said about me to be honest no

I: yeah its quite interesting like cos obviously umm yeah because its within disabled you wouldn't get a kind of male and female rugby players like running rugby you wouldn't get them playing together unless they were like ten so its quite interesting that obviously you kind of mixed together as in for would you prefer it to be female only and male only or so is it because there is not enough players to make it that way?

P: I think its because of there is not enough (I: yeah) umm at me if there ever does become enough it would be great to have a womens and a mens team

I: just separate them

P: yeah it would be good to have that but I think I mean its already hard enough to get like sponsorship and public profile of disability sport even post Paralympics its still hard I mean we've been found it very difficult to get sponsors for the Scotland team so I can imagine it would be even harder to get it for two teams you know so from that respect maybe that their

I: its just not developed enough to kind of I guess yeah a lot of the time it is the kind of financial supports that are in place and making sure that cos what you are sponsored by O'neils or?

P: O'neils make the kit umm no we we couldn't get a sponsor umm we couldn't get a primary sponsor for the world cup which I tried and tried but it was very difficult so umm we have lost like I mean most team members have had individual personal sponsors that have helped them out and umm ive been able to raise over oh im trying to think its about 1300 pounds in terms of friends and local businesses that have given me drips and drabs all the guys are about the same but umm yeah it has been very difficult to find sponsorship (I: yeah) so and that that a little bit of that is because rugby league is not massive in Scotland and people still haven't got this idea that actually just come and watch the game and you will see it looks quite like rugby umm because they are all like oh we play Union up here we don't play league and you know you just once you get them saying like just come watch the game and you will see some similarities you wont mind and they don't but there is a mindset problem of rugby league and rugby union are not the same and should not mix you know sometimes that does you know give us a few problems (laughs) umm whereas like England there's no problems with funding or anything cos rugby league is huge in North the North of England and they you know they brought a doctor with them and stuff and we were able to bring a physio for a week cos we couldn't afford any more time so you know its yeah it's a big disparity that way between that's probably not helped (laughs)

I: no umm so would you say (..) say with like the funding for Australia and France and they are similar to England (I: oh yeah) I mean like the Australian team the the umm so the Australian running teams rugby league manager came to see the wheelchair came he flew over and came to see the wheelchair team here (I: oh really that's crazy) yeah that's huge you know umm they just the Aussies just have such a different even umm approach to sport you know in general than we do and so and France its they have been well funded as well so and you see the difference then because they are able to be paid before to go away on camps throughout the year and its difficult like when for me so I am juggling a busy course in medicine but when you have to raise the money to go and play sport to go away on a camp that's really difficult so your already disadvantaged you know umm so yeah you can you can clearly see the difference

I: yeah so how did you so your funds like that you raised paid for you to stay in the hotel and all those bits and bobs

P: yeah so it was 600 pounds a player to for travel kit and accommodation (I: okay) and food umm so 600 pound a player when you put it over two weeks isn't too bad but its hard when you have to raise that yourself?

I: yeah when its like a lump sum that you kind of have to get together

P: uh huh

I: so that includes did you say that includes your travel down or?

P: umm there is still debate about that umm it includes your travel when you are here the bus from here to the thing umm we are all going to put in our expenses and see what we get remunerated for but umm cos I had to drive that was another thing

I: so you drove

P: yeah I drove because umm whenever the organisers down here phoned

I: what one straight drive down?

P: stopped in Manchester with my friends and stayed overnight and then came down umm but a couple of the guys just did one straight drive down which just like

I: that's insane

P: 560 miles it's a long long way

I: so did you Mum come down separately?

P: she flew over this umm she came on Friday (I: okay) yeah yeah so cos she got a week off work but umm yeah I drove down because whenever we were chatting about getting us all here umm they said oh okay umm you can use these train with the East coast and we were like well im not being funny but have you ever tried to get on the train as a wheelchair user its got like two spots on the whole train one first class one in coach so if then of us are coming in our day chairs with our sports chairs that's not gonna work you know so yeah we just ended up driving

I: do your own separate kind of thing

P: yeah we all arrived and met here beforehand and then went down together so my car was like roll down the window to see out kind of thing (laughs) it was packed with my sports chair and all my kit in there my day chair and stuff so

I: so how long did it take overall then like hours wise?

P: umm it took about five hours to get from Dundee to Manchester and about four and a bit from Manchester to here so (I: yeah)

I: yeah that is yeah

P: long way long way

I: and then you have gotta go all the way back up again

P: yeah (laughs)

I: cos I guess at least when you are coming down for something oh its exciting im going down and then on the way back up its like oh you get that post kind of depression its almost like the holiday blues isn't it

P: totally

I: going back again and your like oh

P: I know

I: feeling a bit sorry for yourself

P: I putting this journey in the whole way there yeah

I: are you stopping in Manchester on your way back up?

P: umm we are not gonna stop with that mate but haven't decided where we are gonna stop cos Mums coming back in the car as well (I: oh right okay) probably just stop somewhere just pick on the way (I: yeah yeah) and then we can stop so (laughs)

I: yeah that's crazy (..) so umm how so how have your family supported you?

P: huge yeah

I: since the progression of your

P: yeah totally yeah and I think from a sporting point of view there was some because no one in my family had ever sustained a disability or become a wheelchair user or anything like that so no one had an understanding of of disability sport and like my Grandparents and things it was a bit like oh that's great you are taking part umm and then the more and more they realised oh actually its not just like you know have a go kinda thing umm so they have all been great and they are all really chuffed you know and stuff and Mum has been fab support umm and I like I think for everybody who like acquires a disability like their families also have an adjustment period and Mum definitely did umm I know like cos she said to me at the start like she never like a wheelchair to her was just like oh my god a wheelchair but now like its just shes the same you know like why do people chat to folk in chairs like their you know numptys cos that's not the case so even that I saw like saw her have to

I: change her perceptions

P: yeah like and her mind set (I: yeah) but no she has been a great support so umm and I (..) it would be very difficult I think to play and compete and stuff if you didn't have good family support umm cos its pretty lonely like its hard going away and stuff from its hard training and making yourself get up early on a Saturday to go and train when you would love to have a lie in and stuff you know umm so its good having them being supportive

I: so do you live at home at the moment?

P: umm no I live in halls because umm I cant get a Dundee is built on a hill and umm like all the flats and student rent sort of bands you know are tenant flats and are like (I: ridiculous to get up to) yeah five steps to get up to the ground floor you know so im in halls cos they are accessible which isn't ideal because I would rather not be living with freshers and the hassle that that entails but umm I am just waiting for somewhere uh you know accessible enough that I can adapt to come up so always looking for somewhere

I: yeah and I guess within the right price band and

P: yeah yeah if I could you know buy somewhere that would be no problem I could buy a wee bungalow or something but I clearly cant do that so umm so that's an added that's just umm its an annoyance because you know most most people who live in halls are like eighteen and they are not they're not twenty seven so

I: yeah cos I guess you are a bit further ahead cos you had that time out so your yeah your mentality at twenty seven is different to when you are eighteen (P: exactly so)

P: so umm and yeah its not like oh I live in a disabled flat its not like that its just a flat a ground floor umm student flat with an accessible room at the end umm so yeah I mean I prefer to live in a flat of my own like a normal grown up but I just cant (laughs) at the moment so umm

I: yeah its just trying to make the best of it whilst you are there

P: yeah yeah

54:30

I: umm how have you had any like role models that you have kind of looked to since?

P: yeah umm there is a couple like Tanni Grey-Thompson she's coming to the finals day of this (I: oh is she) yeah so that's fab both her and Karen Darke umm do you know of Karen Darke?

I: umm no I havent heard of her

P: she's umm a Paralympic hand cyclist so she had a spinal injury climbing she was a keen climber and stuff so the two of them like I have read their books and stuff and I just think that they are awesome like Tanni Grey-Thompson is a well a peer like she is in the house of lords and Karen Darke just hasn't let like she has gone across umm I am gonna im gonna say the wrong one whether it's the Artic or Antarctic I can never really remember umm so one of the cold places up at the top or down at the bottom (laughs)

I: yeah yeah yeah

P: and Greenland like she has crossed it which I think is quite difficult umm like I think even if you are just walking across its difficult but she has done it on a sit ski and so she has done loads of crazy things like that and yeah got silver at the Paralympics in her hand cycling so she's awesome so yeah definitely there are positive role models out there you know there's not I haven't had umm any in terms of medicine I know one girl who suffered a spinal injury in medical school so it is doable umm but im I think im a bit of a well a bit of a trail blazer in that respect cos there is no one else I know off umm

I: so they did was it ever in doubt that you would be able to carry on or did

P: well there was a wee there were a few things raised like well how are you gonna do this how you gonna do that but I worked out very quickly the way to approach it was for me to work out all the potential problems come up with the solution and then present it to them that way rather than ah here is a problem

I: yeah they ask you and your like ah I don't know (P: yeah) at least then you will be like well I can do this or something and then you kind of yeah you demonstrate I guess that you have kind of considered it and you know that it would be feasible for you to kind of do it still

P: totally because a few yeah there were a few things like umm like CPR you know every doctor must be able to you know carry out CRP obviously it's a wee bit unrealistic to say that because in a hospital setting even the porters are trained so there is somebody you will find to be able to help you out but yes if your I don't know in a linen cupboard with one patient on your own you know you will be able to do it umm so I just decided well fine im gonna with my mates who are all super supportive like my mates are fantastic

I: like your course friends?

P: yeah and we just went down to a self revision room and umm threw resusci Annie into every position in the room to work out how I would do it and then I was able to say look I can get out of my chair umm and do it one handed effectively umm I will probably be knackered after a couple of runs but you know someone would have come along by that point its not to say I cant do it umm and even in my umm clinical exams umm so in mine for the end of this year I did just they went through it with me and stuff and said right well they obviously didn't tell me the stations that were coming up but they just said umm are there any things you wanna flag that could be an issue and I said well look if in the resuscitation station you put umm the mannequin on the floor (I: yeah) its just gonna waste a lot of my time cos you know it's a timed station for me to get out of my chair and do it whereas if she was on a table or on you know a bed

I: you wouldn't have to spend that time

P: yeah but its not to say I cant get out and so for my uh the mannequin was on a table which was a lot easier just cos it didn't waste my time and it also didn't make it unrealistic cos I could get out (I: yeah) so once I showed them that and like a few things like its conventional to examine a patient from the right hand side which is fine but if they are really large you cant exactly reach your stethoscope to the far side from the right as you would standing so I just say well I am going to go round the far side of the bed if you were walking and you did that they would probably dock your marks cos it just isn't convention but it doesn't make a difference

I: I didn't realise that so what if you are going into see a doctor they would always

P: well normally in exam situations you normally come to the right hand side of the patient and do it all from the right hand side that's normally what you would do what what you do in an exam umm and so that's what the examiner would be expecting you to do (I: yeah) and so if I come in and go to the left they will be like oh that's a bit odd not that its wrong but its just convention

I: just not done

P: yeah so umm yeah just there is nothing umm I am trying to think like ah there is no examination that I mean the beds go up and down so even in in the beds at ward height when they are sort of this height with me if I wanna say look in a patients ears I will just put their bed right down as if its touching the floor and then they are at my height as I would be if I was standing (I: yeah) so

I: you can kind of get round it

P: you can yeah

I: yeah

P: you just need to be like necessity is another invention you just need to think just right here is a potential issue how will I solve it (I: yeah)

I: so you mentioned your friend before have the kind of treated you just the same since you have been going through this

P: exactly the same yeah yeah they have just been great ive ive had really fantastic support from my friends umm pardon me some of them havent qualified yet this is the guys I started with you know some have qualified as doctors and then friends that I made in the year I joined umm there is more there is just as the nature of medicine is that umm there is more graduates joining umm undergraduate so ive got friends I have a friend who is a chemistry PhD who is now doing medicine she is a bit mad (laughs)

I: that's crazy isn't it

1:00:25

P: I know it is crazy

I: its like ah I have done a PhD now and I will go back into education and start again

P: (laughs) exactly crazy but fair enough

I: and then it will be five years I guess

P: yeah yeah it's a five year course so I have a friend who is a pharmacist a friend who is a physio and a friend who is a lawyer and they are all doing medicine now so

I: yeah I think its so well it is like so competitive to did you go straight from undergrad then or did you do a masters and then progress on?

P: no I done a umm an undergrad in nursing so I qualified as a nurse and then worked for a year yeah cos I went to London from I was just about seventeen and a bit umm just cos I wanted out of Northern Ireland so I was like im going and I went

I: so you moved down to London?

P: yeah I always wanted to do medicine but I just was a bit of a tear away at school (laughs) so that was the only reason I didn't have the grades so I went to do nursing and I loved it absolutely loved it and was happy to stay in it umm and then a friend who I was nursing with her partner was also he was the year ahead of us in nursing and uh he had gone and done graduate entry medicine and I didn't even know that was doable at that time (I: yeah) umm so when I when I heard it I though you know and I think kinda had those thoughts like oh I might give it a go umm so I went and did the entrance exam on the QT didn't tell anybody cos I thought well if I fluff that up then

I: yeah you can just keep it quiet and no one is like oh good luck for your exam

P: yeah exactly

I: oh how did you get on (..) yeah alright yeah

P: that was my thoughts exactly so umm planned it well came off night shift and went and did that exam and thought on but did okay on it and applied and that's how I ended up doing medicine and so yeah so I already was a graduate in my year but youngish you know there wasn't a massive difference umm but I doubt I would have got in now if I was applying

I: oh its crazy like a couple of my friends they have like you said they kind of been through uni and done you know done got their Uni courses done and then have gone to say like we will try and apply for medicine and it has just been ridiculous like the competition and you know even not even just to go the competition to even get an interview you know they take an hundred to interview and then only have thirty for the course and its yeah its ridiculous

P: cos when I applied I applied to Barts four year course and to Dundee five year course cos my plan was I would nurse through my summers and things (laughs) clearly not so doable now that's true nursing is not doable from a chair medicine is but nursings not and umm cos it is so practical

I: yeah nursing in terms of like of the

P: yeah there I just don't think I would be physically able to like it would be very hard to like wash a patient and change them in bed sitting down there is a lot of practical things

I: and changing beds and

P: yeah

I: yeah all of those

P: it just wouldn't be as easy to umm so so yeah clearly not able to work along work along in the summer my lupus wouldn't allow me anyway I need to I need the time off but umm umm what was I saying sorry

I: umm yeah about

P: oh applying to Barts umm and it was like that it was like umm there was fourty applicants per place and there was fourty places I mean that's bonkers umm and I did get offered a place in Barts

I: is that in London?

P: yeah

I: yeah okay

P: umm for their graduate programme but I as I say I thought well if I do a five year course I will have more time off in between and as it was worked out had I done the four year course and got sick I probably would have just been asked to leave because they are not so sympathetic on the graduate programmes whereas Dundee told me look if it takes you ten years to come back cos you

I: that's great cos you don't want that hanging over yor head and the kind of pressure of thinking oh I should get back to it but not really being bodily ready to do that

P: exactly yeah no they were fab they were just like look your place is here you know whenever you are ready

I: that's really good then yeah (..) its weird how kind of decisions you make before things happen sometimes they have a way of thinking crikey I was lucky I applied to do that at that time or lucky that I took went there or

P: absolutely absolutely yeah yeah so its worked worked out well

I: yeah so I guess now yeah you are kind of set up with your career and your you know sporting wise you are doing quite well and I guess there were times when after you were first diagnosed and bits when you kind of just felt like it wouldn't be maybe that you would get to the point that you are at now maybe

P: oh I though everything was that was it it was all gone like that medicine was out the window and cos just like everyone else my thought was well how can you possible be a doctor in a wheelchair you just cant be and sport I just at that time didn't have a clue how you would get involved in it or anything I totally thought things were just gone (I: yeah)

I: its almost like a sense of mourning your previous self in a way isn't it and mourning who you were and what you could do

P: you definitely have like you go through grief for sure and umm

I: how long would you say you were kind of in that phase for was it?

P: err well I would say it takes about a year umm

I: I guess it is different for different people but I guess it depends what happens so I guess if you are going through a bad patch but then you know you decide that you realise you can do medicine then it kind of lifts you out a bit and

P: yeah it took about a year for me but I I definitely had like a couple of months like two or three months really black period of just like I didn't want to speak to anybody and if I did speak to people you know if I did go out and about umm bumped into people I knew and they were kind of like sort of sympathetic I hate that I really didn't want that (I: yeah) and I would end up so as not to either burst into tears in front of them or be rude I would just have to go away and then I would go home and be like right I am not going out again for another ten days would pass and continue the cycle and the eventually I just had to pull myself together and go well you cant live like this forever you know and people have been I think its like after someone loses someone you know they lose a family a close family member and whenever they bump into people that know they have had a bereavement umm and they bring it up every time you see them and its like quit it you know I am moving on give me time and I was sort of the same just like okay there is a very obvious elephant in the room just don't mention it you know lets just talk about the weather umm so I guess

I: so how long was it before say like when it first started to happen and then until you were in a chair was that what a couple of years or?

P: yeah so I have been in a chair permanently now for eighteen months

I: eighteen months okay

P: and for the six months preceding it so for two years it has been you are gonna be for six months it was you are gonna end up in a chair probably and then for eighteen months that was it and I am in it now forever you know

I: so when you were first diagnosed were they able to give you some sort of prognosis in terms of how it would pan out or?

P: well they weren't really because umm when I was first diagnosed my lungs were just so difficult to manage I was on oxygen all the time and had chemotherapy to calm down the inflammation in my lungs so there was there was just a I



I: mean some of the doctors who looked after me then now back and they were like we never though we would ever get you off oxygen never mind back to uni and playing sport so there wasn't really anything said at that time cos they didn't know how it would go umm and just the way its its just been you know some people have lupus and yeah they are bothered with it and they are tired a lot and some people unfortunately like me have it where its quite serious you know its just difficult to manage and no there is no I think now we are at a stage where the medication I am on should hopefully keep it from ever getting as bad as it was that's the plan umm

I: I guess its finding what works for you as an individual because everyone will have different treatment plans and patters and

P: yeah

I: you'll learn I guess now because you have had it for a number of years I guess you will know what kind of sets it off and what you should and shouldn't do at certain times

P: totally

I: and not push yourself and when you can push yourself

P: common sense would be not to be training for two and a half hours every day and then having a match for (..) you know that would not be sensible but it's a two week period of the world cup that happens every four years I am not gonna say no (laughs) so yeah umm I am wise about it

I: yeah cos I mean yeah a lot of people that I have spoken with have said that it being in pain and training through that is just part of maybe being disabled and being involved in sport you have to learn to kind of manage things the best way that you can but giving up on sport isn't isn't an option so you just have to kind of negotiate that and

P: there would be a huge gap in my life if I had to give it up you know I would be gutted so what would I fill it with I am not sure what I would fill it with so

I: do you think you would see yourself differently if you weren't involved in sport just generally?

P: umm yeah I don't think I would have as much of a purpose I mean yeah my course is would provide me with a lot of purpose I suppose and I would find I was busy enough just doing it but no I don't yeah I think there would be a big a big hole there that I would sort of its funny cos like say if someone like if im not not feeling great or if I am just uber tired or something and one my mates is do you wanna a wee shove if we are going up a hill or something and I say yes I instantly feel super disabled that someone is pushing me and people I feel people look at me differently when I push myself I don't feel that way at all which is so dumb because like its just the same

I: but yeah cos its almost like you are letting someone help you and (P: yeah) that needing help is associated with being weak and needing help and its that kind of notion I guess in your mind

P: totally so when I play sport there is none of that like and I think yeah if I didn't have it then that would make me like sort of yes sort of I would see myself differently yeah

I: and I think (..) do you think having being in a wheelchair makes that cos lupus as a condition does everyone end up in a wheelchair or?

P: no not at all

I: cos I think that if your ill like quite seriously ill but no one can see that your ill and being disabled by what you have then I think that makes a difference as well because people are almost like well get on with it whats wrong with you and

P: yeah totally

I: yeah

P: cos I mean a lot of people with lupus can have people saying to them like oh you don't look sick

I: and its like well I am

P: yeah I am in fact actually yeah it just happens to be that its affected my spinal cord which is why I am in a chair but no I mean I know a few other people who have it but you couldn't tell that they are not well you know and umm there is a girl I know who had to go for a renal transplant because her kidneys got that bad but you couldn't really tell I mean she looked a bit tired but

I: apart from that

P: yeah so yeah I guess

I: is that notion of visibility and invisibility and how that kind of pans out as well (P: totally and I think) cos people see your chair and immediately would say well you're a disabled person even though you may not feel like that yourself (P: yeah)

P: like you get people sometimes with an invisible disability fighting for the right to use the label and you see that you know and umm cos I mean I remember having this conversation with folk about disabled toilets and uh I remember them saying oh I get really annoyed like by other people using the disabled toilet and I go like well they might have a stoma or something you don't know like tucked under their jumper how would you know like I don't walk around being like I need to use the loo you know and so I was like that's a non starter like you cant say that cos you don't know what people have umm but yet yeah when you sit in a car park and someone who appears to be able bodied walks back to a car that's taken a wide space but they have a badge so you cant say anything that annoys me so yeah it is quite yet if your someone with I don't know like arthritis maybe something pretty hidden like umm but they

I: but quite debilitating

P: yeah if its bad then you need a disability badge so yeah its I guess it I guess they probably have their own challenges in trying to reinforce like actually I do have a disability

I: yeah and I think all this thing it all kind of pans out in different ways (I: yeah) that's kind of I guess what I am looking at when like with my work and seeing how people you know how your internal definition and how you see yourself is different compared to how other people would see you and how kind of you negotiate that and how you deal with that on a day to day level not just on like a macro scale but more like the kind of the interactions that you have on a day to day basis how that influences kind of how you then carry yourself and how you see yourself and so but yeah

P: cool yeah it is I mean for some friends like I have said to them that we should pop them in a spare chair and just send them up the town themselves umm because you do you do get people say some utterly dumb things to you like umm you know watch out speedy and you say oh sod of you know I am not five you know and or like oh I wish I could sit down all day

I: oh

1:13:56

P: seriously (laughs) you know it's a I do feel like you know sometimes I just say to people just take a chair and just see how like looking at how I was telling you about looking for flats like I was I saw a flat on gumtree and it was perfect and uh on the on the pictures it just looked like it had a threshold front door the step was maybe about a foot and a half and that half a foot meant that I couldn't you know like pop a wheelie and just hang on a and pull in I couldn't do it it was just too high it was only half a foot and I was just that's so annoying it doesn't need to be that high you know (laughs) and so little things like that can really wind you up umm but yeah you just there is nothing you can do so you need to just be like oh well fine fine you know

I: is that like your sports chair cos it (..) looks

P: no this is my day chair

I: okay

P: no my sports chair is well they are all down at Medway so I cant down at where we are playing so I cant show you I am sure I have got a picture of it somewhere on my phone

I: I imagine are they lighter or (..) easier to move?

P: yeah much lighter much lighter I mean this is an NHS chair and its at the end of its life im actually getting a new one in a couple of weeks umm but yeah they are made of like these are just metal umm my sports chair is made of titanium umm (I: yeah yeah) and the wheels are heavily cambered so umm they are about fifteen degrees of camber on them which gives you much better movement within the you know by just doing this just doing that with my trunk I can move my chair it will move with me when I am all strapped into it umm and yeah you strap in at four levels to make sure you that when you do tip over you don't coming flying out so they can just right you easily so there is not you on the floor and your chair over here (laughs) but yeah they are so much lighter and when you get back in this it feels like a tank compared to it you know like pushing carpet in here is like you don't even need to go to training cos carpet is ten times harder to push on and you know concrete or anything so umm but yeah its not I mean its not a grannie chair but by any stretch but still its heavier than it could be it could be a lot more

I: I mean you say NHS chair and you just immediately have a conception of what that would be like

P: yeah a bit like the chairs you see in Asda or something yeah there this is one that they say is like for an active user but even then its not as light as it could be like it could be titanium and it could be way lighter but the NHS wont pay for that so you have to I mean you could buy your chair yourself but I don't have the three and a half grand to pay for it so (..) so I have to go with what I am given

I: so did you get your sports chair funded or?

P: again through donations

I: through donations (P: yeah) yeah

P: so all wee drips and drabs

I: and that's another thing that can hold people back from being involved is the fact they just cant afford you know the the equipment and I guess that's why it is good that you got those chairs as part of your club so that people are welcome to come along and if they haven't got an appropriate chair they can at least kind of play

P: totally cos like my chair was 1200 quid umm but it was an ex demo and that was why it was 1200 umm brand new it would have been well over 3000 and you know no one you just cant afford that any kids you know kids might have a notion that they want to play but their parents think they cant fork our for a chair for them so umm it is great having the council on board and they have funded our six chairs and hopefully we will get some more you know umm cos yeah cos as well as like your chair you know like my chair is pretty much made to measure for well it was an ex demo but it just happened to be that it measurements fitted me perfectly you know umm because if your in a chair that is too big for you then your wasting energy and you know so its all that you know its like buying a pair of shoes (I: yeah) your chair has to fit as well as your shoes (I: yeah yeah) you know

I: cos I guess like you say before it becomes part of you when your in it (P: totally) so do you feel like it is just an extension of your

P: yeah (I: yeah) its my legs (I: yeah) so its you know yeah and if you sit in a different chair even though I cant feel me legs it feels different so its yeah its part of ya

I: yeah cos one of the girls said to that her chair she just got quite a new chair and she has some like lights on it and stuff and like her friend was like why have you got why have you decorated it and she was like well you wouldn't go out wearing scruffy shoes so why would I go out in like a scruffy chair

P: yeah

I: like its that kind of idea of about and how you fit

P: totally and like when I got this chair I put on these wheels so these are carbon fibre wheels cos I didn't like those spoked wheels that the NHS gives you I didn't like them and they give you these big fat grey casters and I was like they just look super disabled and the guy was like you what and I said well they do they look super disabled I don't want them so (laughs) got him to put these on it and he was just looking at me like umm news flash kinda thing you know

I: is that signed by someone?

P: no that just like the make of the chair so (I: oh right okay) its called an Argon but it is all scraped off so umm but yeah this chair is too wide for me now so like if I move over like there's a gap (I: yeah) which means it is too big and im wasting energy so im getting a new one which will be a wee bit lighter cos of sort of beat the door for them to be lighter please cos you know whenever (..) even when you if you take like this morning I have been our of the car twice this morning on the messengers ive done so you wheel from here to the car transfer in and put the wheelchair in the back park up wherever you transfer out then get back in and you know like you maybe have twelve transfers just going doing a few messages and if your chair is heavy and your doing that everytime you know so its in the NHS interest to have it as light as possible because if your shoulders are sore then you cant play sport then you get unfit then you (..) you know

I: it's then the physio and they have to pay for you to have physio

P: exactly so its in their interest to get you a lighter chair (I: yeah) well that's what I have told them anyway (laughs)

I: I am conscious of the time cos I don't want to take up too much of your (P: no worries) but I have kind of I think kind of covered most of the bits and pieces but what if its okay with you what I will do is transcribe the interview umm and then like just go through it initially and then any bits cos it's the nature of the beast like you get back and think why didn't I ask that then or why you know why didn't I follow up on that umm maybe do like a follow up interview over skype or something?

P: sure sure

I: when you have got some time

P: yeah in a couple of weeks perfect that will be perfect

I: and then I can cos I think having face to face interview is definitely better than trying to speak to someone on the phone and its just easier to interact with someone when you are with them

**\*End of recording\***

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