An Autoethnographic Exploration of Disability and the Cultural Norms Surrounding Health and Fitness

by

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Abstract

Throughout my experiences in the vast field of fitness, physical activity and sport, I have felt the need to pause, and to reflect on my own personal experiences in relation to disability. While reflecting I came to question why my experiences were happening and wanted to understand more in depth about the cultural phenomena within this environment. My main focus was on why different sporting events, fitness facilities and various physical activities that I took part in were excluding people with disabilities by creating socially constructed barriers to fitness. What was happening that made certain sports successful in being accessible to people with disabilities? What was being done well, and what was not working? By using an autoethnographical approach, and analyzing my own stories and experiences, I hope that this study can increase our knowledge and understanding of the barriers that are affecting people with disabilities and their supports when they attempt to access a form of physical activity. I also hope that by telling my stories, the readers of this autoethnography can connect and slowly change their perceptions towards viewing people with disabilities more positively in the fitness industry with the overall goal of removing these systemic barriers.

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Thank you to my sister who allowed me to share her stories. As a child I often felt like a mouthpiece for my sister when she could not speak for herself. Thank you for your positivity and your brightness, you have made me see life through a completely different perspective and I am forever grateful for that.

Thank you to my mother, who has always supported me no matter where my path took me. Even though you are 24 hours away, you were always able to pick up the phone and listen to my ranting and thought processes over the last two years. I love you.

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Chapter 1: Preface and Statement of Topic

In autoethnographic research, it is common to begin with a personal experience that the researcher wants to understand more deeply, fully, or meaningfully (Adams, Holman Jones, & Ellis 2014). The topic that I want to appreciate falls within the realm of disability, fitness, physical activity, accessibility, and the cultural norms in these environments. Throughout my life, I have been an active person who has always enjoyed a physical pursuit whether it be a gymnastics program, sports in school, or simply working out in the gym. This physicality has become part of my personal identity. While in environments related to physical activity, I have never been discriminated against because of who I am, and I have never faced barriers to my fitness. People with disabilities face barriers to physical activity that are systematic and widespread throughout society such as financial, physical, attitudinal, psychological barriers, as well as a lack of general understanding towards disability within the fitness field. I am privileged to be a non-disabled woman in a world that is created for the non-disabled person. Looking back, my experiences have all been taken for granted. While completing my Masters and writing this thesis, I truly I began to think about my environments through a disability lens, I began to realize how privileged I am to be able to enter facilities, fully participate, and not have to adapt my routine or the facilities' routines to meet my needs. I have never had to fight for my right to simply take part and be included.

This thesis is an autoethnographic exploration on my experiences as an ally to people with disabilities and the accessibility barriers to physical fitness that are present in the Canadian context. For the purpose of this thesis, an ally is defined as a non-disabled person who is actively working to eliminate disablism and ableism (Kitchin, 2000). An ally can be motivated by self-interest, moral obligation, or commitment to fostering social justice (Kitchin, 2000). Disablism is the systemic discrimination against people with disabilities and is grounded in the social model of disability which will be discussed further (Goodley, 2014). Ableism is the obvious or hidden values and normality towards non-disabled people while devaluing, stereotyping and labelling people with disabilities as “other” (Kitchin, 2000). Ableism is based on the ideals which the productive citizen is based off of (Goodley, 2014). Meanwhile, disablism is the social, cultural, psycho-emotional and political exclusion of people with disabilities (Goodley, 2014). The preference for non-disabledness is overwhelming and can be felt in all areas of life (Berger, 2015), as disability is considered abnormal within North American society and any achievements by people with disabilities is seen as overcoming their impairment (Kitchin, 2000). Ableism can be passive in the beliefs, attitudes and actions that uphold ableism, without non-disabled people actively advocating oppression of people with disabilities (Kitchin, 2000). Oppressors are not always actively or deliberately discriminating against people with disabilities, however, the ableist beliefs have become so systemic that this results in discrimination against people with disabilities. None of us are the perfect allies, and maybe one allies beliefs will not eliminate disablism and ableism, but I believe that every little bit helps, and any attitudinal changes can help gain disability rights.

Throughout my life, I have always been in close contact with people with disabilities. My sister has a disability and I have seen her experiences, and those of her peers within the school system, our personal lives, and while she took part in therapeutic activities for people with disabilities. As I completed my undergraduate degree at Queen’s University, I was a volunteer at the Winter Adapted Games (WAG) for non-competitive games and activities in the community for children and youth with disabilities. Directly out of my undergraduate degree I worked as a camp counsellor at a camp in Alberta that provided campers a vacation that involved recreational activities for children and adults with physical and developmental disabilities. At this camp, I provided personal care but also supported the individual in trying new tasks and breaking down participation barriers by adapting tasks to meet their needs. I then moved to Manitoba where I worked as a personal support worker. In this role, I supported individuals with developmental and physical disabilities in their homes by providing personal care, assisting with day-to-day household management, while promoting involvement in their community and facilitating skill development.

Currently, I work as a Facilitator and Supported Independent Living Coordinator at a life skills day program for young adults with developmental and intellectual disabilities. At this program, participants choose occupational based goals and together with the Occupational Therapists, facilitators, and family supports we work towards the goals at both the day program and in the participants’ homes. The goal is to enhance the participants’ social, emotional, cognitive, and physical well-being by reaching their own occupational based goals through various interventions. Throughout these experiences, clients and participants have pointed out barriers in all areas of life, but I have personally taken a keen interest in the barriers they have vocalized surrounding physical activity and fitness. My experiences take place in Smiths Falls and Kingston, Ontario, a summer camp in Alberta, as well as Brandon and Winnipeg, Manitoba. To create confidentiality, I will not be using names, locations or any other personal information that could identify the people who I have met throughout my experiences.

I am ashamed to say that even though I have a sister with a disability, I had many ableist thoughts and ideas before some of my work and volunteer experiences. Even though I was related to one person with a disability, I had not come into contact with people with other types of disability. My world in relation to disability was based on my sister's world and experiences. Throughout my work and volunteer positions, I have been fortunate to be friends with and to support dozens or more people with disabilities who I have learned so much from. This thesis will be a synthesis of the knowledge I have gained by listening and understanding their unique perspectives.

Aims of the Thesis

The aim of this autoethnography is to explore the barriers that people with disabilities experience related to physical activity and fitness by exploring my personal thoughts and experiences related to the topic. By looking at my own stories, reflection, and answering the "why's", I will be able to analyze the themes within this field to make changes in the future within this environment. "In thinking *about* a story, we reduce the story to content and then analyze it, hoping to find larger categories, themes, or patterns," (Ellis, 2004, p.197). Through autoethnography, readers will be able to bring forward emotional responses related to topics that are often overlooked by social scientists (Ellis, 1993), while motivating cultural criticism (Ellis, 2004).

People with disabilities have the expert opinion on these experiences but I provide the viewpoint as an ally, volunteer, facilitator, and sibling. My research can provide a more thorough understanding of the barriers for people with disabilities to service providers such as physical activity centers, as well as to the coaches and staff who work directly with people with disabilities. The overall goal is that this information can influence and change the cultural and attitudinal environment.

Research Question

- How do my own experiences related to disability as an ally offer insight into the barriers that people with disabilities face related to physical activity? In my own experiences, what are the reasons for these barriers, and how have I seen certain fitness centers or sports remove these barriers?

Sub Questions

- Within my stories, how does the discourse that surrounds disability and physical activity impact people with disabilities and the people who support them?
- What research or changes, if any, have I seen in my life reduce the barriers faced by people with disabilities in physical activity settings? How have these changes altered my experiences as an ally for the better or worse?

Objectives

- To reflect on my personal experiences and analyze them with a disability lens

- To develop connections from my personal experiences to the social and cultural norms within society
- To address the cultural norms in my stories, critique them, and provide alternatives that are disability friendly
- To provide insight and suggestions to other allies from my own experience as to what is accessible to people with disabilities in relation to fitness and how best to foster this environment
- To take my experiences and connect them to what I am seeing on online platforms (social media, news stories, videos)
- To critique and make contributions to current research and theory

Chapter 2: Introduction

Connecting Me to Disability

My only sibling is 29-years-old. At the age of three and a half, she was diagnosed with global delays and Developmental Dyspraxia which affected her speech and gross and find motor skills. More recently she has been diagnosed with Pre-Menstrual Dysmorphic Disorder, resulting in behavioural changes that have affected her quality of life and is currently being treated with drug therapy. The National Institute of Neurological Disorders and Stroke (2019) defines Developmental Dyspraxia as “a disorder [sic] characterized by an impairment in the ability to plan and carry out sensory and motor tasks. Generally, individuals with the disorder appear "out of sync" with their environment” (National Institute of Neurological Disorders and Stroke, 2019, p. 1). The institute continues to provide readers with a list of symptoms that are present which can include balance and coordinator issues, vision problems, difficulties with perception, problems regulating emotions and behaviours, poor posture, and an overall difficulty in reading, writing, speaking, social skills, and short-term memory. Overall, these individuals might have average or above average intelligence, but shockingly to me, it is also written that they may behave immaturely (National Institute of Neurological Disorders and Stroke, 2019). Any list of symptoms is in my mind, negative, but it felt like an attack on my sister when I read these terms.

When I first looked up the definition of this disability, articles referred to the “clumsy child” (McGovern, 1991) and noted that children were out of sync with their environment. From a young age, professionals told our family that my sister’s life was going to be full of “won’ts” and “can’ts”. She was never going to be able to do the same things as me and there were no expectations for her to succeed in certain tasks. I remember being told that she would never gain an education after her adapted high school education, have a romantic relationship with another person, live on her own, create a family of her own, drive a car, or have full time employment. There were so many things she was never expected to be able to do in comparison to my life, and I began to question these facts. Professionals such as doctors and teachers often put limits on her expectations, and I felt that my family took these limits as fact and we never pushed the limits. Looking back, I realize that being in a rural town in Ontario, it was hard to push the limits as the supports were limited. As my sister has gotten older, disability awareness is more prevalent in our community and she has more opportunities to take part in all areas of life.

As a child, my sister never seemed different to me. We lived in a small township on the outskirts of a small town. Living in the country, on a dirt road, with the closest neighbour being my grandmother down the road, my sister was my best friend. She was my playmate, my secret keeper, my co-conspirator, and my best friend. Even though my sister was older than me, we learned to do a lot of things at the same time such as learning to walk, talk, and learn new skills as we hit developmental milestones. Again, this was something I never questioned, and thought was pretty cool to share with my sister.

She never seemed at odds with her environment and I only ever thought of her as my sister. Yes, she was different than me, but so were all of my peers, every one of them an individual. I began to notice she had differences when my friends could not understand what she was saying. Interestingly, since I had grown up learning to talk while my sister learned to talk, I understand her and knew the words she was asking, even when others could not. This is a skill I still have, and when I am home on vacations, I notice that I still pick up on words that family members or friends cannot understand.

As my sister grew older, I began to see that she slowly became more segregated from society. In elementary school she was involved in the mainstream classroom with the support of an Educational Assistant, had friends with and without disabilities, was known by many, and most importantly took part in the school culture. When she entered high school, she was placed in the “Systems Designated Classroom,” commonly referred to as the “Spec Ed” class, and only took part in one mainstream education course each semester, again with the support of an Educational Assistant. She was no longer invited to birthday parties or events for her non-disabled peers. She did not spend her weekends out with her friends as I did. I noticed she became isolated and any social interaction that took place was facilitated by my family, a paid support worker, or through her therapeutic recreational programming. Sadly, I was a self-absorbed teenager whose main interests were boys, parties, and clothes. I did not notice this exclusion my sister was experiencing, and since I was not paying attention to it, I was unable to question it. If I could go back in time, I would go back and advocate for my sister more and fight for inclusion at an earlier age. This thesis is just another way that I am trying to fight for her rights.

When she started participating in sports at a young age, I noticed my sister was put in a special class apart from other children. She was involved in therapeutic riding, therapeutic gymnastics, and later the Special Olympics. As an adult, she continued to participate in sports such as Paddle All, canoeing and kayaking for people with disabilities, and other Special Olympic sports. Currently, she attends a life skills day program from Monday to Friday, spends alternate weekends with her support workers, and takes part in social activities with other participants with disabilities. If not for my family and for the strong support that she has in our community, she would become isolated.

I have experience working as a personal support worker with people who do not have the same support networks as my sister. As a result, the social connections and meaningful occupations were limited to the effort put in by their support staff. When I was being trained at one of my jobs, a staff told me “every person with a disability will have hundreds of paid supports throughout their life” and this has always stuck with me. This is the truth for many people with disabilities, and when I look to my life, the connections I have with my loved ones and friends are what make my life meaningful. I have spent many days and nights thinking about solutions for this, but they will not be answered in this thesis.

In the World Health Organizations (2011), *World Report on Disability*, Stephen Hawking begins the foreword by saying “disability need not be an obstacle to success,” (World Health Organization, 2011, p. ix). He continues by saying that people in society have a moral obligation to remove barriers to participation. We should be investing money and expertise into unlocked the potential of people with disabilities. Our world has hundreds of millions of people with disabilities living in it who are denied basic necessities of life which many of us take for granted. They are denied access to health, rehabilitation, support, education, employment, and many, many more (World Health

Organization, 2011, p. ix). They are never given the opportunity to showcase their abilities because they are being cast aside. How are we able to say someone is unsuccessful if we never provide them with the basic tools to be successful?

In so many of my areas of life I have seen these barriers but feel very connected to the lack of participation in sport, fitness, and physical activity which I will explore in this thesis.

Chapter 3: Theoretical Orientation

For this autoethnography I looked into various theories that related best to disability and physical activity. The three theories that will be underlying this autoethnography include the social model of disability, contact theory, and pedagogy theory.

Social Model of Disability

The main theory that will be used for this autoethnography is the social model of disability in contrast to the medical model of disability. People with disabilities have fought hard to have their rights acknowledged. They have ignored and rejected the medical, individual, personal tragedy models of disability and have focused on a theory where disability is created through a social relationship. Within this relationship, society creates an environment that is both physical and attitudinal which disables people (Stone & Priestley, 1996, p. 701). This disabling environment is created by the people in society and is produced by the culture that people with disabilities live in. The environment can be structurally oppressive for people with disabilities because how we facilitate or run organizations and services (Stone, 1996).

Derksen (1980) notes that the medical model of disability assigns people living with disabilities to a “sick” role within society, where their sole responsibility is to regain health and return to the “norm”. In many cases, the “patient” is treated as a child and is expected to follow orders from doctors or other health professionals in the field (Derksen, 1980; Barnes, 2010). These individuals lose almost all of their rights and are denied access to society (Lovell, 2010). This narrow view of disability reinforces negative attitudes, such as that of a burden or being limited, and stereotypes about disability in the community (Kitchin, 2000). The medical field treats people as bodies made up of parts that are meant to be manipulated and rehabilitated until they are whole, in which case they give up their ability to make decisions or think for themselves (Hamraie, 2017).

The first time I heard about the social model of disability was for the program that this thesis is a partial requirement for. My undergraduate education had been rooted in the medical model of disability, so everything I had learned was seen from a deficit, or problem-oriented perspective. After I graduated and began working at a camp for people with disabilities, I questioned why we use this approach. After I had met so many people at camp who told me stories of their disability rights activism, their living situations, and the big and small ways that they were taking down disability stereotypes, I was still surprised that society uses this deficit approach. This was one of the main reasons I decided to further my education in Disability Studies. I was curious as to why and how we could change society from one perspective to another.

Society is very ableist so that those who are not "normal" are seen as different, and people often fear the unknown (Derksen, 1980).

> Hence, the focus should be less on disabled people striving to do things 'normally', whatever that might actually mean, and much more on the simple, wholly unexceptional *normality of doing things differently,* and acknowledging, tolerating and maybe even (cautiously) celebrating the many and hugely varied ways in which things can be done (Hansen & Philo, 2009, p. 264).

In opposition to what Hansen (2009) has noted above, many people within society are seen only for their disability and not for the person that is within. This approach is related to the medical model where society only sees what is different and must fix it (Derksen, 1980; Durell & Durell, 2014).

“The greatest handicap is not a loss of limb or other disability but the weight of public opinion” (McMurtie as cited in Michalko & Titchkosky, 2009, p. 772). People with disability who take part in fitness and physical activity are not seen for their achievements but for their deficits or are seen as “overcoming” their disability when they are perceived to succeed (Kitchin, 2000). Instead of simply being skilled in a sport or movement, I have noticed that the media often focuses on their disability and how they are excelling “despite” their disability. Many individuals who are born with a disability often do not understand their rights and may accept the fact that they are unable to identify aside from their disability because this is all that they have ever known. Individuals such as war veterans have the benefit of another identity prior to disability, and the knowledge that they have rights to exercise this individuality in sport and physicality (Wilhite & Shank, 2009).

> The significance of disability theory and practice lies in its radical challenge to the medical or individual model of disability. The latter is based on the assumption that the individual is ‘disabled’ by their impairment, whereas the social model of disability reverses the causal chain to explore how socially constructed barriers have disabled people with a perceived impairment (Barnes, Mercer, & Borsay, 1997, p. 1-2).

The social model points towards disabling barriers as the reason disability is present in society. This perspective of disabling barriers is in contrast to the more common understanding of disability as personal tragedy or a medical problem that needs to be remedied. The social model instead of the medical model, gives people areas or barriers that require political action or activism to create change. By directing our efforts towards these barriers and creating changes, society would be able to remove social exclusion for people with disabilities. The social model of disability not only views disability in a positive light, but it also provides solutions to inaccessibility (Barnes & Mercer, 2004).

Society imposes restrictions on individuals with disabilities (Oliver, 2013). In the case of physical activity, these restrictions are created by the oppressors. Within gyms, these oppressors can be numerous. They can be gym staff, coaches, personal trainers, community planners, building architects, CEOs, and support staff for people with disabilities. These oppressors do not create sports or fitness centres that are accessible for those with disability (Freire, 2005). By simply not including this group, they are being oppressed and pushed to the margins (Derksen, 1980). The social model of disability describes how society creates barriers to participation for people with disabilities. In my research, society is creating barriers for people with disabilities to take part in physical activity. Shakespeare (2007) sees disability as a complex interaction between factors intrinsic and extrinsic to an individual. We must consider both the social norms and atmosphere and the natural or biological circumstances resulting in the formation of the concept. Second, we must analyze the social norms and the natural or biological atmosphere to a deeper understanding of these concepts (Shakespeare, 2007).

My thesis focuses more on the social norms and atmosphere that result in these concepts. I analyze the social norms to gain a deeper understanding of these concepts. Analyzing the exact natural or biological circumstances would be very case specific for every person I have known who has a disability.

Contact Theory

Throughout this thesis, I will also discuss Gordon Allport's (1954) contact theory. Contact theory was developed by Allport to help reduce prejudice directed at race, and it states that socially constructed stereotypes and the associated hostility can be reduced by contact between members of different races, or in this case individuals with and without disabilities (Harpur, 2014).

As we begin to better understand someone on a personal level, our prejudiced ideas slowly begin to go away (Allport, 1954). Over the years I have brought friends and partners to meet my family. Many of these friends have had zero experience with people with disabilities and have preconceived ideas of what my sister would be like. They thought she would not be able to communicate with them or understand what they are trying to say. They thought that they would have nothing in common with her and would make no personal connections. As they began to spend more time with my sister, they realized that she was just like them, a person, with likes and dislikes, and found something to bond them together. I saw my sister creating these relationships during a competitive game of Spot It, over hours of completing 1000-piece puzzles, and splashing around in swimming pools. To me, nothing brings more peace of mind to me than seeing my friends put aside these prejudices and spending time with my sister as a friend. I have seen how these prejudices have been removed simply by spending time with a person with a disability.

Just having someone with a disability present is not always enough to create positive attitude change. Allport's theory is used to understand what specific conditions must be present to ensure that positive attitude change can be achieved (Allport, 1954).

> Allport (1954) specified four necessary conditions for contact to improve negative attitudes: (a) equal status, (b) common goals, (c) cooperation, and (d) identification and acceptance of social norms provided by authority, which have been interpreted in a variety of ways in contact theory research (Mckay, 2018, p. 22).

These four necessary conditions should all be present within the physical activity setting to ensure positive attitude change. Equal status is created when non-disabled people and people with disabilities are seen as equal within the environment to reduce antagonistic attitudes (Mckay, 2018). This would mean neither group receiving preferential treatment within a gym facility or within sport. Activities should be cooperative and not competitive with both groups working alongside each other for a common goal. Yes, there is a place for competitive, high level sport where we have elite athletes, however, when not in these settings we should be trying to meet the needs of all people who are taking part.

It has been shown that cooperative awareness activities such as the Paralympic School Day can have positive impacts on attitudes towards disability. The activities during this day were cooperative, meaning students without disabilities worked together as a group with a Paralympic athlete to meet goals at activity stations (Mckay, 2018).

Instead of having non-disabled students take part in non-disabled sports, they were able to take part in Paralympic sports and worked with disabled athletes to learn a new sport (Mckay, 2018). If the students had been competing, this could lead to stereotyping, hostility, and placing lower value on the accomplishments of others (Mckay, 2018). The level of personal connections during cooperation is important to attitude change. Mckay (2018) states that, "… personal situations provide the chance for participants to acquire more information about one another and to get to know one another as individuals," (Mckay, 2018, p. 22). I have seen these attitudes change with my sister and people I have supported. They are no longer seen as "other" when they are able to express themselves and are given the opportunity to take part. The final piece of the puzzle is the suggestion that attitude change between two groups requires support from authority, such as laws and customs, and that this authority establishes a norm of acceptance (Mckay, 2018). This would be having a fitness facility that was inclusive to the participant of people with disabilities, with staff or trainers who are prepared to include instead of turning away.

Having people with disabilities taking part in fitness at gyms or various other centres of activity will make them more visible and they will become expected in these environments. Prejudice can be seen as hostility in attitudes or feelings towards people who belong to an assigned group that has objectionable qualities. People may react in relation to a group that they dislike in a way that does not directly relate to what they think or feel about them (Allport, 1954). For instance, two gyms could have prejudiced gym owners, but while one has educated staff on disability and ways to adapt workouts, the other would create no changes in policy or how they run their gym. The difference is that the second gym own is discriminating against people with disabilities by creating social consequences (Allport, 1954). By implementing the four necessary conditions, a gym would be able to reduce these prejudices. “Contact theory is particularly relevant to adapted physical education (APE), as it forms the basis for many awareness and education intervention programs, and awareness and education intervention programs provide one avenue to impact attitudes related to inclusion,” (Mckay, 2018, p. 21).

Our negative attitudes and perceptions of people with disabilities begin early in our lives. I have several friends who had almost no interaction with people with disabilities throughout their childhood and grew up to have negative attitudes or a lot of ignorant and incorrect ideas surrounding disability. One of the reasons for medical model thinking versus social model thinking can be the overall lack of exposure where children without disabilities positively interact with children with disabilities (Tindall, 2013). If everyone had positive interactions with people with disabilities as a child, would overall societal attitudes towards people with disabilities be more positive?

In Tindall’s (2013) study, girls aged 14 and 15 at an all-female secondary school in Ireland took part in a disability awareness program in their physical education classes which used contact theory as its basis. Disability awareness occurs when students without disabilities take part in an activity which can simulate a disability which gives the non-disabled person the perspective and insight into a specific disability. When children or people without disabilities take part in sports that either simulate the disability or include people with disabilities, inclusive attitudes can develop. In this study, students were introduced to sit-volleyball. The study used both pre- and post-semester questionnaires to determine attitudes towards disability after the program. Focus groups were also conducted to further understand the changes in attitude. The study showed that the students were able to gain exposure and experience towards disability awareness, but more research needs to be done to determine how to teach the students to advocate and gain ownership. The overall finding of the study was that attitudes changed to be more positive, and most students were interested to learn more about disability and take part in more disability specific sport in their physical education classes (Tindall, 2013).

Loovis and Loovis (1997) completed a disability awareness unit with students in grade two to six where they took part in different activities related to physical education and disability. These included sign language exercises, using a wheelchair to navigate through an obstacle course, and limited mobility. The findings showed that the students came out of the unit with more positive attitudes than going into the unit (Tindall, 2013).

If this culture of acceptance is created from a young age within the school physical education system, then people would grow up understanding physical activity related to disability and would remove these prejudices Instead of removing people with disabilities from the physical education, they would take part and these attitudes would carry over to physical activity past high school. If the contact is structured and well thought out, the results could have a large impact on the way society interacts with people with disabilities.

Pedagogy of the Oppressed

Freire’s (2005) pedagogy theory states that within any power imbalance with oppressors and the oppressed, the oppressed have to liberate themselves. Initially, his theory was not used for people with disabilities, but since has been used by many oppressed groups in society. To become free the oppressed group must reject the image of the self that the oppressor has created and replaced it with autonomy and responsibility. Freedom then becomes the result of praxis, or informed action, when a balance between theory and practice is reached. Freire’s pedagogy has two stages, the first being the oppressed understand that they are oppressed and then commit to change (Freire, 2005). The second stage of the pedagogy begins when the reality of oppression has been changed, and the pedagogy no longer exists, seeing both groups of people permanently liberated (Freire, 2005).

In relation to disability and physical activity, the oppressed group are people with disabilities. The oppressors vary and can be anyone who is supporting a person with a disability, or anyone who is providing a service to people with disabilities. This can start with the CEO of a company, the architect, the managers, the day to day coaches and fitness staff, to the support staff that a person with a disability may employ. People with disabilities seem to be oppressed by anyone who is nondisabled.

Nevin, Smith, and McKay (2008), used critical pedagogy theory alongside disability studies to support role changes for students with disabilities. Previously, education was needs-based, with a very medical thinking that helped students cope with their deficits. By using pedagogy theory and disability studies theories, the authors supported a person-centred approach which was empowering, focusing on strengths and teaching service providers (teachers) that people with disabilities are competent and they are complex (Nevin, 2008). Education is not simply providing information to a person or group of people but is an empowerment process that gives individuals choice and influence on their own lives. Within their framework, Nevin, Smith and McKay (2008) outline questions that should be asked when creating education or services for people with disabilities such as: are you working with the person to access resources that result in self-determination; is the social context taken into account, and does it promote social justice; is the person being respected as part of a diverse range of humans; are you listening to people with disabilities? (Nevin, 2008).

Although the research by Nevin (2008), is related to education, I believe that this work can be used to assist service providers in relation to disability, health and fitness. Nevin (2008) hoped that the framework would provide professionals from different areas with the tools to focus on strength-based liberation alongside people with disabilities (Nevin, 2008). I had searched for research that included pedagogy theory, disability and education and found many studies and articles however, I was unable to find a study that included sport or fitness. Studies such as Tindall’s (2013), use education in relation to sport and disability, and I feel that it would be possible to thoughtfully incorporate Freire’s (2005) pedagogy of the oppressed.

For individuals with disabilities to free themselves from their non-disabled oppressors they must create change themselves before they can be freed. My hope is that by being an ally with insider knowledge about disability I am able to provide information to assist people with disabilities in their push for accessibility and access. This research will also provide service providers, the oppressors, with the tools to understand the oppressive environments that they have created and persuade them to create needed change.

Chapter 4: Methodology & Methods

Before starting this thesis, I was cautious about what type of methodology I wanted to use and what methods would allow me to express creativity, while also respecting my experiences as truth within academia. After my advisor, Dr. Nancy Hansen, suggested reading theses written in the form of autoethnography, I found that I felt this process would give me the most freedom to connect my experiences with those of my readers. There were moments of apprehension and questioning whether my own stories were worth telling but I kept asking myself, why not? My experiences shed light onto important situations for people with disabilities and their supports related to physical activity. This is an area that is not being fully researched and my insights can help with the direction for future research. Carolyn Ellis (1993) writes a very evocative and emotional autoethnography in “THERE ARE SURVIVORS: Telling A Story of Sudden Death.” Until reading stories like hers, I did not fully understand the need or desire for evocative and emotionally written stories as research. As Ellis (1993) writes:

> …we will not know if others’ intimate experiences are similar or different until we offer our own stories and pay attention to how others respond, just as we do in everyday life. The “truth” of this story then lies in the way it is told and the possibility that there are others in the world who resonate with this experience. Most likely, my story is unique enough to provide comparisons, yet universal enough to evoke identification (Ellis, 1993, p. 725).

Defining Analytic Autoethnography

It took me a while to fully understand what an autoethnography entailed. Initially, I thought it was simply writing stories, but then how could that result in a thesis? After reading several autoethnographies that were within the field of Disability Studies and beyond, I felt that I was able to connect with the author. Instead of simply reading a document to understand the information, I was reading and feeling what the author was feeling. This was the perfect way for me to share my lived experiences and to then analyze and deeper understand why these experiences were occurring. I also felt that autoethnography is much more accessible to people with disabilities who may have different abilities. Reading a thesis that is filled with jargon would be more difficult for most of my target audience to understand.

By breaking down the word autoethnography, we can gain a basic understanding of what this form of research entails. “Analytic” meaning to discover through detailed examination, “auto-” meaning self, “-ethno-” meaning culture, and “-graphy” meaning research. Analytic autoethnography is the exploration of cultural, social, and political understandings and meanings through introspection and reflection on personal experiences (Dwyer, 2016). Autoethnography is both the process of doing the study and the written product at the end (Ellis, 2004). “In an autoethnography, the researcher is not trying to become an insider in the research setting. He or she, in fact, is the insider. The context is his or her own,” (Duncan, 2004, p. 30).

Many authors have outlined various goals throughout the autoethnographic process which I plan to highlight in this thesis including:

- Evoking an emotional experience for readers (Ellis, 2004).

- Giving a voice to the story and to the group of people who are often left out of the research (Ellis, 2004).
- Creating writing that is of high artistic quality (Ellis, 2004) or aesthetic merit (Richardson & St. Pierre, 2005).
- To improve the readers', the participants', and the author's lives (Ellis, 2004).
- Facilitating understanding and critiquing the cultural norms while providing readers with content to reflect on norms, experiences and practices with a new lens (Adams, 2014).
- To critique and make contributions to current research and theory (Adams, 2014).
- To use vulnerability to understand experiences and improve social life (Adams, 2014).
- To make research accessible to more audiences (Adams, 2014).
- To develop and refine general theories of understanding and social processes (Anderson, 2006).

Eisner (1991), suggested that qualitative studies such as autoethnography are useful or contribute to the research if they help the readers to understand a situation that is confusing, if they help readers to anticipate future scenarios and possibilities, and if they can act as guides in a situation that could go unnoticed (Eisner, 1991).

From a research perspective, autoethnographies must contribute to current knowledge; they must value the personal experiences, demonstrate reflexivity, and take a responsible approach to the research practice and representation (Adams, 2014;

Richardson, 2005). Another benefit of a good autoethnography is that it promotes connection, empathy, and solidarity with a group (Sparkes, 2002). In my situation, these connections are with other people who support people with disabilities, and for people with disabilities who want to access physical activity centres and take part in sport and physical activity.

The researcher themselves has their own context, lived experience and opinions. In my writing I look out from my personal experiences and provide research to back up the stories that I have lived (Dwyer, 2016). Autoethnographies give readers a complex and nuanced view of a specific area of knowledge about specific lives, experiences, and relationships. Not only do I want to tell my personal experiences, but I also want to connect my personal experiences, insights, and knowledge to the larger, cultural contexts that my story is being told within (Adams, 2014).

Why Autoethnography?

The question still arises, why use an autoethnography or narrative style when discussing disability? Epistemology is the nature of knowledge and knowledge production. Within research, it is questioned what valid knowledge is. Where and who does valid knowledge come from? In addition, what is the criteria to be met for something to be knowledge? (Dwyer, 2016). Narrative research is done within a transactional frame where knowledge is created in social contexts and settings (Dwyer, 2016). Narratives have the ability to give voice to the marginalized and to bring attention to the power dynamic and social justice issues in the social context (Dwyer, 2016). Traditional social science research has silenced the voices of people from the margins, using a deficit-informed approach, similar to the medical model, in explaining lives and experiences (Brown & Strega, 2005).

> … reality is neither fixed nor entirely external but is created by, and moves with, the changing perceptions and beliefs of the viewer. The subjective view, often criticized from a positivistic standpoint, has gradually come to be seen as an acceptable platform for the practice of research (Duncan, 2004, p. 30).

Autoethnographies can be beneficial to people with disabilities and allies, who are sharing similar experiences within the fitness industry (Duncan, 2004). Autoethnography is a way of understanding disability as it expresses the personal and cultural factors. It connects the personal, the disabled body, with the oppression within society. This form of research provides an encompassing disability theory that draws attention to everyday experiences for people with disabilities (Neville-Jan, 2004). Only a person such as I, who is involved in working with people with disabilities, in various settings, and with a background in disability studies would be able to write within this academic context (Duncan, 2004).

Since autoethnographies reflect truths for the author, not all of my results may be replicated in another person's stories. "What are the social/cultural/political conditions that are the circumstances of this experience happening, in *this* way, at *this* time, to *this* person?" (Dwyer, 2016, p. 28). My experiences may not be the same as another person depending on the time, location, and situation of their experiences. I will attempt to explain and uncover the questions brought forward in my experience in the hopes that the answers that I come across can be used to help people with disabilities in their physical journeys. Not only am I trying to reach out to people with disabilities, but I am also trying to reach out to service providers who impact the experience of people with disabilities in their physical activity.

Previously, disability research related to physical activity and sport focused on pathology, medical problems that need to be treated and a personal tragedy to be pitied (Stone, 1996). Within this research, I am be stating what I have observed and why these barriers to physical activity exist. I, the researcher, am tied to politics by challenging oppression and facilitating empowerment for people with disabilities. Instead of simply monitoring from the sidelines, I will be engaging the process of emancipation by providing the reader with explanations for my experiences (Stone, 1996). I argue that although I have ideas and thoughts, they are those of an ally, the true knowledge is in the hands of people with disabilities as the true “knowers”.

Through a social model of disability lens, disability is a social phenomenon that is storied and negotiated in different ways by different people in different contexts. Narratives are particularly useful for disability studies as it can show insights into specific disabilities and the accounts of people with disabilities (Goodley & Tragaskis, 2006). We cannot fully understand disability until we look at it through the perspective of someone with a disability. Marginalization in research takes place when knowledge production has been generated by certain people in certain ways and is accepted as truth (Brown, 2005). The goal of my thesis is to connect myself, an ally, to people with disabilities to the social and cultural context that my experiences take place in, and to bring forward these truths.

> The instrumental utility or usefulness of an autoethnographic case study, although immediately serving the stated purposes of those directly involved in the research, avoids the criticism of being only self-serving by proving how it is useful to others with similar concerns (Duncan, 2004, p. 35).

Organizing My Autoethnography

People organize their experiences and assign meaning to them through storytelling. Through storytelling, we construct our own realities and ways of being. These experiences guide a shared psycho-social-cultural resource which provides substance, texture, and perspective to people’s lives. To understand the self, others, and the cultures we live in we need to explore the meanings that make up these worlds. To understand these, we need to read into our narratives, critique, analyze, and reflect (Smith, 2008; Adams, 2014). Narratives do not occur naturally but are socially created through our experiences (Smith, 2008). I begin this autoethnography by using my personal experiences in my research and in my writing (Adams, 2014).

By simply telling my stories, I am completing one layer of analysis. Ellis (2004), also mentions that an author can "…add another layer of analysis by stepping back from the text and theorizing about the story from a sociological, communicational or other disciplinary perspective" (Ellis, 2004, p. 196). After writing my stories, I felt anxiety related to analyzing the stories. There were people in my stories, people who were allies and had good intentions, and who I did not want to place blame on. I did not want anyone reading my thesis and feeling that I had pointed the finger at them, stating that they made an environment inaccessible. I was worried what my family would think when

I talked about limitations for my sister. After reading about the process of writing, I realized that many authors feel the same way about their autoethnography. They know that the information they are about to write might hurt or surprise someone in their story, but they also realize that the story must be told. The information within the story is needed, and that allies are not always perfect. We all make mistakes, but we can move forward and learn from these mistakes.

There are various ways to organize an autoethnography. The first includes weaving stories with personal commentary, analysis and discussion throughout the entire work. The second involves alternating from story vignettes with discussion, commentary, and analysis on each of these vignettes (Dwyer, 2016). I will be using the latter approach by beginning with a story and following by discussing and analyzing the story. Methods of data collection that are common within autoethnography include observation, reflective writing, and the gathering of documents and artifacts (Duncan, 2004). Since being accepted to the MA in Disability Studies at the University of Manitoba in September 2017, I have been focusing on collecting my stories and experiences in a notebook. I have written down experiences that I recall from my childhood and questions that have arisen since then. Along with my personal experiences, I wrote down what I observed in society such as accessibility to buildings, posts on social media, and changes that were moving towards a more accessible culture for people with disabilities. This writing helped solidify my ideas (which did change over the course of this research) and promoted thinking about the design for my final thesis.

Throughout this two-year process I have compiled over 30 stories, whether they were memories I had had from earlier experiences, or something new that I was living through. I believe Carolyn Ellis (2004), says it perfectly when she writes, “But it’s amazing the details you can recall, and for how long, if the event was emotionally evocative,” (Ellis, 2004, p. 117). Some of the stories that I wrote were not recorded in the moment, were not remembered verbatim, but I had vivid memories on past experiences, or had jotted down notes from more recent experiences. The goal is to use my experiences and “…tell a story that readers could enter and feel a part of. You’d write in a way to evoke readers to feel and think about your life and their lives in relation to yours. You’d want them to experience your experience as if it were happening to them” (Ellis, 2004, p. 116). If you have read any of Ellis’s work, it is clear that she is a gifted author. Another one of my anxieties while writing this thesis was that my writing was not up to par with other authors. I had to read plenty of ethnographies, books, stories, and other forms of writing to gain creativity. Some days the writing would flow, and other days, my stories felt cold and distant. It was hard to find the perfect balance.

Some of these stories that I had written and elaborated on were pages long and reflected a longer experience, while others could be created from a one-sentence interaction with another person. The next step was determining which stories I would elaborate on and use within this autoethnography. I read through my stories and looked at the relevance to my thesis topic and determined what themes I noticed in each story. I chose the stories that I felt best reflected and embodied the theme or barrier that I wanted to analyze in my thesis. For some of the barriers I will write two to three stories to allow the reader to fully understand the barriers. I also did some research into the themes to determine which ones I would be able to elaborate on in my analysis. If there was not enough information to back up a barrier or theme, then it became a suggestion for further research. The stories I chose caused more self-reflection for me because they made me question my experiences, therefore they show more of my sense-making process.

Following Duncan’s (2004) outline, I use my writing and documenting and analyse it. By writing, I define and resolve inner conflicts about the stories and information I have written down. The writing helped provide me with an evolution of the understanding of the points and concepts I wrote down, which contributed to the maturing of my ideas. Once my ideas, stories, and observations were all written down, I began to analyze my stories to see the overarching categorization and themes such as physical, psychological, and social inaccessibility. Analysing my stories stimulates deeper and more detailed reflections and will allow me to make connections to various stories, and to look for similar stories in media (Duncan, 2004).

While writing my stories, I explain my sense-making processes and give a more in-depth insight into the experience. Reflexivity allowed me to look back at my experiences, identities, and relationships within the story to determine how they affect and influence the current research that is being completed. Reflecting allowed me to acknowledge my research in relation to power, both in the ethical and cultural sense. I used this insider knowledge to highlight a cultural phenomenon or collective experience. With this information, I describe and analyze the cultural norms, these experiences and practices (Adams, 2014).

When researchers tell their stories, they use analytic techniques to interpret their experiences and their worlds. Stories themselves are analytic, and there are story analysts who focus on the “what’s” and the “how’s” (Smith & Sparkes, 2008, p. 17). Storytellers on the other hand, move away from abstract theorising on other stories and move towards meaning making, intimate involvement, and engagement and participation in their own stories (Smith, 2008). Story analysts simply conduct an analysis of a story, whether it be their own or another’s, but for story tellers, the analysis is the story (Ellis, 2004). While writing, it was difficult to ensure I was analyzing my story and not simply telling it. I was so focused on telling a good story that I forgot to analyze. My earlier versions of my thesis were hard to connect with and did not fully put me in the story. I was not being vulnerable and I was not analyzing my thinking.

Smith (2008), warns to be wary of focusing exclusively on the “how’s” of the narrative and ignoring the “what’s” of the stories (Smith, 2008). Dissecting all aspects of the story lead to a fuller understanding of the story. It is crucial that stories are told in a certain way (the how’s) and are asked in relation to questions about the plot and content (the why’s) as both of these questions are important in understanding the psycho-social life (Gubrium & Holstein, 2000). Through this thesis I will be using a storyteller versus story analyst method to explain the “what’s” by fully portraying to the reader the situation in which the story takes place and will then delve into the “how’s” by using research to back up why these occurrences happened. Without answering these questions, the story will not be able to provide context. Context helps situate my stories and allow my reader to understand in what way the research explaining the story can be related to their own experiences. Without context, readers will not be able to connect to my stories.

After analyzing the stories, I will begin to research using multiple sources of evidence such as journal articles, books, and online social media to understand the themes within my stories (Yin, 1989). Throughout the years, I have been using the concepts I have learned in my courses and research I have done to understand my stories and experiences. This thesis is a cumulation of over two year's work, but a lifetime of experiences.

While reading my thesis it is important for the reader to understand the context of each individual story. My autoethnography is not written in chronological order, meaning that the stories are not presented with my earliest experiences first and moving throughout the years until we reach the present. The stories jump back and forth throughout time and therefore the context changes due to how disability is seen at the time in society. I chose this non-linear system because I want the theories that explain my experiences to flow. Due to various factors such as societal views and my personal outlook at the time the story takes place, I have noticed that views and opinions expressed change throughout all of my experiences. For instance, I may not have questioned my sister being segregated in a special education class while I was in secondary school, but upon reflection as I grew older, I began to question why she was segregated and what effect this had on her. Anderson (2006) states, "[The autoethnographer] should openly discuss changes in their beliefs and relationships over the course of fieldwork, thus vividly revealing themselves as people grappling with issues relevant to membership and participation in fluid rather than static social worlds" (Anderson, 2006, p.384).

When I write about the self, especially in this context of disability studies, I am always writing about others. All researchers who write about the self-need to make ethical considerations around the work that they are creating. For this autoethnography, I will be adhering to ethical principles and guidelines, such as removing names and any other identifiable characteristics, when conducting my research to respect the people in my stories (Adams, 2014).

Chapter 5: Background

Disability Is Normal

> Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities. (World Health Organization, 2011, p. 3).

This quote by the World Health Organization (2011), makes me question the location of people with disabilities in the Canadian context. People with disabilities are found at the margins and are not included in so many areas of social life. More than one billion people in the world live with some form of disability (World Health Organization, 2011). Considering so many people have a disability, and they are interacting with non-disabled people, I am often bemused at how non-disabled people treat people with disabilities. People with disabilities are not simply hiding away and are going unseen. They do have connections and relationships with non-disabled people. I like to assume people are just ignorant, and that they are not choosing to discriminate against people with disabilities, but I know that some people in the world are not open-minded when it comes to disability. Some people do not want to give everyone a chance, and do not feel the need to be inclusive. To understand why people with disabilities are treated in this fashion, I think it is first important to outline the background and history of disability and fitness to provide context to my readers.

For my thesis there are a few terms that I will use that should be explained in advance to help my readers understand each story and context. The health and fitness industry is vast. There are so many different activities that a person can take part in and they each have their own unique environment and social connections. When I discuss sport, I am discussing some form of athletic activity that is done competitively. This can be individually or as a team, but the goal of this sport is to use skills and athleticism to win and beat the opposing individual or team. The competitive sport I am discussing is often taken very seriously, can involve money, or can lead to a career in this industry. When I refer to recreational sport, I am referring to sport that is played for fun instead of professionally. This recreational sport can be played in a league, as a pick up event, or can be done when an athlete retires from their professional competitive sport. I will also discuss working out, which involves going to a gym or fitness centre and practicing and testing different exercises to improve overall fitness. Working out can also be competitive or recreational based on the particular user's goals based on whether the activity is being taken part of for performance or for social engagement. In my experiences, regardless of the way a person with a disability chooses to be physically active, they are likely going to come across barriers to participation. These barriers may be different depending on the activity, but these barriers can have an impact on each mode of physical activity depending on the context.

When I complete a quick search on the University of Manitoba's Libraries website for disability, fitness, and physical activity I come across articles with words such as "disability management," "disability fitness focus," "comparison of athletes with and without intellectual disability," and "rehabilitation" in the article titles. When the same search is undertaken on an internet search engine such as Google, similar results appear but with Special Olympics and specific classes or programs for people with disabilities within the local community. I quickly learned that the area of disability, fitness, and physical activity is no different from other areas of segregation for people with disabilities. Historically, we have segregated people who are different and tried to rehabilitate them to fit better into the “normal” world. Funny, how the word “fitness” itself has the word “fit” as the basis. True fitness, as defined by CrossFit Inc. (2018a), is “the general capacity that would lend itself well to any and all contingencies,” (CrossFit Inc., 2018a, p. 7). This means that fitness is being able to perform in whatever task is at hand whether it be known or unknown, likely or unlikely (CrossFit Inc., 2018a). The fit physical body would be able to perform at any task.

My question is, why? Why do we have to be fit “enough” to perform a task? Can we not perform it for enjoyment? Can we not do it because it is a hobby or because we crave the connections, we have made through the gym? Can we not take part because we enjoy the social atmosphere? Why is it assumed that people want to work out to be able to perform a certain task? And, why would motives for physical activity for people with disabilities be any different than motives for non-disabled people?

Disability is as natural as is non-disability. Michalko (2009), discusses how the physical body can be found in the domain of nature. Meaning that disability, even though it is different than the norm, is still part of nature and can be found across time and societies. The negative interpretations or way that society views disability can be found in the social domain. Impairment is considered the experience of the body, while disability is the experience of society. People have impairments but become disabled when society creates barriers to participation (Michalko, 2009).

What is considered a disability in one place, time or location may not be the same in another cultural context. What is considered a disability in one historical period may not be the same in a different period (Hanes, Brown, & Hansen, 2018). I truly believe that "people are not disabled or non-disabled, they belong somewhere along a continuum of abilities" (Kitchin, 2000, p. 9). Society is diverse in our abilities, experiences, and attitudes and it is important to acknowledge this. How we begin to define people has implication for that person's experiences in their own lives (Kitchin, 2000). Due to this segregation in the area of physical fitness, I began to question why and how we come to have separate sports for people with disabilities, separate classes, or have no classes. From my experience, anybody can be active and can take part in a sport or workout regime, however the environment, whether it be physical, social, psychological, or cultural has barriers that impede people with various disabilities from working out.

While writing this thesis I really had to question a lot of the words that I had been using in my day to day life, and how semantics has a large impact on the underlying meaning of what I am saying. By changing one word, my sentences and thoughts can have completely different meaning. I began by using the term able-bodied in my thesis and quickly realized how ableist this word is, especially in relation to physical activity. Isn't every body an able body? We are all capable and able to do things, and by saying some people are able-bodied and others are not, we are saying that they are not normal or capable. Instead, I chose to use the terms non-disabled person to describe people who did not have a disability. Both parties have able bodies, but one person has a disability, while the other does not.

Therapeutic Riding

My sister took part in therapeutic horseback riding from the age of four to thirteen. I remember countless hours spent at the stables with my mother and sister and watching her take part in the classes. When my sister first started the riding program, we had to make the thirty-minute drive to the stables which were on the outskirts of the neighbouring town, Perth.

I was always a little jealous of my sister at this time. During the hour-long session, she got to ride horses, play games while on the horses that would enhance skill development such as throwing balls to instructors and catching them on return, and then go for a long walk through the forest that the stable edged. On days that other riders were absent; I was thrilled to fill their spot and take part in the class. I liked to show off my skills, even though I wasn't part of the class every week, I still excelled (at least in my mind). I had many friends from school who had horses or took horseback riding lessons, and I never thought that what my sister was doing was any different.

In the summers, my sister's horseback riding instructor would offer an overnight horseback riding camp out of her hometown in the nearby hamlet of Elphin. My sister would go for a few days and nights and would live alongside other riders with disabilities with typical summer camp activities interspersed. They went to the beach, had campfires, made smores, and went for horseback rides through the hamlet and fields.

One year, when I was around ten years old, I was able to attend the camp with my sister. There were many non-disabled siblings who were joining that year. I was so excited! I remember the house we stayed at had a lush back yard. It was sunny and beautiful every day that we were there. The entire weekend I never thought of the siblings with disabilities being any different than the siblings without. Everyone was taking part together and having fun.

On the day that everyone was being picked up to go home, I remember another mother coming to pick up her two kids. The riding instructor and mother had a typical “adult” conversation about how the camp went, any problems that we encountered, and plans for riding in the fall. The mother then went on to say how she felt her daughter had been making improvements in her strength and movement since starting to ride the previous year. They discussed the skills that the daughter was now able to do because she was taking therapeutic riding. I was confused. In my mind the goal of the riding was to become a more skilled rider and to be able to progress to more difficult movements with the horse such as jumping. I never thought that my sister was taking part in this sport to change anything about herself, or to make herself different. I didn’t fully understand the words rehabilitation, therapeutic nor the idea of becoming more normal, these ideas developed as I got older. But I never once thought that my sister was taking part in her sports to become any different than she already was. I thought she was doing them because they brought her joy.

Rehabilitation

Until this point, I believed that my parents signed my sister and I up for activities that we enjoyed and did well at. I did not think that my sister was signed up to help her become less disabled, I thought she signed up for sports just like me, because she liked them and was good at them. I wonder if anyone ever asked my sister if she liked riding, gymnastics, or any of her other therapeutic sports. Thankfully, this has changed, and my sister takes part in activities of her own choosing. And she will tell us no when she does not want to take part.

Some of the mainstream forms of disability and physical activity came out of the medical model of disability. As mentioned earlier, the medical model of disability assigns people with disabilities to a sick role within society. They are labelled as a patient first, who is expected to use all of their energies towards regaining health. The medical model perpetuates the attitudinal barriers that people with disabilities face as they are seen as passive bodies who are to be worked on by professionals. The daily problems that these patients face are seen as medical issue that is understood and treated as a direct result of their impairment. The solution becomes treatment and rehabilitation aimed to overcoming the impairment and doing tasks ‘normally’ (Kitchin, 2000). Stereotypes that create limits for people with disabilities are often created via our social inclination to the medical model (Derksen, 1980). However, when we view disability as a social state, we can see that it is long-term and is not curable or treatable medically (Michalko, 2009).

After World War II, due to the high numbers of injured soldiers, the first rehabilitative units opened within military hospitals. These units focused on physical, neuropsychological and occupational areas of health and wellness. The goal of rehabilitation was to overcome disability and bring people with disabilities as close to the norm as possible by regaining the skills they had before their disability (Conti, 2014). Sport was a way to address the injured veterans medical and psychological needs. Within military hospitals, sport was important for treatment and rehabilitation. Within society, the physical, psychological, and sociocultural benefits of sport are well defined. They have been so well defined that they have been included in most rehabilitation and therapeutic programs across the world (Wilhite, 2009).

Today, we can still see how disability and fitness remain intertwined with the medical system. For all people in society, it is suggested that we take part in physical activity each day to become as healthy as possible (Jaarsma & Smith, 2018; Soffer & Almog-Bar, 2016). Non-disabled people often assume that people with disabilities are unhealthy, when in fact, working out or taking part in sport will not remove their disability or “alleviate” their symptoms. I often hear the term “therapeutic” or “rehabilitative” when discussing people with disabilities being physically active. When I hear these terms, I immediately think of someone with an injury who is trying to overcome their injury and bring their body closer to the norm. For people with disabilities who are being physically active this is often not the case. They may become more physically fit than they already were, but they will not become non-disabled simply by going to the gym every day of the week.

The concept of sport for people with disabilities came out of the medical model of disability. Sport has since been viewed by society as one of two extremes. People with disabilities are either using sport therapeutically to bring the self to society’s norm, or to excel within sport and become a professional athlete (Le Clair, 2011). I disagree with this black and white perspective of the motivation of such a large body of people to take part in sport. I argue that people with disabilities can work out or be physically active without doing it for therapeutic or professional reasons. People can simply work out because they enjoy it.

Paddling

When my sister was in her late teens, she started taking part in a PaddleALL program in Carleton Place. I was in high school and did not come to all of her sessions like I did for her therapeutic riding. On the occasions that I did come watch, I would sit with my mother on the edge of the river, chat, gossip, and watch my sister participate with the rest of the group. The program is designed for people with intellectual and physical disabilities to experience recreational canoeing. The paddlers each had one-to-one support with an instructor and would spend an hour paddling in canoes and kayaks, as well as an entry level kayak called the jelly bean; my sister’s favourite.

One of my favourite days was watching my sister climb into her jellybean and seeing my father join her on the water in a kayak. She enjoyed the social atmosphere, but I wouldn’t have called her the most graceful paddler. I recall her falling into the water almost every time I went to watch, and sometimes she would emerge happy, other times very frustrated. Regardless of the outcome, she loved it.

While I was in the first year of my undergraduate degree at Queen’s University in 2011, my sister’s PaddleALL program was taking part in the “Para-Canoe Exhibition” at the ICF Dragon Boat Club Crew World Championships in Toronto. This was pretty exciting for the program, although I remember joking with my family that my sister was not the MVP on the team. She was happy to take part and be in the boat with her team but may not have been the most enthusiastic paddler.

To join my family in Toronto I had to book the days off from my part time summer job. One of my coworkers was curious and asked what was in Toronto, and I explained the festival. Their immediate response was “Oh wow, so is she going to the Paralympic Games?” No. She was definitely not. I went on to explain the program and that it was recreational and not for competitive glory, and my coworker was surprised. She asked me if my sister had any dreams of going to the Paralympic Games as an athlete. For some reason she didn’t understand that my sister was taking part not to become a professional athlete, but to participate, hang out with her friends, and have fun.

Special Olympics

It is hard to separate disability and physical activity from the Special Olympics as people equate physical activity with sport. Over time the idea of sport for rehabilitation made way for recreational sport and competition simply to do it (Wilhite, 2009). When we think of people with disabilities taking part in sport, we think of elite athletes highlighting their abilities to the world. Dr. Ludwig Guttmann of England is credited with the creation of the Paralympic Games, a parallel to our Winter and Summer Olympics for people with disabilities. In 1948, Dr. Ludwig Guttmann envisioned sport as a tool for rehabilitating soldiers with spinal cord injuries following the Second World War (Canadian Paralympic Committee, 2019). The Paralympic Games have evolved into summer and winter international sporting events held every four years, including elite athletes with disabilities. Since its inception, the Paralympic Games have expanded to include a diverse range of impairments including visual impairments, amputations, cerebral palsy, spinal cord injuries, intellectual disabilities, and a category for athletes who do not fit into any of these categories (International Paralympic Committee, 2018). Even within the Paralympic Games athletes must be defined by their specific disability and made to meet criteria to be “disabled enough” to take part (Peers, 2009).

Within competitive disability sports, people are classified by disability type for equitable competition. Classification used to be based on a medical model but has shifted to functional ability. Athletes with different abilities that have similar athletic performance are placed together versus those with the same disability (Wilson & Clayton, 2010). The Games have moved from rehabilitation and alleviating the body of disability to displaying the athlete’s achievements. Although there are numerous benefits to the Olympic Games for the self-esteem and the creation of positive role models, in the end, they are segregating. We are asking people with disabilities to train and compete separately from non-disabled people.

The United Nations Convention on the Rights of Persons with Disabilities was created in 2006 recognizing the rights of people with disabilities in all areas of life and policy. Article 30 states that governments should take the steps to promote participation in recreation, leisure and sport (Pagán-Rodríguez, 2014). In my experiences, it is clear that people with disabilities are not receiving the basic human rights they are entitled to related to recreation, leisure and sport as they are always separated. There are many gaps that I will explore in my stories that need to be addressed before people with disabilities can fully participate.

As long as non-disabled norms are continually entrenched in sport, disabled people will continue to be attracted to specialized programs. More programs should become accessible, but until they are, many people with disabilities prefer the programming that is tailored to them where they can participate fully (Wilhite, 2009). Even though the Special Olympics separates people with disabilities from non-disabled people in sport, I know many people with disabilities who love their Special Olympic achievements. They love taking part and being physically active and enjoy the physical pursuit. They are able to actually take part and not sit on the sidelines while non-disabled people compete. Sport is tricky, since the main goal is to win. If a person with a disability is the better athlete, they would be put on a team over a non-disabled athlete, but if they are not, they will continually cast aside.

Chapter 6: Environmental Barriers

Inaccessible

My older sister has a developmental disability and not a physical disability. She was not as agile or athletic as many of her peers in school, but her physical body was always able to participate in activities by moving throughout buildings and spaces and manipulating athletic equipment. She took part in horseback riding, gymnastics, dragon boating, figure skating, and various other physical pursuits that many people with physical disabilities are rarely able to take part in. Since my sister was able to walk on a beam, put on a pair of skates to glide across the ice, and paddle a canoe through a river, before the age of twenty I never questioned the physical environment because it was never a barrier for my sister.

A few years into my undergraduate degree, I had a very active friend who took part in a Physical Education and Kinesiology course where students were provided with a wheelchair and had to navigate their typical spaces for one week. At a glance this seemed like an easy enough task, but within less than an hour of receiving her wheelchair I received a text to give her a hand. She needed help finding an accessible entrance into a building we had class in every day. We did a lap of the building and found a service entrance at the back near the dumpsters. It was a little inconvenient, but it worked. Until she noticed she had to do it to every building she entered. We were so surprised to see what kinds of environments were physically inaccessible.

It was Thursday and I got a call from her and I could tell from her voice that she was upset. She couldn’t attend gymnastics tonight. In a moment of ignorance, I asked why not? She came every week, why was this week any different? Of course, she was using a wheelchair. What could she possible do in a wheelchair at gymnastics? My attitude was completely limiting, and I agreed with her, it was impossible. She wouldn't be able to get in a cab (silly me, why didn't I think of accessible cab services?), she wouldn't be able to enter the building easily due to the stairs, she wouldn't be able to use the washroom, and she definitely wouldn't be able to use the equipment. We both accepted this as fact, and she decided to stay in for the night. We didn't try to overcome these barriers and we certainly didn't question them. They were fact.

The Built Environment

Today, I look back and I am pretty embarrassed that I never thought of physical inaccessibility before that experience. That was the moment that I understood the physical environment became inaccessible because of the body that someone was in. The only reason why I realized this fact was because I was selfish and it was related to something I cared about, the sport of gymnastics. When the majority of people think of disability, they picture the iconic blue wheelchair symbol, but I never did because I didn't equate that with my sister's disability. Since that experience, I have made friends with several people with physical disabilities and they have magnified the physical inaccessibility barrier in my mind. When I told my story to one of them, their response was, "thankfully it wasn't winter." I was shocked, I never thought of the weather being a physical barrier, let alone a problem at all.

Inaccessible environments are a form of "design apartheid" where the planners and architects are creating environments that lock disabled people out. This occurs because planners and architects are interested in how the building looks or how it will be used by the majority and not the minority (Imrie, 1996). People with disabilities are not really supposed to be there, and their presence is tentative and unexpected (Titchosky, 2011). This is exactly the case for people with disabilities when they try to enter and take part in a physical fitness setting. For this thesis, I will refer to fitness centres as gyms, parks, health clubs, spas, gymnasiums, playgrounds, pools, trails for running and biking, sports fields, and specialized sporting locations (Rimmer, 2005). There are centres that excel in accessibility, and there are centres that are almost completely inaccessible. I will be discussing some of the best and the worst that I have experienced.

In 2018, I completed a public space audit on the Active Living Centre at the University of Manitoba Fort Garry campus. This audit was completed for DS 7040: Environment and Disability. Students were to choose one public location and utilize Kitchin's (2000) information and determine the accessibility of this place for people with disabilities. At this point in my life I am proud to say I had a little bit more understanding of disability and the various ways the built environment could be inaccessible. I was able to think about the environment from the perspective of people with various forms of disability such as visual impairment, Deaf individuals, people with developmental or learning disabilities, and those with physical disabilities to name a few. For a building that had been built within the last five years, by completing a walk through I was able to find numerous ways in which the building was inaccessible. When I looked at the Active Living Centre website, the only indication of accessibility was found in the "Frequently Asked Questions" page, where it was stated that "Yes, all Sport and Recreation facilities at the University of Manitoba are wheelchair accessible," (University of Manitoba, 2018).

For one of the few universities that offers a Disability Studies program, I was shocked to see that the university as a whole was naïve enough to make the assumption that wheelchair accessibility would provide the entirety of the building the “accessible” seal of approval. The focus was only on physical accessibility and not accessibility to people with other disabilities.

Other areas of inaccessibility were the lack of curb cuts located outside the building, no parking machines with voice indication or Braille, the height of almost all parts of the facility being too high for people using wheelchairs to use the desk or converse with staff, the entrance being a flight of stairs above the reception resulting in one elevator to get down, and a different elevator to access the gym, a lack of Braille paperwork or staff members able to converse in American Sign Language. I have outlined simply getting to the front desk. Once a person with a disability finally gets through the scan card entrance, they must then tackle the changerooms where they will find narrow hallways, a lack of grab bars within the locker area, again, a lack of Braille, and a sauna with a lip at the entrance and no room for a person to transfer to or from their wheelchair. After navigating the changeroom, a staircase or elevator will take people up to the main gym. Here there is a much more open concept, but the machines have little signage, no Braille or voice over for people with vision disabilities. Although many of the machines or free weights are accessible for people, there is a lack of instruction for students on how to use the machines or implements unless paid for privately. Although there are various accessibility hallmarks in the ALC such as rumble strips, bright yellow tactile surfaces, and elevators for wheelchair accessibility, I still questions whether or not the ALC was designed from the perspective of someone with a disability. Were people with disabilities consulted in the design and accessibility of the building? If not, I find it quite comical since the university has a Disability Studies department which would likely be happy to share their knowledge and insights. I think that often times people and organizations want to get their accessibility badge so that they can write on their website that they are accessible without actually taking the steps to understand what the disability community wants and needs. Accessibility in these environments can come off as superficial and not well thought out. I have seen these on campus such as elevators that are small or are found in inaccessible areas of a building, buttons that operate doors that are too high for use, to name a few. I can imagine that the collaboration could be expensive and time consuming for organizations, but in the end, I truly believe it would be worth it for both parties.

After completing my public space audit, I realized that before a person can even work out, they must find their way to the fitness centre, navigate the fitness centre, and then see if the equipment is accessible to them. The built environment begins with transportation from the home to the facility itself, and then the ability to navigate through the space and use the equipment fully (Hamraie, 2017). The built environment is not created for people with disabilities, which results in them often not being expected in society. We can see that people with disabilities are at the margin of physical fitness because they are not visible in the gym, or at sporting events with non-disabled people. When people with disabilities arrive, they are unexpected and often are not prepared for. But why are they not expected? There are millions of people with disabilities in the world and they aren’t all sitting at home in seclusion. So why are we not designing our gyms with them in mind?

The Normate Society

> The human landscape can be read as a landscape of exclusion … The simple questions we should be asking are: who are places for?, whom do they exclude?, and how are these prohibitions maintained in practice? (Sibley, 1995, p. ix).

This human landscape has been built around the idea of the “normate template” or “normate human” which, based on statistics is the white, nondisabled, young, masculine, and European male (Hamraie, 2017). As a society, we create privileged bodies and minds, and the able-body is the most privileged. In some situations, people who create policy or compliance legislation within gyms are non-disabled and do not understand the barriers people with disabilities face. This can be the case for smaller, local gyms. These non-disabled policy makers are looking at the environment from their normate perspective and are not thinking about designing the environment or programming from the perspective of disability (Calder, Sole, & Mulligan, 2018). I have experienced this in CrossFit gyms or smaller, local recreational facilities where there is almost no accessibility present.

Systemic discrimination against people with disability is called disablism (Goodley, 2014). Ableism describes the attitudes and ideas that are valued and devalued by society (Kitchin, 2000; Berger & Lorenz, 2015). The impact of disablism and ableism affects people with disabilities socially and psychologically. Understanding disability significantly influences the definition of disability that is used and the prejudices that are displayed (Friedman & Owen, 2017). Western cultures promote ableism and beauty (Taub, Blinde, & Greer, 1999). What happens when we privilege and promote ableism? We begin to expect non-disabled people and no longer create our physical and social environments with disabled people in mind.

This expected, non-disabled or “able” body was then used to create the ideal built environment or other aspects of life such as workout machines, furniture, vehicles, and appliances in the kitchen to name a few. Anybody that is considered statistically probable became the norm or natural and every other body became discredited and was not taken into account during design. By creating environments for the normate human, people with disabilities were denied access to spaces, making them invisible to the population, which resulted in environments which were not accessible. A negative loop begins where people with disabilities are continually excluded from society (Hamraie, 2017).

When people with disabilities enter these normate spaces they are unable to access them and are further segregated. People with disabilities experience many environments as being “unfriendly” for many reasons. The location may lack accessibility, staff may lack knowledge relating to disability or how to alter the environment or tasks in the workout to include a person with a disability, and therefore the person with a disability may feel as though they are not wanted in the space (Rimmer, 2005). They often find themselves out of place, or at the perimeter or margins of society, since the world is not created with them in mind (Hamraie, 2017). When there are provisions for people with disabilities, they are often separate and different from those that non-disabled people use, for instance, public washrooms. Environments do not simply occur but are carefully planned based on the science of the time and on statistics, they are planned, and if we wanted to make spaces accessible, we would

(Kitchin, 2000; Hamraie, 2017). The fact that spaces are not accessible is a statement on how society views and values people with disabilities. People with disabilities are segregated into separate spaces to protect the public from them and vice versa (Kitchin, 2000). Although society may understand what is considered accessible, they are not making accessibility a priority. Whether this be a conscious decision, an ableist systemic decision, or whether it is a political or financial decision, the end result is the removal of structures to allow the participation of people with disabilities. By separating people with disabilities socially and geographically, society is reinforcing the attitudes that people with disabilities are different (Kitchin, 2000).

Even if the building itself is accessible; the outside built environment may not be accessible. This public space may lack curb cuts, have broken or cracked sidewalks which increase the risk of falling. In addition, they may be too narrow for wheelchair access, there may be no sidewalks, stairs may be the only way to access the building, no accessible parking, doors are unable to be opened or are difficult to maneuver, excessive noise levels, and no tactile surfaces to name a few (Rimmer, 2005). Gyms often have inaccessible washrooms, no tactile surfaces, no audio services, and no Braille (Rimmer, 2005). It is interesting to note that people with disabilities are unable to access many pieces of the equipment in gyms. When manufacturers create exercise equipment, they are making it for the normate human and not the disabled or diverse human. The design of different equipment is inaccessible for people with physical, cognitive or sensory disabilities (Rimmer, 2005). Non-disabled members of a gym typically have access or are able to use all equipment as designed and all areas of the gym. For disabled users, and depending on their disability, they may only be able to use one or two pieces of equipment and are thereby reducing their overall abilities and creating limits for them in the gym (Rimmer, 2005). However, with the correct training gym staff could help adapt the movement or the equipment to meet the needs of their client. For instance, a rowing machine is not accessible to a gym member who uses a wheelchair. If a staff was creative, they could remove the seated section of the rower and allow the gym member to use the handle and row with only their arms. This way equipment can be altered to include people with disabilities. I will delve into this more when I discuss adaptation and inclusion.

One of the issues that occur in Canada is the problem of compliance. Although there are acts or laws in place that require facilities to be physically and architecturally accessible, many of these businesses do not comply and there are no repercussions for this (Rimmer, 2005). While I worked in retail in Ontario, we had to complete training to meet requirements of The Accessibility for Ontarians with Disabilities Act. The goal of the act was to improve overall accessibility in public places by 2025, but I found the company I worked for completed the training to get a check it off the list. After the training was complete, nothing changed in the business, and everything continued on as it had before. Although there are acts in place, unless someone with a disability makes aa complaint, there is no action to increase accessibility.

Finding a governing body that can actually enforce laws without requiring a complaint, or more regulated laws to address compliance may be the only way to increase this. "…aversion to providing 'space' for disabled people, and 'reasonable accommodation' is often code for 'minimum'," (Hansen, 2009, p. 260).

Inclusive Design

Now that I have outlined all of the ways that the built environment has been inaccessible, what are the answers or solutions to this inaccessibility? A solution that directly impacts the built environment is inclusive, universal human design. Universal design is an approach that is able to benefit the entire population, regardless of ability (Hamraie, 2017). Molly Story states that "…'we all experience variations in our abilities,' making Universal Design a universal need," (Hamraie, 2017, p. 223). Universal design provides a barrier free environment that is capable of eliminated disability from the social perspective (Hamraie, 2017). Principles of universal human design include equitable use, flexibility in use, simple and intuitive use, perceptible information, a tolerance for error, low physical effort required, and appropriate size and space for approach and use (Hamraie, 2017).

In the United States, The Americans with Disability Act (ADA) is in place to ensure gyms and fitness facilities meet and comply with accessibility standards. These standards are often related to the built environment, such as stairs, ramps, elevators, doors, and washrooms. At the time, there was no standard for accessibility of the actual fitness equipment or programs for people with disabilities Hurley & Axelson, 2012). Effective March 2012, the Department of Justice mandated that there must be available accessible fitness equipment for people with disabilities in public centres. The conference paper by Hurley and Axelson (2012), discusses the developed specifications for aerobic and strength equipment that allow the equipment to be most accessible. By using inclusive design, they were able to create guidelines to creating accessible fitness spaces (Hurley, 2012).

Why aren’t more facilities using Universal Design? Why is compliance narrow? Calder (2018), analyzed 533 fitness centres for accessibility over 14 studies. Research found that the most inaccessible area in these centres were the hot tubs, pools, and saunas (an area outside of ADA legislation in the United States), while the most accessible were the “programs” offered by the fitness centre (Calder, 2018). Attitudes of building professionals such as architects, developers or contractors, can also be disabling because they have limited knowledge of disability and are concerned with the aesthetic or the cost of the building. Typically, accessibility features cost more to put in place and are therefore not ideal for developers (Calder, 2018). Some people with disabilities noted that gym owners only meet the requirements of the law, making it accessible in and out of the gym, but not by making anything within the gym accessible. To people with disabilities, this says that you are not expected and that you are not as valuable as the non-disabled person at the gym (Richardson, Smith, & Papathomas, 2017).

Good inclusive design will send positive messages to people with disabilities such as that they are welcome, wanted, included, and part of a community. Napolitano (1995), notes that people with disabilities are expected to get into buildings around the back and questions how this makes them feel? (Napolitano, 1995). Many of the people I know with disabilities don’t even go to physical fitness centres because they feel unwanted. They have to tackle so many obstacles just to take part and it can become exhausting. Universal Design is considered good when it is able to consider the needs of as many people as possible and they are accepted and are not exceptional. Access can be seen as continual negotiation in comparison to the end goal, since people with disabilities can always improve the environment (Hamraie, 2017). People with disabilities should be included in the creation and testing of these environments to ensure that they are included. “…the built world is inseparable from social attitudes, discriminatory systems, and knowledge about which users’ designers must keep in mind.” (Hamraie, 2017, p. 3).

Later in my thesis I will discuss CrossFit and the Adaptive Training course that CrossFit Inc., offers. One of the interesting things I have noticed, is that in a way, CrossFit creatively uses inclusive design. Inclusive design is an environment that can be accessed by the highest number of people, regardless of factors such as gender, age, or disability. In CrossFit there are implements that can be used in so many different ways, the only limit is the creativity of the athlete and the coach. By using equipment in ways that it is not intended, we are able to make fitness more accessible to people with disabilities.

Chapter 7: Social Barriers

Camp

The name used in the story below is a pseudonym and is not the name of the actual camper.

As I was graduating from my undergraduate degree at Queen’s, I had the nagging questions of what I wanted to do for a career. With a major in Health Studies and a minor in Psychology I was open to many different fields but could not find a specific career that was calling to me. I interviewed for many health promotion jobs but did not feel the desire to commit my life to that path. A group member in one of my classes had mentioned a magical, heartbreaking, exhausting, and rewarding summer at a camp in Alberta. She said the camp was for people with disabilities, but it was so much more. With a sister with a disability I was intrigued, as I had never worked at a camp and the mountains were always calling me. On a whim I applied, and after a stressful interview where I was asked to sing the first song that came to my head, I was packing my bags and moving to Alberta for four months.

I had a vague idea of what I had signed up for, but I was not prepared for the emotional rollercoaster I would experience at this camp. Orientation lasted two weeks and the fifty counsellors learned, laughed, bonded, and cried over these long days. We were prepared to do transfers, provide personal care, ensure dietary requirements were being met, but also to ensure that the campers had the best vacation of their life. As a sibling to someone with a disability, sometimes a camp or a day away from home was considered “respite” to my family. It was a break for those who cared for my sister, a time for them to focus on themselves and not caring for her. The idea of this place being a vacation for the campers away from their home lives intrigued me. I wanted to learn more.

There were highs and there were lows at camp. There were days that I wanted to quit and go back to Ontario and never look back. But there were days that I did not want to end, where I could have been present for hours on end. During one of my personal favourite weeks at camp, my cabin was filled with women who were my age, young adults, who all had some form of physical disability. Over the five nights of camp, one camp counsellor would sleep in the cabin with the campers. The fourth night I was to sleep in the cabin. We had spent the afternoon on the rock-climbing wall and the low ropes course, and the evening by a campfire. By the time I curled into my bed the campers were all exhausted and fast asleep. It wasn’t long after my head hit the pillow before I floated off into a restful sleep.

“Megan,’ called a camper. I checked my watch, it was 2:00am.

“Megan,” the voice continued to call. I was groggy and had to lay there for a moment to wake up enough to respond.

“Coming,” I called back. It took me a few moments to locate my glasses and flashlight. I didn’t want to wake up all of the campers by turning on the main lights. Once I located the camper, Carla, I asked her what I could help her with. “I need to use the washroom,” she said. “Let me just get your wheelchair,” I said. I went to the end of her bed and located her wheelchair. The transfer wasn’t as graceful as it would have been during the day, we were both half asleep, but we managed to get Carla into her chair.

She headed towards the washroom and I followed so that I could help her transfer to the toilet. This transfer was much more seamless, and I waited for her to finish before transferring her back to her chair and to the sinks to wash our hands. While we were in the washroom, I noticed that Carla was crying, very silently, but with tears rolling down her cheeks. “Carla, what’s wrong?” I asked. She continued to cry and was unable to answer me for a few moments. My mind was running through the many things that could be wrong: Was she in pain? Was she sick? Had I done something to upset her? Was she missing home? I went through the day’s events and nothing stuck out to me.

“I don’t want to go home,” she said. I looked at her. This was not at all what I was expecting. I had the radio in my hand and was ready to call in the camp nurse, thinking that there was something more serious going on. “Why not?” was the only thing I could say in response. Camp was fun, but I couldn’t imagine not wanting to go home. “There are so many things I am able to do here,” she said between choked sobs. This was Carla’s first year at camp and she told me that she didn’t have many expectations for what would happen. Throughout her life she had been to many camps for people with disabilities but there were always limits on what she could do and how much she was able to participate. Participation did not mean taking part in all activities, and it did not mean fully taking part in each activity. She was always left out at some point.

“I thought this camp would be the same,” she told me. “I never in my life thought I would climb up a climbing wall or use a zip line,” she cried. After lunch she had been shocked as she said, to hear that the counsellors were going to help all the campers into a harness for the afternoon at the climbing wall. It took us over an hour to get our whole cabin in a harness as we needed to lift, transfer, and use our mechanical lift depending on everyone’s needs. Carla said how much she appreciated us taking that extra time and effort to make sure the campers got to take part in the whole experience of camp.

I still have photos of camp from my time at camp that year, and the photos from the climbing wall are always my favourite to revisit. The emotions that I see on the campers faces range from fear to joy, but for the most part they are all experiencing something completely new and you can see the excitement in their faces. It never occurred to me to have the campers who used wheelchairs to sit out and just observe from the sidelines. Even if it meant a little extra work for the staff, it was always worth it.

Attitudes

The strongest theme that emerged from my story with Carla at camp was that of the attitudes of people in her life. In my experience, the social barriers people with disabilities face are present in almost all areas of their lives. The social environment is the manner of thinking, feeling or behaving that reflects the state of mind of people within society, specific to the setting where people live in. The environment a person lives in has direct impact on the experience that they have within the gym. Fitness centres have so much potential for people with disabilities that I will continue to unpack.

Over time our perception of fitness has become engrained in society. The idea of what constitutes a fit body, who is capable of obtaining this fit body, and what people have to do to reach this fit body has changed but there is still a norm that is expected. Physical fitness is important to many people in society, and the journey to health and fitness takes up much of our time and money. The desires that we have for fitness are fueled by the media and our popular ideas of beauty and the science of the time. There is a superiority of normal that is created, and we as a society begin to value normal.

Our attitudes begin to evolve based off the normal at the time. Attitudes are one of the most difficult barriers in achieving full integration, acceptance, and participation in society (Government of Canada, 2000). Within society, people with disabilities are negatively stereotyped, negatively labeled, and stigmatized. Living with a disability often results in being devalued and being labeled as incompetent in relation to physical abilities (Lundberg, Taniguchi, McCormick, & Tibbs, 2011). Due to this view of incompetence, disability is often problem tied, meaning it is a problem that needs to be managed within the gym, versus being typical and expected.

In so many areas of my life, I have noticed this problem tied view of disability. When I am with someone with a disability and we are trying to do something, the question is never “what can the person” but always “what can they not do”. I have noticed that people who are trying to help try to take the task away from the person with a disability, without asking what can be done so that the person can complete the task on their own. The problem is assumed to be the person, and the only solution that I have noticed many people have come up with, is to take control of the situation.

Tringo (1970), suggests that if a general prejudice exists toward people with disabilities, then a hierarchy toward specific groups is also present. Tringo says that those ranked as least preferred will have the most difficulty in being accepted by society. A nine-point social distancing scale was used which ranged from “would marry” to “would put to death” with 21 different impairment types. In 1970 it was found that people with developmental disabilities (at the time referred to mental retardation), alcoholism, and mental illness were the least preferred by non-disabled people, while ulcers, arthritis and asthma were the most accepted (Tringo, 1970).

Even though this study was completed almost 50 years ago, I do believe that people within society have different attitudes to people with different types of disabilities. The “more” disabled someone is, the more different, and therefore the more negative the attitudes. The further away from oneself that a person with a disability is, the more problem tied they become. The way people act toward or interact with individuals give a clear indication of a difference in perception of the social status of that individual who has a disability (Brittain, 2004). People lack awareness, understanding, and acceptance of people with developmental disabilities (and other disabilities), which leads to a lack of appropriate programs or programs that were tailored to this population (Mahy, Shields, Taylor, & Dodd, 2010). The attitudes of support workers and staff at the facility are barriers to participant.

For people with intellectual or developmental disabilities, the attitudes of their support workers often influenced whether they are able to participate in physical activity. People with developmental disabilities are more likely to be active when their support person joined in the activity versus viewing them and watching them workout. People with developmental or intellectual disabilities are restricted by the availability of a person or instructor to organize an activity or to go with them. Support workers would have to have access to the same gym or activity and funds may not be accessible (Mahy, 2010). Support for people with disabilities also depends on the person and their disability. For some people, they need information such as a workout plan in the gym, but for others, they may need support getting to the gym, navigating the gym, and even working out within the gym with staff. In some cases, trainers from the gym may be needed, or support staff that has expertise and the skills to make adjustments to a workout. Person-centred planning or an approach within planning can help increase the individualization of the supports and community involvement (Hallawell, Stephens, & Charnock, 2012).

When a fitness centre has employees who have negative attitudes towards disability, or who do not understand disability, it will create systemic barriers. These barriers are policies, programs, membership costs, and staff training. Many people with disabilities felt direct disablism when they interacted with instructors at the gyms. The ableist attitudes resulted in discrimination against people with disabilities. The reactions these strangers had towards people with disabilities excluded or invalidated them (Richardson, 2017). "The impression is left that mal- or under-performing impaired bodies should not 'take up space,' certainly not places unthinkingly conceived as non-disabled space," (Hansen, 2009, p. 255).

Gym instructors are the face of the gym and represent the gym in all that they do. They should have more educational training about the lived experiences of people with disabilities in the gym. All exercise can be adapted to meet the needs of people with various disabilities. With training, instructors may feel more comfortable working with people with disabilities in their facilities (Richardson, 2017). A change in attitudes and levels of understanding are integral to changing the attitudinal barriers for people with disabilities. If these attitudes and understanding were to change positively, then policy would change naturally with the progression of the attitudes (Brittain, 2004).

Changing attitudes can be hard, and in my experience, unless the person is willing to have an open mind, it will be difficult to change their attitudes. I have had many partners and friends come over to my house who had never experienced disability before meeting my sister. At first, they had ableist attitudes and fumbled over their words or actions, but after some gentle education and contact with my sister, they were able to change their attitudes. Yes, they were motivated to change their attitudes because of my relationship with them, but they were still able to change these preconceived ideas. I believe that unless someone is resistant to change, they can change their attitudes.

Inclusion

Something I have noticed in my classes is that children with disabilities are taught that when physical activities arise, they are expected to sit aside and not fully participate. This begins within the education system where students with disabilities often do not take part in gym class or have a very small role. In Ontario, gym class is mandatory until grade 9, but my sister did the bare minimum in gym to pass. She often sat on the sidelines or got one quick turn during sports. Outside of the education system, athletes with disabilities are excluded from sport and have to take part in adaptive sports separate from non-disabled athletes.

“It is a basic human right for people with disabilities to experience equitable access in their environment without restrictions or discrimination” (Calder, 2018, p. 526). Sport itself is very ableist as can be seen by the physical prowess involved. People with disabilities are often excluded from sport whether it be explicitly or implicitly. By failing to include this demographic, we are taking away one of their basic human rights. As a society, our default is to separate people with disabilities from non-disabled people. They are different; therefore, they must be separate. By separating people with disabilities socially and geographically reinforces attitudes that people with disabilities are different and in turn, less than (Kitchin, 2000).

Inclusion can be an answer to removing participant barriers and also changing negative attitudes. There are so many questions which need to be addressed: Is there a certain amount of participation that is required for inclusion? Does the sport need to be adapted to include the disabled athlete? Can the movements be changed? How can the disabled athlete do the same things as the non-disabled athlete? Who needs to adapt their skills? Are disabled athletes included in the decision-making process? What is available in the community for this athlete?

Simply including people with disability in sport does not make it inclusive. By allowing people with disability to join without changing the sport itself, you are marginalizing these individuals because you are placing them at the edges since they cannot meet the non-disabled ideals (Carter, Grey, Mcwilliams, Clair, Blake, & Byatt, 2014). People with disabilities are often expected to work out or train in separate groups with other disabled people, either on a team or in a specialized class by an instructor with training to work with people with disabilities. Often people with disabilities who take part in sport are then signed up for the Special Olympics and are viewed by society as inspirational. Within gyms and sporting events there is segregation of people with disabilities and this propagates how stereotypes of them are continuing in society (Richardson, 2017).

Athletes with disabilities need to make their voices heard and make it known that they want to take part in “mainstream” sport or fitness like everyone else. They want to be included in their community. By being more visible and involved in a community or culture, people with disabilities can change attitudes toward them (Richardson, 2017). Inclusion in physical activity or sport strengthens the relationships and interactions between individuals and communities. Transformation of recreation and leisure are dependent on the cultural, social and, political dynamics (Cousins, 2014). Participation itself is important, regardless of the type, intensity level, and form of activity (Taub, 1999). Fitness centres could provide an area for social engagement, where people with disabilities would feel safe, valued, supported and accepted (Calder, 2018). Many people with disabilities who participated in sport and fitness with non-disabled peers stated that integrated sports allowed them to build a social network, experience freedom and successes, compare themselves positively to those without disability, and to feel a sense of normalcy in their lives (Lundberg, 2011).

I know many people with disabilities who would be excited to either teach disability sport to non-disabled peers, or to take part in sport with non-disabled peers. One of the men I support takes part in a weekly recreational ball hockey league and he is the only person present with a disability. He joins the group of middle-aged males and becomes part of their social circle. I do not know for certain, but the attitudes of the men in this league are likely not ableist as this individual takes part and is not benched every game. He comes back and tells me about the shots he takes, the fights he (almost) gets in, and the celebrations after the game. I have known people with disabilities who were on the team but sat on the bench because they were deemed not good enough to play, or non-disabled players were afraid they would hurt or injure the person with a disability. Again, there is this medical model-based assumption that people with disabilities need to be cared for.

Media

When many people think of people with disabilities being physically active, we default to thinking of the Paralympic athlete who excels in their field or the patient who needs medical rehabilitation. If you ask many non-disabled people about sport and fitness, they will tell you what sport or activity they do recreationally and how it has impacted their life. Why can't people with disability simply take part in sport for the enjoyment of sport? Why do we expect them to excel or not take part at all?

As I read over my narratives related to disability, I realized that our attitudes related to disability are often based off of the perception that media has created. People with disabilities are often seen as their disability first and not as a person. They are constantly devalued and thought of as inferior because of their disability. Through sport many athletes with disabilities have found an identity for themselves that does not include their disability but rather their abilities and achievements. I remember seeing a story about a female rock climber in the news. She had become the first person to climb a particular rock face, which was very impressive. However, the entire story centred around her disability. The reporter continued to bring the story back to how she had overcome an amputated limb and yet was able to still climb this outdoor rock wall. The achievement was not centred around the fact that she was the first, but that she had a disability. It frustrated me that every time I see disability in the media, that becomes the focus. Are we celebrating the disabled body or the disabled body matching normative physique or skills when we praise disability and physical accomplishments?

Media represents disability as only being connected to limits, and as though these limits are not always related to possibilities (Titchkosky, 2005). In media, people with disabilities are rarely portrayed in a positive or constructive light. When a person with a disability is seen on screen or print, their role or their actions are often determined by the nature of their disability, instead of them being a person first who happens to have a disability. These perceptions of people with disabilities reinforces the deficit view of disability (Brittain, 2004). In media, disability has been portrayed in many different themes, such as: as a monster, a loss of humanity, total dependence and lack of self-determination, maladjusted, leading to courageousness or achievement, leading to increased skillsets elsewhere, disability as sexual menace, sexual deviancy, or a sexual loss of control; an object of fun or pity, or an object of charity (Brittain, 2004). Disabled athletes are also praised for their adaptive technologies that are used (not their own skills), talking of innovation and excellence but not of the work that the athlete had to do to reach their current level (Peers, 2009).

When we see athletes with disability in the media, we are seeing the reality from the perspective of the camera man, the reporter, the journalist, and not the person with a disability. People with disabilities who are taking part in physical activity in the media are seen as poor, sad, or as superheroes (Kasum & Mladenović, 2017). Often people with disabilities are sensationalized and viewed as a hero or a “super crip” for the effort that they are putting in (Richardson, 2017). For the “supercrip” the central feature is that they have overcome their disability and are able to go beyond what is normally expected for people with disabilities. The “supercrip” has physical prowess that goes above and beyond what is expected (Grue, 2015). We are sensationalizing people with disabilities because our attitudes have always told us that they cannot achieve these outcomes (Government of Canada, 2000). We assume that every athlete with a disability wants to become a Paralympian (Carter, 2014). Is this true for every non-disabled athlete? Does every athlete want to go to the Olympics? I certainly never did. So why would every person with a disability?

Not all media portrayal is negative, and if it is done correctly, it can be educational to both people with disabilities and non-disabled people. All people have role models in their lives, someone that they look up to and respect because of their motivation, passion, and genuine love of their life’s work. People with disabilities also need role models in their lives and these can come from Paralympic athletes or everyday people who use the gym. How can we properly portray Paralympic athletes as role models? One study suggested incorporating presentations where the athlete can talk to non-disabled people about their experiences, which makes it more personal. These Paralympians can test out contact theory and take part in teaching the sport to children or students with disabilities (Mastro, Ahrens, & Statton, 2012).

Physical achievements by athletes such as Terry Fox and other athletes challenges negative assumptions about disability and the limitations associated with it (Le Clair, 2011). If written from a positive perspective, these stories can shed light on inclusion and provide education on how to become an inclusive establishment, versus the sensation of being a “supercrip”. As a society, we also fail to show media coverage of Paralympic or events that show disabled athletes to the same extent as the Olympic

Games. When the Olympic Games are being held, I have found it hard to find a television channel that does not broadcast the events. I have not noticed the same thing when the Paralympics are being televised. This is likely changing, as people are able to access sporting events on the internet for free and are able to choose when and what they will watch. When we are omitting or reducing media coverage, we are reinforcing the message that disability and sport, even at the highest level, are not interesting or worthy of our attention (Brittain, 2004).

Media coverage not only impacts the non-disabled populations perception of disability, but also the perception of sport and fitness for people with disabilities.

Chapter 8: Psychological Barriers

Surveillance

Twice a week the participants at the day program I worked at would head to the gym for an hour in the afternoon. This was part of our “healthy mind and body” curriculum where the focus is on fostering a healthy lifestyle through activity, meditation, mindfulness, and healthy eating. For the first thirty minutes participants would do a cardiovascular work where they could pick a machine of choice such as the elliptical, bike, treadmill, or they could walk the track. The final thirty minutes involved a workout run by a personal trainer who focused more on high intensity training with weights incorporated.

When new participants to the program entered the gym, it was always a little awkward at first since most of them had never been in a gym before. After gym class in elementary and high school they had stopped taking part in physical activity or only took part in Special Olympic sports. Most school gym classes only focused on sports and did not include “working out” in a classic gym with resistance training and cardio equipment, so many of the participants had never seen any of the machines or implements. After a few weeks of getting comfortable with the routine of going to a gym it was typically a favourite part of the week for many. Some participants told me it was nice to get a little sweaty, or that it was good to relieve stress and take their mind off of things in their daily life.

One day at the gym, I was working with a participant who sometimes got excitable at the gym and needed a staff to help him self-regulate. This day started like any other, we walked over to the gym, used our scan cards to enter, and then found our respective change rooms. Once we were done changing, we headed upstairs to the fitness area where he led us over to the elliptical, his favourite way to spend the first thirty minutes. Every day he would step on the two pedals on the machine, put his headphones into his phone, open up his YouTube app, and then start his workout. The ellipticals were located at the far end of the gym up against the floor to ceiling windows. I always enjoyed our time on the ellipticals as I was able to watch the comings and goings outside the building. On this day there was a nice dusting of snow coming down and everything was covered in a sparkly white.

“YYYYESSSSSSSS,” I heard the participant yell. He was fist pumping his arms in the air and shouting out loud. He was clearly excited about the video he was watching. I smiled and went back to observing the outside world. All was well.

Until I felt someone tap me on my shoulder. I looked over and the lady on the elliptical beside me was staring at me with shock and concern on her face. I thought maybe she wanted me to watch her equipment while she ran to the washroom. What other reason would she have to talk to me? “Yes,” I said. Without hesitation she responded, “Is he okay? Do you need me to get your co-worker or a staff to help you take him away”? Take him away. At first, I couldn’t even respond to her. My first reactions were surprise, shock, anger, and I was questioning the audacity of this lady to say this to me. “No, thank you,” was the only polite way I could respond.

She gave me a hesitant smile and went back to her workout. I glanced over at the participant and he was enjoying his workout and hadn’t even noticed the interaction that just happened. He was still watching videos on his phone, and shouted out loudly, “YAYYYYYY,” and went back to his routine. Again, the lady tapped me on the shoulder and asked me if he was okay. I had noticed that she hadn’t taken her eyes off of him since he yelled the first time and I could tell she was nervous. I couldn’t tell if she was afraid for his safety or for her own. “He is happy and is just enjoying his workout. A little yelling won’t hurt anyone,” I responded. She continued to stare at him, unashamedly, and after a few more minutes she left. I noticed that no one else took her place on the elliptical and wondered if it had anything to do with the yelling. As I said to her, his yelling wasn’t hurting anyone, wasn’t affecting their workouts, and certainly wasn’t their business.

Staring

The theme of staring emerged in two of my stories, one where a non-disabled person stared, and then voiced their concerns to me, the other where a person with a disability felt so much anxiety related to staring that they could not attend an event. Staring is a chapter within my psychological versus social theme because in my experiences, the impact of staring is felt strongly by people with disabilities. The psychological environment is the interplay between an individual and their surroundings. How would a person feel entering a space where they feel unwanted and unwelcome? What would the repercussions of these feelings be? This is a question we ask in terms of the psychological environment and how people with disabilities must feel when deciding whether or not to access a fitness centre. With the negative attitudes by other gym members and staff towards their disability, a general lack of understanding about disability, and societies drive for the “perfect body” it must be daunting to enter a fitness centre. People with disabilities must prepare themselves both mentally and physically to enter these spaces as they have to advocate and fight for their right to use these public spaces.

Even people who are non-disabled feel anxiety about walking into a fitness centre because of staring. Between gymnastics and finding a love of CrossFit, I signed up for a membership at a local YMCA. The environment was terrifying; It was quiet; Everyone seemed to have buff, strong, and beautiful figures. I felt so out of place and wanted to leave. It became even worse when I started doing my workout and I could feel people watching me. Eventually, they stopped watching me and I got used to the environment, but not enough to retain a membership. If I felt this much anxiety and judgement after only being stared at for a few moments, how must people with disabilities feel who are stared at the entire time they are in a public space such as a gym?

As mentioned, one of the gaps I have noticed related to disability and physical activity, such as in a workout gym, is the assumption that people with disabilities take part in physical activity to become more “normal” by rehabilitating the body. This is to say that they are not working out for enjoyment but to become closer to the “norm”. Hargreaves (2000), stated that people with disabilities “are looked upon, identified, judged and represented primarily through their bodies, which are perceived in popular consciousness to be imperfect, incomplete, and inadequate” (Hargreaves, 2000, p. 185). I have had many friends who did not want to enter a gym until they were already fit. Now imagine being unfit and having a disability, something that makes you visibly “other” or different from the people in the room.

"On many occasions for disabled people the problem may be staring eyes, often averted if the disabled person does not try to make eye contact, alongside a pitying attitude towards someone's 'imperfect' control of their bodily movements." (Hansen, 2009, p. 256). People with disabilities often have to do things differently, either by adapting a movement, or altering a workout plan. The people who are staring may be curious, or simply interested, with no malignant reasons behind their staring. However, people with disabilities are often stared at and this invalidates an individual because they are publicly perceived as abnormal (Richardson, 2017).

“They are indeed only there 'on approval,' to return to Hansen's phrase, and many disabled people once again feel 'out of place,' being left to explain or even to justify their presence under the most mundane of circumstances," (Hansen, 2009, p. 260). People with disabilities often had to explain themselves to non-disabled individuals. In my gym story, the lady wanted an explanation for the behaviour of a particular participant. She was judging them and made him feel as though he did not belong. Seymour, (As cited in Hargreaves, 2000) stated, “The body in which I live is visible to others, it is the object of social attention. I learn about my body from the impressions I see my body make on other people. These interactions with others provide critical visual data for my self- knowledge” (Hargraves, 2000, p. 185).

In Rosemarie Garland-Thomson’s book *Staring: How We Look* (2009), she delves deep into staring. She unravels what is staring, why people stare, the effects of staring, the social, and how staring is such a meaningful, intense gesture. Staring is physiological, culturally and historically based, creates a social relationship between the staree and starer, and staring provides us with knowledge. After reading this book I thought about my world differently, and how I stare and look at other people. I will admit, I am a starer. One of my favourite activities is people watching, I can spend hours just watching people go about their lives. One year on Canada Day I sat on a beach in Riding Mountain National Park with full intentions to read a book but found myself spending hours watching the people around me (Thomson, 2009).

Staring is a response to something that is unexpected. We stare at differences to the normal human body or behaviours, anything that is different than the norm. People are expected to look and act in certain ways based on societal and cultural norms. We stare when the looks or behaviours are unexpected. Depending on the context that a person is behaving in, they may be more or less stareable. What is expected in one situation and place may not be expected elsewhere. For instance, someone with a disability might be expected in a hospital, but not in a gym. In a hospital, they might not be stared at but in the gym environment, they are novel. The more often unexpected bodies are present, the “visual landscape enlarges” (Thomson, 2009, p. 9) with their presence giving society a larger range of expected bodies. The more people with disabilities are seen in gyms, the more they are expected, and the less staring that will occur (Thomson, 2009).

Aside from gaining knowledge, staring can be a social act in relation to dominance where the privileged person is entitled to stare at their inferiors. Staring can actually create a hierarchy and create dominance in our society. The starer gains while the staree is reduced in social status. Staring identifies someone as disabled which gives control to the starer. The starer dominates the staree which gives power to the starer. During staring, we are also stigmatizing the staree who does not meet the expected norm for whatever reason. When someone is stigmatized by staring, they are being discredited or pushed away because of the actions that are being done by the starer. Staring gives stigma to the personal traits or behaviours of the staree. The interaction between the starer and staree is then in the hands of the staree. They can react to the staring in various ways, by responding to the stare, ignoring it, or a variety of other options (Thomson, 2009).

Staring intrigues, me so much, as you never know the meaning behind the starers stares. People stare at what is unique, but unique can be positive or negative. I can think of plenty of examples of times I have stared. I see a handsome man or beautiful woman, or I see someone doing something that I find fascinating. These moments can be small or large, and vary greatly. I have stared at people because I had negative thoughts, and positive thoughts. I stared because I admired what was happening, and also at situations that I was shocked by (Thomson, 2009).

People stare when seeing, glancing or gazing are not enough, and more information is needed. When something is novel or new, people stare because they want to know more. They have questions that they feel need to be answered. When people with disabilities are seen in media, such as on television, the news, or online videos and photographs, they are given permission to stare. The starers have the ability to appreciate the human body without leaving the starees feeling unsettled or violated. The age of technology, internet access, and has allowed people to stare while in the privacy of their own home. I am able to pull up a video on my phone and stare without being seen staring by the person in the video. I can take in all of the information that I want. Maybe this technological age will allow people to see disability in private, and then when it is seen in person, they will not find a person with a disability as unexpected and will not feel the need to stare (Thomson, 2009).

How do I think differently about staring after this book? Before, I always thought of staring, looking and gazing as a pleasant past time, something I would do when bored or to occupy additional time. Now I realize the negative effect that it can have on anyone, especially people with disabilities. Although the intent of the stare can be positive, it can be misconstrued as negative and can impact the self-esteem or value of a person. Not all people stare with positive or productive thoughts in mind. Some people stare and think negatively about people with disabilities.

Fitting In

Every week we complete group work related to the topic of “healthy mind and body”. This can include tools to use when stressed, hygiene, brain breaks, and education on different forms of activity. Once in a while, we have the participants choose a location other than the gym for the “healthy mind and body” curriculum. This was a way for the participants to try different ways of moving, while allowing them to make the choice about what activities they wanted to try. After some brainstorming, collaborating, and problem solving it was decided that we would try out hot yoga at a studio downtown. We chose the studio, found the date and time for the class, and then picked the best bus route to get us to and from the class. On Friday’s we typically did yoga as a group in the morning, but it was time the group attended a real yoga class with an instructor.

On the day of our yoga class I was asking participants if they were all ready to go and how they were feeling. One of the participants came to my office and knocked timidly. I asked him to come in and asked what I could do for him. I could tell that he was nervous and had something he wanted to get off of his chest. He was fiddling with something in his pocket and wouldn't look directly at me. We typically had a very open relationship where he was comfortable to tell me how he was feeling, so I decided to ease him into the conversation. "What are you nervous about?" I questioned. "Yoga," he responded. Interesting. He had attended yoga every week at the day program, and was always fully involved with deep breathing, meditating, and working on his poses. I was surprised that there was an issue with yoga, so I probed a little further and asked him what about yoga was bothering him.

"People are going to stare at us," he said. It was a very direct comment and I paused. Yes, people would stare, they always did when we came in as a group. There were always people watching us. "They don't stare to be mean," I told him. "No, they stare because we are different. We don't look the same as them," he said. He was right. People stared when the participants did anything physical, not because they were different, but because they did things a little differently. He told me how he felt more comfortable doing yoga at the program because we didn't judge each other, and we accepted each other.

I asked him if being at the back of the room in the yoga studio would help, that way people wouldn't be able to see him doing the poses. "But there are mirrors," he said. True, they would be able to see him in the reflection. There was no way around that. "And the guys there take of their shirts. I don't have ripped muscles and abs. I don't want to take off my shirt," he said concerned. He had Googled the yoga studio the night before and had seen photos of these lean, muscular athletes and had anxiety that he did not look the same as them. In the end, he didn't feel comfortable enough to attend the class with non-disabled people. The anxiety that he had related to being watched and not meeting the physical standard was too much for him to take part.

Gym Culture & Body Image

The participant in this story was so anxious about how his body would be perceived by those who stare that he was unable to participate in the class. Why did he think that his body would not meet the societal standards? In my previous chapter, I showed how the social environment can be just as inaccessible and intimidating to people with disabilities as the built environment. The impact of these environments creates psychological barriers for people with disabilities. The body is a critical part of the social identity and influences social interactions and perceptions of others. People with disabilities are assumed to deviate from conventional standards of body build, physical attractiveness and bodily expression (Taub, 1999).

Body image is defined as a combination of psychological experiences, feeling and attitudes which relate to the form, function, appearance, and desirability of the body. These experiences, feelings, and attitudes are influenced by individual and environmental factors (Taleporos & Mccabe, 2002). Taleporos examined body image for people with physical disability from a psychosocial perspective which was informed by the social model. Psychosocial theory was used to better understand the body image concerns for people with physical disability. The concepts of stigma, otherness, exclusionary social ideas, and social norms were factors that impacted body image (Taleporos, 2002).

Culture is created by a collective group of people, and there is a “gym culture” which people with disabilities are often unable to ascribe to. The gym culture is dominated by those who are young and physically fit. People who do not conform to this muscular and youthful stereotype often feel unwelcome and intimidated to enter this space (Richardson, 2017). As noted above, people with disabilities are not seen in gyms and therefore attitudes towards them cannot be changed. By not aligning with cultural norms and a lack of representation in gyms due to this lack of “blending” into society, people with disabilities are hindered from exercising (Richardson, 2017).

I have gone to several different types of gyms in my life, and many of them have this typical gym culture as stated above. If they do not have that gym culture, they may have a portion of people in their gym who ascribe to gym culture, but the overall facility does not. Every gym that I have been in has had a specific demographic. Some of the gyms are marketed towards younger people, some towards families, some are specifically for rehabilitation, with there being many different types of gyms. However, despite the different types of gyms, I have known many people who are still reluctant to go to gyms because they fear that typical gym culture will be present. They are worried about being judged for not meeting the standards within the culture.

By valuing certain traits within the gym culture, it can be considered ableism, or the creation of certain bodies that are deemed perfect, typical of the human species and therefore denoting being a full human. Disability is often considered as making a person only partially human or a reduced state of human. People with disabilities, or anyone else who does not conform to these cultural norms are often seen as less worthy (Richardson, 2017).

However, participants in Richardson’s (2017) study described the gym as a social place to make new friends as people say hello and you feel a part of something, a community, a culture. However, this is not the case for many people with disabilities. It is suggested that social well-being can be enhanced by increasing social status, reducing social isolation, and reducing discrimination from non-disabled people. Outside of the gym, and often in the medical or rehabilitative field, health is not determined by musculature or aesthetic, but by function, but in the gym culture people with disabilities may still feel that aesthetic is the ideal. By not conforming to the typical gym aesthetic, people with disabilities often feel othered (Richardson, 2017).

The media portrays fit, slim, muscular, and overall “normal” non-disabled individuals as taking part in physical activity. Commercials and media rarely show people with disabilities as part of the gym culture or community (Rimmer, 2005). Since people with disabilities often cannot fully use facilities or feel intimidated to enter the environment, they are not present. They continue to be forgotten and unexpected because they are not seen, and the barriers they face may not be noticed by non-disabled gym members or staff. Sport has typically glorified the able-body and emphasizes normalcy and physical superiority (Le Clair, 2011).

Within gyms there are often posters or slogans that say, “no pain, no gain”, “feel the burn”, or similar ideas which promote pain as a typical step in achieving fitness. For people with disabilities, this pain may indicate that something is not right, or that pain equates harm to the body. There needs to be more education for instructors to understand that not all bodies can experience the workouts in the same way. People with disabilities may also feel more welcome in the gym environment if there is someone that they can relate their experiences to, namely another person with a disability. This other person may also be a resource for information on health and fitness (Richardson, 2017). Potentially, having an instructor with a disability could increase both the accessibility of the gym through their lived experiences, and can make people with disabilities who are interested in joining the gym more likely to take part. This will reduce othering, be a role model for people with disabilities, and be a support for non-disabled instructors (Richardson, 2017).

Value and Self-Esteem

A theme that was found in my two stories, and across the different narratives in the Allan, Smith, Côté, Martin Ginis, and Latimer-Cheung (2018), study was that of feeling of being equal and valued when taking part in sport or activity. All of the athletes who were interviewed had a strong identity as an athlete and wanted to be taken seriously as athletes. Unfortunately, it seems that most people with disabilities who go to the gym experience negative interactions with the built environment and people which deter them from working out (Allen, 2018). Are people disabled because we don’t value them? What do we value in society? Why is society so uncomfortable with differences? Are we uncomfortable because of a lack of exposure?

When constantly confronted with negative perceptions about their abilities to carry out tasks that most people take for granted and also bombarded with images of physical perfection that most of the general public could not live up to, it is little wonder that many people with disabilities suffer from low self-esteem (Hargreaves, 2000). While examining body image for people with disabilities, Taleporos (2002), noted that the social model concludes that individuals with identical physical disabilities would vary in their feelings and attitudes towards their own body. These differences would be due to social factors such as education, social support, real and perceived social attitudes. Body image must be researched from the unique perspective of each individual and their experiences in their social world (Taleporos, 2002).

Hargreaves explained that there is an emphasis in Western society to achieve mastery and perfection over and of nature and our own bodies, and that the disabled body is incompatible with this ideal. Disability is equated with the perception of inability (Hargreaves, 2000). Sport can either improve or impair a person’s self-image, either by allowing them to have gains and to improve their skills or to be inefficient in the sport (Kasum, 2017). Sport and physical activity have the ability to compensate for an initially negative identity since their participation is unexpected and they are able to provide an alternative representation of disability. They can challenge the norms (Taub, 1999).

There are many studies that show self-esteem can be bolstered through physical activity, fitness, and sport. Findings show that people with disabilities believe that inclusion helped them exceed expectations of non-disabled people through demonstration of physical skill, having a fit healthy body, a muscular body, and a liberated body (Taub, 1999). A study by Kasum had people who stated their success in the sport as their identifier, those who talked about their sport first and then their disability, and then those who talked about their disability first. Sport is capable of providing immediate feedback on a person’s efficiency and competence, which can affect them psychologically and can impact their self-image (Kasum, 2017). People with disabilities who take part in sport experience social acceptance, increased life skills, and friendships. Specifically, for people with disabilities, taking part in sport can help reduce prejudices, promote positive interactions between non-disabled people and those with disabilities, and diversifying the community (Wilhite, 2009).

Ove the last two years, I have been searching for and reading various autoethnographies to guide me in this process. In my Women and Disability course, we read Heather Kuttai's *Maternity Rolls* (2010) which was submitted for her Masters thesis. Her story and analysis revolved around Heather's decision to have a child while being a woman with a disability. Heather explained how she navigated the health care system, highlighting the barriers and what aided her in her decision to have a child. In one of her chapters she discusses how sport gave her confidence, if somewhat limited, in her body's abilities. Heather took part in competitive shooting and noted that her confidence was both physical and mental. Due to sport and activity, she had begun to have faith in the tasks that her body could do. Some of her confidence was mental, and she gives credit to her coach over the years. Her coach had a large impact on her experience in sport because he had complete faith in her. Not only did he have faith, but he was able to adjust his coaching style to different personalities and bodies and build athletes regardless of their different abilities. Heather believed her involvement in sport gave her confidence that later would allow her to translate this confidence into other areas of her life (Kuttai, 2010).

What if a person with a disability does not want to excel in sport, but would rather take part in the gym and be physically active? Can their self-esteem be impacted?

Research shows that physical activity also provides psychological and social benefits for people with disabilities as it is known to reduce anxiety, depression, and loneliness. (Jaarsma, 2018). Some positive outcomes of physical activity include psychological well-being, a positive mental image, and challenging of negative cultural norms, transcendence of disability and attitudes towards those with disabilities, and physically redefining the self and expanding their social circle (Lundberg, 2011).

People with disabilities can be both positively and negatively impacted by the value that society places on them. The impact on their self-esteem is important to retention of a physically active life.

Chapter 9: Adaptation

Scaling

From the age of three until I started university one of my identities was that of a gymnast. I spent countless hours at my gymnastics club, and when I became too old to be very competitive, I began to coach. As high school was nearing an end, I was dreading the idea of losing this identity. Who would I be and what would I do without gymnastics? At my final gymnastics meet of the year, I noticed a large group of young adults enter the gym wearing red, blue and gold, the Queen’s University colours. As one of the athletes turned around, I saw “Queen’s University” written in large block letters on the back of their team jackets. I immediately felt a huge weight lift off my chest. There was a gymnastics team at my soon to be Alma Mater. After the meet I immediately contacted the team about joining in the fall and was thrilled to hear I could still have “gymnast” as my identifier. Although we only competed recreationally, the bonds that I created with my team will forever be with me. I have met some of my best, most supportive friends through our shared love of the sport and the community that we built throughout those four years.

After my undergraduate degree, I realized that my body was not able to perform as it had when I was younger. Gymnasts are lean, flexible, and full of explosive power which I had lost with age. In hindsight, gymnastics is one of the most ableist sports that I have taken part in. Not once did I see a gymnast with disability in competition, and aside from classes specifically for people with disabilities, I rarely saw people with disabilities in the gymnastics gym. For over a year I took part in very little physical activity. I bounced back and forth between going to the local YMCA and doing workouts in my apartment.

After a year or so of feeling lost, disconnected, and ashamed of my physical body, I was introduced to CrossFit by my partner. At first, I absolutely despised CrossFit. I was embarrassed to work out in front of people, I did not possess humility, and I felt vulnerable failing in front of these people. My first impression of the athletes in the CrossFit gym were of superhumans, who were able to lift heavy things, run long distances, complete technical gymnastics movements, all while having lean, fit bodies. I was sure I was never going to fit in in this environment. And then, I started to pay attention to the other members of my gym aside from the elite. They came in all shapes and sizes, ages, and abilities, and I couldn’t label them as a “type”. Some days I would be working out beside a 12-year-old and a 70-year-old. And the best part about it, was that everyone was doing the same workout regardless of their abilities in the gym.

After two years I had to move cities and gyms. While at my new gym, I noticed that a female athlete had a cast on her leg. She was temporarily disabled, yet she was at the gym. Initially, my ableist brain thought she was just visiting or watching a friend, and then I saw that she was getting ready for the workout and meeting with the group to hear the coach explain the workout. Every class we meet at the whiteboard where the coach will go over the workout for the day, go over technique for the movements, and then discuss logistics of setting up in the gym. The workout on this day had rowing, box jumps, and pull ups. I was so interested to see how she was going to do the workout that I barely listened to the coach explain what I was supposed to be doing.

The coach gave the signal to set up our equipment and I hurried to set up under my favourite bar for pull ups. After filling up my water bottle, I noticed that the girl with the cast was set up beside me. Perfect! I would be able to see what she was doing in the workout. I sat on my rower, strapped in, and waited for the coach to start the timer. I looked to my right and noticed a skateboard by her rower. What in the world did she have a skateboard for? She sat down, strapped her right foot into the rower, and placed her left foot on the skateboard. She was going to row with one leg! The clock started, she picked up the rower handle and began to pull. Her arms and right leg were doing all of the work, while her left leg was able to glide back and forth with the use of the skateboard. This was genius! I was so interested I wasn't even looking at the calories on my rower. Then, to my astonishment, she got off the rower. She rower faster than me using only one leg. My mind was so busy thinking about all of the possibilities that CrossFit creates.

She moved onto box jumps. Typically, an athlete starts with two feet on the ground and jumps up onto a box, landing with both feet. She was jumping onto a lowered box and landing on one leg with no problem. After her box jumps, she headed to the pull-up bar where athletes don't need to use their legs to complete the movement. Not a problem, she finished her reps and moved back to the rower. The workout continued for 15 minutes until the time cap. When the time ended, everyone dropped where they were, panted, laid on the ground, and tried to catch their breath. Normally, I am excited that the workout is done because my body is full of lactic acid and my lungs feel like they are on fire, but on this day, I was excited to talk to this girl. Once our equipment was put away, and we were doing our cool down stretch, I started to ask her questions. We chatted for about 20 minutes about how she modified workouts, and movements to meet her personal needs. She said that when she broke her ankle, she had initially asked to put a hold on her membership. The coaches were the ones who suggested she still come, why stop coming if you can still do something?

She told me that although our coaches didn’t have scaling or modification options for every movement, there was a wealth of knowledge on the internet and she directed me to the “Adaptive CrossFit” Instagram and Facebook page. As soon as I arrived home, I looked at these accounts. I felt a little obsessed, because I went back a few years in the account’s feeds. There were athletes with all kinds of disabilities taking part in CrossFit. There were videos and pictures of athletes who were Deaf, visually impaired, had Down’s Syndrome, were using a wheelchair, had amputations, and athletes with various other disabilities. They were all taking part in classes with non-disabled people, they were doing the same workouts, and were part of the community. This was inclusion, this was participation, there were no barriers to participation. The attitudes of the coaches and other CrossFit members were so positive, and so inclusive, I knew that this is why I loved this sport.

Education

As mentioned above in the chapter on contact theory, education is one way to reduce ableist attitudes and to remove stereotypes related to disability and physical activity. Although I believe that education can create change, it is naïve to think that education is the only answer to creating an inclusive world without structural oppression. I have met people in my life who believe in the survival of the fittest motto, and do not believe in equality for all. These people are likely the type of people who do not want to provide people with disabilities with the supports to ensure they can take part in society. Not everyone wants to see others in the world succeed, and there are likely many people in this world who do not want to support people with disabilities. I believe that disability education can be beneficial for non-disabled people who are open minded or who have had little experience with disability.

People with disabilities are a heterogeneous group where every disability is very unique and specific to that person, and the experiences of this person are just as unique. It is very difficult to state that participation in physical activity is the same across all disabilities. There have also been discussions surrounding how we can measure participation and to create a clear definition of participation. Is there a limit that must be met? (Bult, Vershuren, Jongmans, Lindeman, & Ketelaar, 2011). What is the answer to creating inclusive physical activity for people with disabilities? My first chapters outlined that the space must be physically accessible, the attitudes of the people must be positive or open, and there must be value placed on the person with disability so that they have increased self-esteem and feel welcome in the environment. But how do people reach this state? As can be seen in this story, an answer is education. It only takes one staff to be educated or to look for answers to create an inclusive space for people with disabilities.

Social barriers are created because of a lack of understanding of disability issues by family, friends, other members in society, health professions and fitness staff (Calder, 2018). The more “severe” of a disability that a person has, the less likely they are to take part in sport due to resources and education (Wilson, 2010).

Any person, with any type of ability, can be an athlete or can be physically active. It is important that we take the time to provide them with the supports to reach their goals in sport, no matter how big or small. People with disabilities also desire to live a healthy lifestyle and want to take part in the gym, on a sports team, or for recreational activities the same as any non-disabled person. However, where a person with a disability lives geographically impacts the services that they can access. In my experiences, cities often have more accessibility, and there are more options if a specific gym is not accessible. In smaller, rural towns, there are less resources and often less options for physical activity. People with disabilities often have an overall lower level of fitness than non-disabled people and have an increased level of obesity. For people with disabilities, it is important to develop a lifelong desire to be active if not just to reduce illness and the morbidity inked to a sedentary lifestyle (Wilson, 2010).

Richardson (2017), discusses how fitness centres are controlled spaces created for physical fitness with specialized equipment and instructors who are trained on normalized fitness and not fitness related to disabilities. Richardson suggests fitness centres fund instructors take courses which teach them how to train individuals with various disabilities (not just physical or developmental), and having these instructors mediate or bring together people with and without disabilities in the gym environment (Richardson, 2017). By including people with disabilities in the education program, or having fitness instructors with disabilities, attitudes will be able to change by challenging norms through contact theory.

Inclusion in Competition and Recreation

Sport is competitive. In sports, the goal is to win and since people with disabilities are often problem-related due to the medical model, I have noticed that they are not the choice to be on teams with non-disabled people. When I did play sports at recess, the student with a disability was usually the last player to be picked for the teams. Whether this was related to attitudes or performance, I do not know, but I do remember that my sister was often the last person to be chosen.

For people with disabilities, they often have to take part in segregated sport that is specifically designed for people with disabilities. These adaptive sports are any modification or tailoring of a sport or recreational activity to accommodate a different ability. Many adaptive sports include specialized equipment so that an individual can participate as fully as possible (Lundberg, 2011). These sports often remain solely for people with disabilities as non-disabled people do not want to join. Any sports program designed for people with disabilities that is community based is also open to non-disabled people who want to join (Lundberg, 2011). People with disabilities are marginalized in sport, due to many of the barriers that were discussed earlier in my thesis (Darcy & Dowse, 2013).

Community programs are often linked to YMCAs, Paralympic Sports Clubs, non-profit or for-profit organizations (Hunter, 2013). People with disabilities have fewer opportunities to participate in sport due to organizational constraints, inaccessible structures, lack of expectations in sport, and a lack of knowledge by facilitators (Carter, 2014). However, despite the areas that parasport lacks, participating in adaptive sport allows individuals to challenge negative attitudes and to gain empowerment by showing their abilities (Lundberg, 2011).

Sport is competitive, is physical, has rules, has a tradition, and has a reward whether public or personal. Sport can be high level or recreational (Le Clair, 2011). So, how can people with disabilities be included in sport? How will they be able to participate fully and feel part of the community? Carter (Carter, 2014), looked at a program for families with children with disabilities that included non-disabled children in the activities. The people who were running the program looked at what the athletes were capable of doing versus what their limitations were. People enjoyed the club because it was for non-disabled and disabled bodies and everyone was considered the same. Everyone realized the potential of the athletes, both in terms of understanding and awareness of disability (Carter, 2014).

It is important to include athletes with disability and without disabilities to brainstorm about how the sport can be modified to create inclusion. The group can either look at disability sports which are inclusive to all such as sit-volleyball or goalball or take a sport and tailor it to the specific disability (Foley, Tindall, Lieberman, & Kim, 2007). Prejudice becomes reduced because members of both groups gain equal status and then collaborate to reach common goals through action and discussion (Lalvani, 2015). Accommodations to a program need to be made for individuals who have a disability or are non-disabled such as introducing new materials, policies or procedures, or equipment so that there is equal opportunity (Peniston, 1998).

One of the most important factors of inclusive sport is that we need to ensure that athletes without disabilities have positive attitudes towards inclusion of those with disability (Foley, 2007). Without these positive attitudes towards people with disabilities, the program cannot be fully inclusive. Many sports are played competitively while physical activity in a gym setting is typically recreational, however it depends on the sport. In my experience, recreational activities for people with and without disabilities such as recreational sports games, or physical activity in a gym reduces prejudice due to contact theory. Since the team or group of people are working together towards a common goal, people have more positive attitudes towards one another. This is in contrast to working against each other and trying to win as is typical in sport. We should strive to include people with disabilities more fully in any physical activity and use their opinions and insights to alter the programming to make it more inclusive.

CrossFit

The first time I encountered people with disability participating fully in group fitness was at a CrossFit gym. There are undoubtedly other ways that an athlete with a disability can access a gym, however I had never seen as much participation or integration as I saw at CrossFit. The benefit of CrossFit is the community and class dynamic that is created versus the individualistic one-on-one coaching or large group classes found at most gyms.

CrossFit is constantly varied functional movements performed at high intensity. All CrossFit workouts are based on functional movements, and these movements reflect the best aspects of gymnastics, weightlifting, running, rowing, and more. These are the core movements of life (CrossFit, 2018b). The goal of CrossFit is to create general, and inclusive fitness that creates measurable, observable, and repeatable results (Crossfit, 2018b). CrossFit classes vary in size, but they are a mixture of one-on-one coaching, group-style coaching, or open gym where a coach supervises the gym while members program their own workout for the day or coordinate with others to make a group workout. In the coach-driven classes, a workout is programmed for the group and the coach provides a warmup for the workout movements and support throughout the workout, whether it be monitoring technique or encouraging participants to keep up the intensity. The coach is responsible for making sure the needs of each member are met by tailoring the workout to each individual.

What intrigues me the most about CrossFit is that it universally scalable, or it can be tailored to any individual no matter their abilities. CrossFit states that athletes differ by degree, and not kind (CrossFit, 2018a, p. 1). Everyone who walks into the gym will do the same workout, although the needs of the Olympic athlete may be to become dominant to win, the needs of a 65-year-old woman may be to keep herself as physically independent as possible. To coach at a CrossFit gym, coaches must complete a Level 1 Trainer course. This course focuses on the basic movements of CrossFit and provides information about how to scale workouts for the average CrossFit athlete. There is a course offered by CrossFit HQ called the "Adaptive Training" course. In this course, coaches are taught how to scale workouts specifically for athletes with physical disabilities. Since this course have been created it was only offered to CrossFit gyms and coaches but has now allowed anyone who is interested in adapting fitness to gain certification through the course (Crossfit, 2018a).

The Adaptive CrossFit course identifies an adaptive athlete as one with a permanent impairment which causes a limitation to work capacity. Work capacity is the ability of the athlete to perform work as measured by power in a specific task (CrossFit, 2018a). For example, if an athlete is to back squat a weight, but they are unable to due to their disability, their work capacity will be limited. In these cases, the coach will change the movement to meet the needs of the athlete while still challenging work capacity. The manual also focuses on using person first language by stating, “the CrossFit athlete, who has a disability,” (CrossFit, 2018a, p. 1). They are an athlete and are part of the community before their disability. The manual also includes temporarily disabled people as “impaired athletes,” as those who were temporarily injured (CrossFit, 2018a). The CrossFit training

> …methodology’s aim is to develop well-rounded athletes who are prepared to complete any task. This aim is ideal for and most appropriate for adaptive athletes. Obviously, training plans will need to be tailored to the specific needs of each athlete, but, in general, CrossFit methodology will provide the most effective, efficient, and safe training for adaptive athletes (CrossFit, 2018a, p.4).

Two of the main reasons for using CrossFit training are lifelong fitness, and functional movements (CrossFit, 2018a). Many people I know who have disabilities want to take part in fitness for these exact reasons, to be create lifelong healthy habits, and to do movements that can be carried over to daily life, not to become professional athletes.

By typing in “Adaptive CrossFit” or “Adaptive Training” into internet searches on Google, Facebook and Instagram, you will come across hundreds of creative ways to adapt or “scale” movements. Some examples that I have seen include put a crinkly piece of paper on the wall so that when an athlete who is blind performs a wall ball shot (holding the ball in both hands, performing a front squat and then throwing the ball to the target on the wall), they can hear when the ball has hit their target versus seeing. Athletes who use wheelchairs are seen performing movements with spotting from coaches to assist them safely in performing pull ups, muscle ups and other gymnastics movements. Athletes who have amputations with only one arm using a bar with a skipping rope attached at each end so that they can use their single arm to propel the rope and skip. Since hearing about adaptive CrossFit, I have followed the hashtag “#adaptivecrossfit” and on a daily basis I see new ways of moving that showcase the creativity that these athletes and their coaches are using to create inclusion.

Due to the nature of CrossFit it would be an ideal sport for people with disabilities because it can be non-competitive, completely recreational, classes happen every hour between 6am and 8pm at most gyms, and athletes can scale the movements and workout to meet their specific needs. It can be argued that with the proper community supports in place, none of these barriers would exist for people with disability and their access to sport (Crossfit, 2018b). However, CrossFit is a combination of many sports or areas of fitness, and many of the scaling or ways of adapting movements can be used in other physical fitness centres. Many gym users stated that negative experiences were removed once they found an inclusive environment where they felt as though they belonged to the community which increased their perceptions of social acceptance and self-worth (Richardson, 2017).

However, there are flaws to CrossFit as a sport. The sport still segregates adaptive and non-disabled athletes in competition. This segregation is hard to overcome in any sport, as well as in CrossFit. The participation of an athlete with a disability is also contingent on them having a coach who has either taken the Adaptive CrossFit course or who is open-minded and excited to help adapt and scale the movements for the athlete. The only limitation for athletes and their coaches is creativity (Cecil, 2018).

Chapter 10: Limitations & Evaluation

Limitations

Within all forms of research, there are limitations, and my research is not the exception to this. The first limitation that I will point out is my place of privilege in the writing. I am a non-disabled person who has fully taken part in physical activity my entire life. I am writing about my experiences as an ally to people with disabilities and not from the viewpoint of a person with a disability.

Another limitation in my research is the lack of people with disabilities in my research. Whenever possible people with disabilities should be included in the research process. They should be included in the creation of the research question, the process that is being used, and the outcome of the research. By including them within the research, we are providing them with the power as the researcher. When someone is researched, they become an object without stories or agency, but by including them as researchers, we are allowing them to make their own decisions (Smith, 2012).

My research does not include information about all impairment types as I can only speak to experiences I have had with people in my life. Much of the research within the realm of fitness is related to people with physical disabilities and not those with developmental or intellectual disabilities. Many of my earlier personal experiences are connected to the experiences of those people with developmental disabilities, while my latter experiences are from the viewpoint of various disabilities.

Autoethnography research is often criticized (Duncan, 2004). Typically, a marginalized group of individuals use autoethnographies to portray their truths. I, myself am not part of the marginalized group of people with disabilities, but I am an ally to them and have many experiences as a sibling, a support staff, and a friend. Autoethnography is not expected to a representative example, meaning that my experiences will not be replicated the same in every person. This is rather one reconstruction of an individual's narrative, but it is not the only one. Another person may have completely different experiences, views, and ideas regarding the same topic due to their own lived experiences (Yin, 1989). Form and content cannot be separated. The form of representation that I use as a researcher shapes the form of understanding for the reader (Richardson, 2005). The writing in itself is analysis but the way in which it is conducted impacts the reception of the work.

Despite the limitations in my research, my topic is unique and has not been identified before and certainly not in the method of autoethnography. My goal is that my readers finish this reading with a thorough understanding of the opportunities related to physical activity and disability so that they may be able to create change that is needed. I urge my readers to think critically about the spaces they access and question the norms that they may now notice related to disability and physical activity.

Evaluation

While writing this thesis I was worried about how to evaluate my content until I found Laurel Richardson's (2000) five criteria to evaluate an autoethnography. These five criteria include:

- Substantive contribution: Does the information in the piece contribute to the overall understanding of social life? (Richardson, 2000).

- Aesthetic merit: Does the author use creative analytical practices to invite readers to interpret and respond? (Richardson, 2000).
- Reflexivity: Are the authors held accountable to a high standard of knowing and telling of the people in their stories? (Richardson, 2000).
- Impactfulness: Does the writing create new questions, move readers to write, move readers to try new research practices, or entice readers to action? (Richardson, 2000).
- Express a reality: Does the writing provide a detailed explanation of their lived experiences? (Richardson, 2000).

Alongside these five criteria points, I ensured to have my family members read through my stories to fact check all information. Many of my stories occurred when I was younger, and I may not have had the full context of the story at the time. With the help of my mother I was able to ensure that my stories were true and had no missing information.

Chapter 12: Conclusion

The intent of this research was to discover the barriers to physical activity and fitness for people with disabilities through autoethnographical analysis of my own experiences as an ally to people with disabilities. My goal in research was to determine what barriers people with disabilities face when accessing physical activity and fitness, unearthing the underlying reasoning for these barriers, and locating specific examples where these barriers have been partially or fully removed.

My study on physical activity in relation to Disability Studies taught me that sometimes it is hard to be optimist when the facts show that our society has a very negative view of disability. My research has allowed me to gain a greater understanding of the experiences that people with disabilities have when trying to access physical activity in its various activities. As I wrote my stories, I encountered more barriers than I had expected, such as financial barriers, the urban versus rural location of a person, time constraints, and was unable to fully delve into each topic for this project. The environmental, social, and psychological barriers are diverse, and specific to every community, and every individual.

Throughout this project my thinking has certainly changed. I had to question what I had come to believe were truths, and had to question where these truths came from, and what was actually occurring. I struggled to give myself permission to talk about other people and about myself, but once I did it felt quite liberating. I was so nervous to show my mother and sister my thesis, in fear that they would be unhappy with how they were portrayed. My mother surprised me by asking if I had any other stories from my childhood that she could read. She was excited to see my perspective and then to understand the reasoning and analysis that occurred in this autoethnography. This gave me energy to write my thesis as I knew that the work was appreciated.

My hope is that my research on disability and physical activity will encourage further study into eliminating barriers and creating an accessible fitness environment. This should not seem bleak and unattainable, as I have seen first-hand how accessibility can be inclusive. Individuals and communities are responsible for creating change for people with disabilities related to leisure, sport, and fitness.

> There is no magic solution, but we must confront the question about how much more could be accomplished if disabled people were better able to make their way in the world on their own terms. Much of their energy is spent trying to gain the 'right' of passage; to cope with the negative attitudes, the poorly arranged surroundings, the constant fear of being 'on approval' in non-disabled space: surely, much *more* could be achieved if this energy were expended in other, less negative ways (Hansen, 2009, p. 263).

My thesis should provide readers with the information to challenge their beliefs and attitudes on a personal level, to promote inclusion and participation for people with disabilities, and to ensure all environments related to physical activity are accessible (World Health Organization, 2011). In my first week as a Disability Studies student I sat in my introductory course and my advisor, Dr. Nancy Hansen, said, “What would happen if disability was expected?” This is something that I have questioned every day since and urge all of my readers to ask.

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