

How Does Disability Experience Fitness:
An Autoethnographic Analysis of the Intersection of Disability and Fitness

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Abstract

Disability interpretations of fitness are rare. Ideals of athleticism, aesthetics, and the body often reside at the extreme opposite end of the disability continuum, as far from impairment as possible. But being disabled does not necessarily make one unfit, just as it does not necessarily make one unhealthy. As a person with Cerebral Palsy (CP) I have found fitness pursuits alluring, especially once I started receiving messages that I was presumed not to belong in most considerations of fitness due to my disability. My engagement with others in fitness contexts is rife with politics of disability, namely, where I do and do not belong spatially, contextually, and conceptually with regard to fitness. My presence in fitness facilities has been regarded between provisional, spectacular, and worrying. It became clear these incidents had value to lend to discussions of disability's intersection with fitness, exemplifying foundational theory and begging new questions. Perhaps more importantly, relating politically charged narratives stood to raise awareness of the unacknowledged and unquestioned politics of fitness and the discussions which still need to take place.

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Table of Contents

Abstract	i
Acknowledgements	ii
Table of Contents	iv
Preface	v
Chapter One: Introduction	1
Situating Myself as Researcher	3
Resistant Conformity: The Paradox of Disability Pride and Normative Aesthetics	7
Chapter Two: Methodology	13
What is Autoethnography?	14
Why is Autoethnography Appropriate?	16
Theoretical Approach, Critical Thinking, and Analysis.....	19
Chapter Three: Foundational Theory and Definitions	20
What is Disability?	20
What is Fitness?	27
Participation	30
Chapter Four: Fitness and Sport	44
Fitness in the Shadow of Sport	44
The Paralympic Games: Catalyst for Social Change and Selective Glorification	48
Chapter Five: Fitness as a Response to Challenges Associated with Physical Disability	53
Chapter Six: Fitness and Beauty	60
Normative Aesthetics, Deviant Body Image, and Masculinity	60
Disability and Beauty	71
Chapter Seven: Barriers	76
Personal Experience of Barriers	79
Physical Barriers	81
Attitudinal Barriers	89
Personal Experiences of Attitudinal Barriers	91
Chapter Eight: My Photo Shoot.....	109
Chapter Nine: Conclusion	111
References.....	115

Preface

Having Cerebral Palsy my exposure to fitness and physical activity started with physiotherapy before I entered preschool. Entering kindergarten, I was blessed with physical education teachers (gym teachers) who asserted my belonging in any gym activity that ever happened in the school. As I grew older and became self-conscious as a teenager, my experiences with organized physical activity were great sources of shame and embarrassment until I discovered the joy and privacy of weight training. Weight training revived my love of physical activity. As an adult, I followed this thread further until I had set my sights on lofty fitness goals and became a regular at many gyms. As I did not have any friends who were disabled and did not know any disabled athletes, my forays into fitness as a disabled person often felt like bushwhacking, beating myself a trail in untraveled territory with little for guidance as to how to navigate fitness contexts as a disabled person. In doing so, I have had many interactions with people and encounters with environment which carried a political undertone expressing the opposition to my presence, let alone my right to belonging in fitness contexts. This thesis explores how fitness is experienced through a disability, specifically Cerebral Palsy. It seeks to understand how fitness accounts for disability conceptually and spatially. How fitness can be adopted into a disability nuanced lifestyle is explored, along with the barriers to doing so. Finally it is asked how disability intersects with aesthetic norms of body image.

My intent with this thesis is to explain ableism in fitness contexts in a way that makes it visible. Exposing ableism in fitness contexts should provide enough of an understanding that readers will be able to recognize ableist practices in other contexts as well. The public is generally unaware of the ableist politics of public space and social interaction within that space. I would like to channel the experiences I have had with ableism into a work that allows others to

bear witness to the exclusionary environments and attitudes that are so common. My experiences with fitness have been integral to my personal development and have tended to be a strong counter-narrative both to common (mis)understandings of disability and fitness. Personalizing this narrative, relating it from my own perspective, and emphasizing the parts which I deem most crucial is a way of directing the curiosity and gazes of others toward a politically informed experience instead of an ill-defined spectacle. It is me laying claim to the validity of my own experiences, a reversal in which the disabled Other looks back and relates what they see. To borrow Napier's words regarding the power of creative approaches to representation, "[N]ot only can we envision the Other in ways never presented, but the Other looks back at us" and "ask[s] us to measure our own accountability as we stand face to face with the Other" (Napier 187, 194). For some, this would mean instead of staring at me from across the gym, they assume my own perspective and gaze back at iterations of their own behaviour and its effects.

Lastly, and importantly, I am also laying claim to the validity of how I live with my disability not just to able bodied others, but to others who also live with disability in their *own* ways, just as I do. My goals, philosophies, practices, and self-advocacy regarding my own disability differ from many advocates who unfortunately (mis)represent me. As recognized by Michelle Obama, "If you don't get out there and define yourself, you'll be quickly and inaccurately defined by others" (Obama 286). Disabled people must be recognized as diverse and complex, "human individuals with a stake in being so" (Morrison 39). Fitness has been the course through which I built my self-esteem, exercised my own autonomy, and asserted my validity as an active user of public space to others and to myself.

I believe firmly in what I do. Here is why.

Chapter One: Introduction

Citizenship is at best nominally extended to a disabled person; society has yet to commit to this sentiment enough to enable disabled people to exercise their full citizenship. When the arbitrary line of universal human interdependence is crossed into pathological ‘dependence,’ or Linton’s “dividing lines between those for whom dependency was ‘deemed natural and proper’ and those for whom receiving was a source of shame[,]” people are saddled with an ironic label: ‘dependant’ (Linton 48). Harm ensued as “*dependency* could [] designate an individual character trait [...] and] was deemed antithetical to citizenship” (Fraser and Gordon 315). Misperceptions and inappropriate environments continue to exclude disabled people from fully participating in many aspects of everyday life. Financial and *social* independence form the yardstick against which people were measured, both goals especially difficult for disabled people to achieve as they are actively and routinely denied such independence (Linton 48). While dependency is deemed provisionally acceptable, “it deprive[s] recipients of the rights of citizenship and force[s] people to appear helpless in order to insure continued receipt of benefits” (Linton 48). To borrow from Young, ableism has “not disappeared with [...] discursive commitment to equality for all [...] but [has] gone underground, dwelling in everyday habits and cultural meanings of which people are for the most part unaware” (Young 124). One such area disabled people are restricted from participating in is fitness. This thesis explores fitness from a disability standpoint, specifically by adopting an autoethnographic approach through a Cerebral Palsy (CP) lens. It explores how a physically disabled person experiences fitness and participation in athletic activity.

Opportunities to engage with peers in equal capacity can be fewer when growing up with a disability. This lack of opportunity is among the earliest stages of what could develop into life-

long social isolation and fewer social skills. Such a situation can negatively impact one's self-esteem and thus make lifting oneself out of social isolation an even more daunting task. Furthermore, when making initial steps toward greater interaction with the world, society's common negative reactions to disability can swiftly erode one's confidence and further entrench one in isolation if one decides to retreat into the comfort of solitude. Committing to fitness endeavours can be a very accessible starting point for developing self-confidence and gradually moving out into the world on one's own terms.

Personal fitness is a potential response to social exclusion and its many consequent challenges. Social exclusion of disabled people limits opportunities to develop social skills and confidence. Personal fitness responds to many such challenges compounded by disability by developing areas commonly left undeveloped due to a lack of inclusion and opportunity. The experiences and effects of incorporating fitness into a disability-nuanced lifestyle are documented as they stand as firm testament to fitness' potential for catalyzing critical personal growth. Similarly, it will examine how disability is incorporated into conceptions of fitness.

Participation is more complex than many teachers and activity organizers realize. These complexities form principles and key concepts applicable to mandatory formal physical activities within the education system and personal informal activities individuals may self-manage. This research extends beyond fitness within public education to elucidate how broader society conceives of fitness and incorporates it into dominant Western culture. A fundamental framework for understanding disability is constructed so that fitness can be examined in its relation to disability. Cultural norms of body image and masculinity occupy busy intersections with fitness and are importantly examined for how disability interacts with these intersections.

Findings are valuable for guiding physical education teachers when structuring activities to foster disabled students' participation. The importance of teachers having such information is twofold; the direct benefits of quality participation are extensive, and there is risk of lasting negative effects if participation is fundamentally misunderstood and inappropriately structured. Findings may also empower disabled people by identifying potential benefits of incorporating fitness into one's lifestyle and discussing possibilities of doing so in a personalized and autonomous way. Also notable, understanding that stigma, devaluation, and toxic attitudes and behaviour towards disability is rooted within fatally flawed societal perceptions and values surrounding disability and fitness resists ableism's negative psychological effects.

Situating Myself as Researcher

I was born with CP and grew up in home and school environments that encouraged minimizing the affect CP had on daily life. My way of doing things could be described as 'Forget the disability; do what you want to do.' I lived this approach to disability while the philosophy of 'adapt and overcome' was stably presented to me during my formative years. This remains traceable in my educational and personal goals, especially fitness goals. My first exposure to fitness was through physical education in elementary school. As it happened, I would still refer to how my elementary school gym teachers integrated me into mainstream activities as textbook models for early physical education: I participated to the best of my own abilities to the point I was oblivious to my 'limitations'; my peers treated me as a valued member of the group and saw my abilities instead of my limitations; and, perhaps most importantly, I had fun. My participation extended to track and field events and completing the same distance 'cross country' run as the kids in all elementary schools in the area.

This ease of integration and participation changed drastically as I transitioned into junior high and high school. Puberty, hormones, self-consciousness, and all the other joys of adolescence wreaked havoc on my self-esteem and willingness to participate in physical activities. The disability I had previously worn on my sleeve with pride seemed to hang on me like a social shackle, present itself to the world like a pimple, and supersede and at times overshadow my sense of self. This translated into a disengaged and humiliating experience of physical education through to graduating high school. The collective experiences affected me so strongly that I became afraid to be seen in public spaces such as shopping malls.

Thankfully, my university years saw something of a return of my younger eagerness to participate in physical activity and accept aspects of disability into my identity. During the previous six years, a self-hatred toward my appearance had taken firm root. At the time, my response to this crisis of self-esteem was to work hard to change my body image into something I was proud of. I spent the following decade doing just that. Weights in my home became the first step towards my imagined positive body image. Once my self-esteem had recovered and further developed over the course of many years, I was able to explore my university gym and finally gyms around the city.

This newfound confidence and self-esteem launched me into taking my pursuit of fitness even farther; I wanted to pursue physique modelling. During difficult years in the later stages of undergrad during which time I resented the overly abstract, purposely jargon-laced, negative and overall unfulfilling process of becoming a human printing press of academic papers, I threw myself into studying and pursuing fitness on the side as my primary means of maintaining my well-being. I rediscovered what learning should feel like: knowledge just ‘clicked’; theory

translated into application; curiosity and personal investment pushed me to pursue more information and confirm my own hypotheses.

As years passed, friends, family, and random strangers in the gym came to me for training advice. I was recommended as an employee to a supplement company, it was suggested that I become certified in personal training, and I was encouraged to step on stage to compete in a physique competition. My physical and educational investment in fitness started to accrue attention which validated my expertise. I had gone from receiving attitudes of pity and repulsion towards my body and physical capacity which I internalized for over a decade to being admired for excelling in these same areas. This fundamental change solidified my successful transformation from being subjected to narratives about my body to constructing the narrative myself. This eventually culminated in me achieving a goal I had only dared to dream of – my first photo shoot.

My progress towards this goal was riddled with challenges, some related to CP, some not. Importantly, many of the challenges related to disability were not caused by my impairment, but rather by others' reactions to it. Sometimes barriers were environmental and sometimes they were attitudinal, but they all told me that I did not belong in fitness settings. My nine years of experience in public fitness facilities communicate this in endless ways, somehow never ceasing to surprise me. It is always a guessing game as to what expression of ableism I will encounter during my next workout. In all cases, they continue to reiterate the same thing: I am not meant to be there. As the saying goes, the more things change, the more they stay the same.

“You can't go anywhere if you just resign yourself to being attacked. A state of chronic powerlessness eats away at a person” (Murakami 132). The power of the written word is stretched in any attempt to communicate the effects of a lifetime of having my validity as a

human being under unrelenting siege of stares, statements, built environments, and otherwise communicated discriminatory attitudes. Being an introvert, the cumulative effect of internalizing ableist attitudes encountered on a daily basis is colossal. ‘A state of chronic powerlessness’ and a ‘resignation to being attacked’ in the form of exclusive attitudinal and environmental barriers are daily realities I encounter everywhere from public parks to grocery stores. Self-preservation asks, “How do I protect myself?” Social justice asks, “How do I protect others?” The answer to these questions are personal, unique to each individual, albeit with varying threads of likely commonality. My answer is to passively demonstrate complexity and competence where I am unexpected or unwelcome. This defense is not impenetrable, but I find it most meaningful and congruent with my own personality, much more so than formal protest. Finally, an important consideration I continue to keep in mind is, “Does my method of protecting myself also protect others?” I expand upon my approach to self-advocacy later.

I would like to distance myself from voices within the disability community who take immediate offense towards any social infraction, however small, and respond with reactionary aggression. Being vigilant about the defense of one’s own and others’ integrity is of immense importance. However, defending one’s integrity must be done with integrity. Most ableist expressions and attitudes stem from ignorance, not malevolence. Minorities are fated to meet mainstream society more than halfway as they work to bridge the gap between them. This means ignorance – and even obnoxiousness – is to be expected, and each must be met with a response which, even in its delivery, demonstrates equality, integrity, and respectability. The response must engage and correct problematic attitudes and assumptions. Reacting angrily and aggressively only widens the gap between people, and can make nondisabled people less open to future interaction with disabled people.

Resistant Conformity: The Paradox of Disability Pride and Normative Aesthetics

Prominent disability activism does not capture the voices of all disabled people. Activists are individuals, the quanta of activism – its smallest component. Activists should not be criticized for their inability to represent all individuals of any minority group; no single person *can* represent the multitudes of individuality which comprise groups. There are as many voices in a group as there are people. Uniting our voices might make a point stronger and more identifiable in a political milieu saturated with inequity concerns, but we must be conscious of the voices we erode or even invalidate in filing our concerns down to a point. Anything approaching a monolith is misrepresentative; it depersonalizes individuals.

Integrating a minority group's identity into mainstream societal acceptance is comparable to inserting a binder into a packed bookshelf. One would struggle inserting the wide back end first. Instead, one would insert the narrow end first, and gradually push the binder in further, filling out the space with its width. Similarly, when integrating a group into mainstream society, a more unified voice makes the group more visible and politically influential at the start of its recognition. As noted above, however, no group is constituted of individuals all with the same beliefs and perspectives. Once a strong, unified voice captures the attention of mainstream society and secures space for self-representation, the inevitable diversity of thought within the group must be acknowledged and respected. That is, the unified voice pushes for initial recognition and acceptance of the group, but once the group is integrated, it must not be misrepresented as monolithic. Part of the gradual recognition of complex identity is due to how membership to alien groups tends to saturate one's identity, leaving no room for complexity. Siebers draws attention to intersectional theory:

[Intersectional theory] rightly focuses on how oppressive systems affect the identity of the oppressed individual, explaining that because individuality is complex, containing many overlapping identities, *the individual is vulnerable to oppressive systems that would reduce the individual to one or two identities* for the purpose of maintaining power and control. (Siebers 27, emphasis added)

Membership to a poorly understood group may supersede other parts of an individual's identity. Once the group gains a degree of mainstream societal acceptance, its individual members will be increasingly recognized as individuals with complex identities.

My own approach to advocacy is to passively demonstrate complex identity and competency as a disabled person, resisting the tendency people have of reducing disabled people to being disabled and nothing more – as if disabled people do not have desires, goals, competencies, or social value because they are too busy ‘being’ disabled. I have CP, but my identity extends beyond that. Very little of what I do is directly related to my CP, but others commonly misunderstand a lot of what I do as either rehabilitation, coping mechanisms, or inevitability. One example of this is when people think I go to the gym to ‘rehabilitate.’ Another is when people ask me what I am studying, and upon learning I am in Disability Studies, respond with an emphatic ‘Oh, of course!’ These are not inevitabilities of a one-dimensional identity ruled and defined by disability, but rather conscious decisions of complex personhood and critical thought. My success in areas unrelated to disability are inevitably going to be ‘activist’ as disability's presence is rarely expected in spaces not explicitly reserved for it. In a society where a disabled person's mere presence is sadly seen as exceptional or inspirational, a disabled person's success is resistant and political. Being successful in areas I am not expected is my preferred form of advocacy. Disability has already made me hyper-visible and has

saturated most of my identity to outsiders. Organizing on the street with signs protesting inequality on the basis of disability merely feels as if I am being put back on display and reinforcing the assumed prominence of one part of my identity, a part which is misunderstood more often than not. I have been on display and hyper-visible my entire life, and the effects have been amplified by being a shy introvert. I reject being loudly outspoken to attract attention as the only valid means of activism, and I equally reject criticism that my self-advocacy is an appeal to ableist standards which disowns disability.

Entering university was the first time I was part of an institution large enough to have a community of disabled people. I was very rarely exposed to others with disabilities before this. Unfortunately, I never felt wholly comfortable nor welcome congregating with the disability community during my first university degree, so I did not. I used my time on campus to go to the gym. I recognize the importance and supportiveness a kinship with disabled peers can have for disabled students who spend their time at (and getting to and from) campus in unrelentingly ableist environments that devalue and invalidate their embodied experiences of daily life. I recognize the importance of having a designated space where all ranges and modes of functionality are welcome. However, I also feel that congregating in a sectioned off space is in some ways fundamentally antithetical to integration. That said, a community in which the intricacies, challenges, and nuances of disability are implicitly understood to some degree can be an invaluable bastion, a reprieve from ableism; that was something I craved. It must be recognized, however, that even this circle can be exclusionary.

There are disabled people who may take issue with my self-representation. Although self-representation meeting opposition from others is fundamentally paradoxical and irrelevant enough to warrant disregard, it reveals the validity and *necessity* of individual representation

regardless of its alignment or misalignment with predominant ‘representatives.’ It might be said that my approach to self-advocacy through fitness is not accessible to those with more severe impairments (to which I would refer to the flexibility of personalized fitness goals as rebuttal). However, when criticizing my distance from mainstream disability advocacy, the reason for this distancing must be acknowledged: many predominant disability activists misrepresent me in infuriating ways, and I would much rather be unrepresented than misrepresented.

Individuals perceived to be a member of a minority group are assumed to define or represent the group as a whole. To varying degrees, everything about the person represents all other members of the minority. Fairly or not, desired or not, appointed or not, this means one’s actions, statements, and character represent others, imbuing minorities’ conduct with added responsibility. The degree of this representation increases with how scarce representation of that minority is and how elevated the individual’s status is both in mainstream society and the minority group. Unfortunately, many activists shut down important conversations that could have led to greater mutual understanding once initial misunderstandings and prejudices were diplomatically corrected. I am mindful that despite my wishes and intent, everything I do and say represents more people than just myself, a responsibility that demands vigilant integrity. This does not mean I do not make mistakes, nor do I raise myself onto a self-important pedestal, but carrying this knowledge reminds me of the effects my actions and character have on others who can be ‘painted with the same brush.’

There is much discussion to be had about the paradox of the disabled person working to fit ableist and elitist body images, but the exclusivity of aesthetic ideals are undeniably disrupted and challenged when reflected in the impaired body. “Crip beauty fractures the ableist assumption that beauty is reserved for the nondisabled bodymind. It urges that there is pleasure

and eroticism in bearing witness to disability, in cultivating a space where bodyminds that are traditionally forced into invisibility can gather together” (Kafai 232). It causes people to face a living, breathing ‘impossibility’ which becomes manifest when misperceptions of impairment and narrow conceptions of beauty transgress each other. Encountering the ‘impossible’ reveals the flaw in *constructing the impossibility*, challenging its foundational assumptions and (mis)perceptions.

Fitness saved me from my negative sense of self. The intense self-consciousness of teenage years shone a spotlight on all the ‘othering’ and embarrassing aspects of my disability, if not in reality then certainly in my psyche, enough to produce real and long-lasting effects. At an age when any difference was embodied with shame, disability was a largely shameful experience. My body was the source of my shame as an immature adolescent, and while difference was equated with shame, I longed for a body that was not only nondescript, but reflective of celebrated ideals. I thought a nondescript or highly conformative, ‘normal’ looking body would allow me to fade into a kind of social invisibility where I could escape notice, a kind of sanctuary for an insecure teen whose greatest social fears revolved around hyper-visibility and whose strongest wishes in times of anxiety were to ‘disappear.’ Other times I thought if I had to be hyper-visible, I wanted to reflect positive and revered characteristics, not different, unusual, or ‘ugly’ characteristics. I eventually chose to pursue a body image that reflected these revered and glamourized ideals. I saw it as a way to develop a sense of pride and self-esteem, and also as a way to put as much distance as possible between myself and my disability seeing as I, and much of society, placed ideals of aesthetics and realities of disability at opposite ends of the same desirability scale. As Garland-Thomson notes, “Our culture offers profound disincentives

and few rewards to identifying as disabled” (Garland-Thomson 22). Hence why a tremendously self-conscious teenager might feel instinctive pressure to flee from association with disability.

It is essential to note the foundational issue of internalizing disability as a source of shame and coping with an irremovable part of one’s identity by struggling for a somewhat unachievable distance from it. Building long-term confidence on such a fundamentally flawed foundation will inevitably lead to a fractured sense of self and multiple confrontations with parts of oneself one may try to hide or even deny.

However, committing to changing one’s body image is not necessarily a rejection of disability even if the ideal body image being pursued is a strong manifestation of ableist values. Whereas in my personal history a commitment to fitness was catalyzed by or built upon seeking distance from my disability, the growth and acquired self-confidence born of personal fitness enabled me to fully integrate disability into my identity and rectify a shame that existed *before* my commitment to fitness. Commitment to fitness and specific body images did not create the shame I attached to my disability, it responded to it. Personal fitness should not be framed as a way to distance oneself from disability, but rather understood as a strengthening of confidence and character that can allow one to accept one’s disability and integrate it more harmoniously with one’s identity.

Disability must be framed – indeed, often *reframed* – as a source of pride or other such positive, if not merely seamlessly incorporated and accepted as part of one’s identity. There is critical difference between minimizing and hiding or denying one’s disability. Minimizing one’s disabled identity is a valid option for some. Hiding and denying are forms of self-rejection. Minimizing is rooted in acceptance and, in many cases, is a natural process. To minimize disability is to not have it dictate or direct one’s decisions beyond pragmatic consideration. It

accepts disability as a part of one's identity and reality, but generally chooses not to place disability at the forefront of one's identity and decisions. It is also worth noting the importance of navigation, creatively maneuvering space and time to engage as fully and fluidly as possible within social and physical environments. Minimizing disability's effect on one's lifestyle is compatible with a deep personal commitment to disability activism.

This research explores fitness experiences from the standpoint of a student, fitness enthusiast, and service user with Cerebral Palsy. It illuminates the relationship between fitness and disability as well as how notions and realities of each interact. The positive effects of quality fitness engagement will be explored, then considered as a response to some of the documented effects and causes of social exclusion. For example, "Lack of self-confidence is a major obstacle to disabled people participating in society" (Shakespeare 198). Development of fitness and participation in physical activity is explored as means through which individuals can build self-esteem.

Chapter Two: Methodology

Disability Studies literature forms the foundation of this study, ranging from fundamental disability theory to qualitative studies on participation and social inclusion. This information was obtained through articles from academic databases and books, then applied to broad definitions of fitness and personal accounts within fitness facilities and contexts. This study is autoethnographic as its focus is on fitness as experienced personally by persons with disabilities. As the researcher, I had my life's experiences as a disabled person within fitness contexts to draw upon, making an autoethnographic approach highly appropriate as information and direct experience are readily available.

What is Autoethnography?

Autoethnography is a research method rapidly gaining credibility in the social sciences. It merges the roles of researcher and participant as the researcher analyzes their own lives, experiences, memories, and emotions to provide insight into their area of research. Disability is a hotspot for the “political/cultural norms and expectations” and “intersections between the self and social life” Adams et al. credit autoethnography for grappling with (Adams et al. 1).

Adams et al. identify three major goals of autoethnography: “First, given the focus on personal experience, autoethnographers speak against, or provide alternatives to, dominant, taken-for-granted, and harmful cultural scripts, stories, and stereotypes” (Adams et al. 3). Ableism is powerful, pervasive, and largely invisible to those favored by it. Narratives recognizing ableism are counter-narratives. “A second purpose of autoethnography is to articulate insider knowledge of cultural experience” (Adams et al. 3). Since ableism is both pervasive and largely invisible, ‘insider knowledge of cultural experience’ is critical to analyzing it. As Adams et al. note, “[T]he writer [autoethnographer] can inform readers about aspects of cultural life that other researchers may not be able to know” (Adams et al 3). Restoring the voices of disabled people to an academic focal point reveals truths and realities only knowable through lived experience. The last goal of autoethnography according to these authors “is to create texts that are accessible to larger audiences, primarily audiences outside of academic settings” (Adams et al. 4). Though autoethnography employs academic theory and analysis, it does so within a framework which utilizes basic storytelling.

Autoethnography responds to the difficulty of explaining the realities of disability in meaningful and nonabstract ways to non-disabled people who may struggle relating to the lived experience of ableism. “One aim of ethnography is to create a representation of cultural

practices that makes these practices familiar for cultural ‘outsiders’” (Adams et al. 3). The ‘outsiders’ in this case would be those who are unaware of and unaffected by – perhaps more accurately, those who do not know they are being affected by – ableism. Furthermore, “the writer can inform readers about aspects of cultural life that other researchers may not be able to know” (Adams et al 3). In autoethnography, this is fused with the following autobiographical purpose: “creat[ing] evocative and specific representations of the culture/cultural experience and [] giv[ing] audiences a sense of how being there in the experience feels” (Adams et al. 2-3). Bearing in mind these purposes, autoethnography can identify and animate ableism for those ‘cultural outsiders’ who are unaware of it, then present ableism to readers as experiential.

Narrative provides an effective means of relating the politicization of human rights found in encounters with people and spaces. As Frank notes, “Narratives are essential not only to the coherence of our bodies and lives. They are no less essential to the mutual recognition on which relations with others are grounded” (Frank 89). Many are unaware of ableism’s pervasive presence, staging encounters with the disabled other (or able bodied other) amidst a prejudice that may only be acknowledged by the disabled person. Mutual recognition of the social prejudices and barriers disabled people have to navigate can raise awareness of the unequal social stage on which encounters occur.

Sometimes writing must be crafted through the body’s lens and perspective, through spastic limbs and awkward gait privy to unseen politics of space and time. There was a time, one not yet fully passed, when male power and worldview dominated literature. Budding feminist author Ursula K Le Guin recognized the need for female perspective and agency in literature and realized her own position from which she could address this: “It was high time I learned to write

of and from my own body, my own gender, in my own voice” (Le Guin xi). In shifting from writing men to writing women, Le Guin noticed the following:

[W]hen it came to what women did, or how to write about it, all I had to call on was my own experiences—uncertified, unapproved by the great Consensus of Criticism, lacking the imprimatur of the Canon of Literature, piping up solo against the universally dominant and almost unison chorus of the voices of men talking about men. (Le Guin xi)

Le Guin’s sense of the conspicuous absence of femininity in literature is somewhat analogous to the situation a researcher with a disability finds themselves in when facing the behemoth of academia and its historical disregard for disability. I, too, felt compelled to write not only *of* but *from* my disability. Cerebral Palsy is not something observed in a laboratory and plotted in matrices of data. Furthermore, its biological definitions and ‘understandings’ leave its significant social ramifications unacknowledged. Writing *from* this embodiment produces narratives and analyses that penetrate the human concerns of politicized biology, and sometimes this is regarded as the stray note in an otherwise streamlined worldview.

Concrete definitions of various forms of ableism followed by narrative exposure to real life instances is a very effective combination for introducing people to ableism.

Autoethnography employs both while the locus of power remains with the disabled researcher as they situate their voice of lived experience in the forefront of their research agenda and discussion.

Why is Autoethnography Appropriate?

Historically disabled people have often been objectified in research led by non-disabled academics and professionals confirming preconceptions which did not account for the well-being

of the people they studied. Over time this led to an overly biological, paternalistic attitude toward people with impairments. Disabled people as subjects in such research were objectified; their lived experience was not respected as sources of valuable insight and personal expertise.

Granting disabled people agency and power within research facilitates much more effective and relevant research. Autoethnography is perhaps the most extreme methodology in terms of situating personal experience and narrative within research, something which has been sorely lacking in the history of research of disabled people. Personal experience probes into aspects of everyday life that are untouchable for traditional academic research: “Given the focus on personal experience, autoethnographers also describe moments of everyday experience that cannot be captured through more traditional research methods” (Adams et al. 4). Buckley stands behind the validity of such data: “Autoethnographic observations have the advantage of being first-hand. [...] [T]he direct experiences of a researcher are not merely a tool in elucidating the experiences of others, but valid data in themselves” (Buckley 2). For this reason, autoethnography seems most appropriate for exploring ableism in contexts of personal fitness. Autoethnography is highly selective of personal experiences; an experience must be rich in political meaning in order to be treated as data. Such experiences are usually emotionally charged. As Buckley explains,

[D]ata are derived from detailed recollections of brief, infrequent but critical lifetime events. These events are fixed firmly in memory precisely because of the intensity of associated emotions. The research focus is on self-perceived emotional experiences as they exist in the subject’s memory. These recollections thus provide precisely the data required. (Buckley 2)

According to Denzin, an ultimate methodological goal of many autoethnographers should be to “invok[e] an epistemology of emotion, moving the reader to feel the feelings of the other” (Denzin 228). When such experiences are selected, they are put through a critical and analytical reflective process. This process goes deeper than a researcher following traditional research methods. “Researchers can examine their own emotions in finer detail than those of research subjects. Using a retrospective approach, they can replay past experiences repeatedly from memory” (Buckley 1-2). When a significant experience stays within the researcher’s mind for an extended period of time, it can be revisited, examined, and portrayed to reflect its political significance.

Though there are dominant streams of thought among disabled people and disability activists, this is not one group of homogenous philosophies and experiences. Framing disabled people as a monolith is inaccurate and elementary, whether outsiders see disability so or activists represent disability so. In Morrison’s words, “[T]o continue to see any race [or group] of people as one single personality is an ignorance so vast, a perception so blunted, an imagination so bleak that no nuance, no subtlety, no difference among them can penetrate” (Morrison 43). It is, of course, best to proceed as if the repeated and dignified demonstration of individuality, complexity, and validity of disability and personhood will eventually penetrate ignorance, be it as a prick of a needle or extended siege of a ram. Including an autoethnographic perspective introduces living, breathing individuality and all its fringes into the fallacy of disability homogeneity. For this reason, the following caution Anderson offers about ethnographic research becomes yet another strength within the context of disability: “Group members seldom exhibit a uniform set of beliefs, values, and levels of commitment. As a result, even complete membership confers only a partial vantage point for observation of the social world under study”

(Anderson 381). There are dialogues in which the loudest voices of ‘the disability community’ do not represent its presumed ‘members.’ Autoethnography would act as a partial remedy. Partiality is the only accurate form of representation if one acknowledges the inherent flaw of homogenous thought and experience; no one can represent all. The richness of a dialogue relies on the number of perspectives taken into account. As Atkinson et al. note, “‘We must not[] [...] lose sight of the ethnographic imperative that we are seeking to understand and make sense of complex social worlds of which we are only part (*but a part nevertheless*)’” (cited in Anderson 386, emphasis added). Fringe elements and perspectives of disability are given a voice in autoethnographic research, and such voices are badly needed.

Theoretical Approach, Critical Thinking, and Analysis

Disability Studies theory significantly illuminates personal encounters with ableism in fitness contexts and facilities. These personal encounters are not trivial manifestations of individual obstacles, but rather reveal societally embedded prejudices and misunderstandings representative of not only the intersection of disability and fitness, but also analogous to disabled people’s interaction and relationship to broader society. Experiences lending themselves to valuable analysis are recorded as first-person cases. Analysis follows immediately after each case, drawing upon relevant theories and phenomena identified in Disability Studies academia. The autoethnographic recording of the first-person cases situates the reader in the live circumstance, exposing them to the experiential *reality* and *effects* of ableism, while following academic analysis decodes the events and extrapolates insight into the *principles* and *mechanisms* of ableism. Fundamental disability models and theory are applied to personal experiences to break down snapshots of real world intersections of disability and fitness. Of final note, it is essential to understand what qualifies as quality participation in physical activity

and fitness contexts when using autoethnographic experiences to evaluate physical education, fitness facilities, and informal physical activity.

Chapter Three: Foundational Theory and Definitions

What is Disability?

Disability is often misunderstood as being synonymous with impairment, but the distinction between the two is critical. Impairment is the strictly biological, functional limitations or nuances of the body. Chronic pain, spasticity, missing limbs, or diminished sensory reception are examples of impairment. Impairment is apolitical, but becomes politicized.

Access to society, citizenship, and community exclude various forms of impairment. The political consequences of this exclusion is disability. The social model is the most prominent concept shifting disability from residing within the individual, where disability is considered synonymous with impairment, to being based in societal structure, where impairment is actively excluded from full membership and participation. “Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society” (UPIAS, cited in Thomas 572). Disability can essentially be understood as the ‘oppression’ of impaired people within and by a society structured by and for able-bodied normativity. The root of disability is in living with impairment in a society built by and for able-bodied people to reproduce ableist values; “for disabled people the biggest obstacles to their inclusion in society are negative public attitudes and material considerations” (Carmichael 193). Society generally fails to see the impermanence and exclusivity of able bodiedness and is structured to favor non-disability and frame disability as invalid or unworthy of human dignity. In doing so, borrowing Morrison’s words, it “transforms organic ignorance into manufactured error” (Morrison 38). Suspicion of otherness is

a basic human tendency. But when there is no demystification or true understanding of the Other in which differences are accepted as diversity within human community, the Other remains alienated. This alienation is naturalized and built into society in the form of barriers preventing full integration.

The medical model is founded upon a deficit-based understanding of disability as a personal flaw, “focus[ing] on disability as an individual deficit to be cured” (Shakespeare 195). As Siebers notes, “At the current time we prefer to fix, cure, or eradicate the disabled body rather than the discriminatory attitudes of society” (Siebers 25). Disability is to be fixed or cured in order to maximally restore deviant functionality to the only acceptable and valuable mode. The disabled body is then broken, lesser, or deviant and inherently inferior to the non-disabled ‘norm.’ “The mental and physical properties of bodies become the *natural* symbols of inferiority via a process of disqualification that seems biological, not cultural—which is why disability discrimination seems to be a medical rather than a social problem” (Siebers 25, emphasis added). Following this line of reasoning, disability may be considered the antithesis of fitness.

The phrasing “medical model” is, in a sense, misleading or incomplete. A disconcerting majority of the population seems to subscribe to this perspective, while, of course, the majority of people are not medically literate. It is thus valuable to introduce the individual model of disability as a more appropriate lens through which to understand and contextualize the medical model. Oliver offers meaningful commentary on this point: “In short, for me, there is no such thing as the medical model of disability[;] there is instead, an individual model of disability of which medicalisation is one significant component” (Oliver 2). Though the individual model of disability is in many ways a much more appropriate way to conceptualize disability and apply it

to fitness contexts, this paper adopts the medical model for its academic prevalence and understands it through an individualist lens.

This model “lodges disability in the apparently ‘damaged’ body or mind of an individual, inviting a personal narrative of ‘tragedy’ followed by ‘heroic’ efforts at self-adjustment” (Hansen and Philo 494). This tragic and heroic personal narrative is the driving force behind ‘inspiration porn,’ the overenthusiastic and misplaced attribution of ‘inspirational’ to a disabled person doing ordinary things. This tendency is amplified in fitness contexts in which disability is considered to be antithetical, setting up any kind of success – or even participation – to be seen as exemplary or ‘heroic.’ Understanding the lower expectations produced by subscribing to the medical model is critical for examining inappropriate responses to disabled individuals’ success and participation in fitness contexts.

The medical model discredits the integrity of the disabled body: “In traditional accounts of disability, people with impairments feel that they are at fault. Language such as ‘invalid’ reinforces a sense of personal deficit and failure. The focus is on the individual, and on her limitations of body and brain” (Shakespeare 198-199). A culture which historically shamed people for their impairments has led to a society in which ableism is prominent enough to make people internalize impairments as ‘personal failure.’ Developing the impaired body to reflect a societally revered muscular aesthetic may invert the medical model and disrupt its negative value judgments imposed on capable people.

One must not attribute innate negative values to impairment. Instead, one should sustain critical awareness of the often narrow societal values being imposed upon functionally diverse bodies and recognize alternative modes of being as valid and whole. The following reveals and resists the widespread acceptance of bodily dominance: “‘We are who we are as people with

impairments, and might actually feel comfortable with our lives if it wasn't for all those interfering busybodies who feel that it is their responsibility to feel sorry for us, or to find cures for us, or to manage our lives for us, or to harry us in order to make us something we are not, i.e. "normal"" (cited in Swain and French 577). As Hansen and Philo state, "a wider society that fails to accommodate [individuals'] impairment[s] [...] demand[s] a critical stance on the underlying 'ableism' of a non-disabled society that creates a world in its own able-bodied image" (Hansen and Philo 494). A society which reproduces its able-bodied idealism and actively marginalizes functional diversity systemically excludes people with impairments from full engagement and participation within society. Sometimes the consequent state of minimal realized potential is inversely cited as justification for the initial exclusion. Often it is cited as justification for a status quo that does not invest resources in accessibility.

Another fundamental flaw of the medical model is its inappropriate framing of disability as illness. Aside from being largely inaccurate, such framing leads to further misunderstandings and inappropriate responses to disability. As Wendell points out,

[M]odern movements for the rights of people with disabilities have fought the identification of disability with illness, and for good reasons. This identification contributes to the medicalization of disability, in which disability is regarded as an individual misfortune, and people with disabilities are assumed to suffer primarily from physical and/or mental abnormalities that medicine can and should treat, cure, or at least prevent. (Wendell 17)

In reality, many disabled people are perfectly healthy. The common linking of disability to health has meant that disabled people have often been situated within a healthcare framework: "[I]n the recent past, many healthy people with disabilities were forced to live in long-term care

institutions under medical supervision simply because they needed services to perform tasks of daily living” (Wendell 17-18). Disability often falls within a ‘tragic’ framework, compromising personal freedom, independence, and autonomy in favor of illness-framed responses to daily living needs. Many disabled people lead active lifestyles and commit to healthy diets.

Furthermore, it is often the case that their commitment to such healthy living is not rehabilitative or any other direct response to their impairment; it is simply a lifestyle choice and personal goal which could range from just wanting to stay healthy to wanting to achieve basic or competitive levels of fitness.

There is an incessant pull towards interpreting disabled people’s fitness endeavors and successes as an inspiring rehabilitative narrative of overcoming tragedy, often where endeavors are neither inspirational, rehabilitative, nor tragic. “A winning wheelchair athlete is seen as the epitome of rehabilitative success. The vision of strong male bodies competing for honours on the sports field is an image that has currency in the able-bodied world. Bravery in overcoming the catastrophe of a damaged body is a quality everyone can admire” (quoted in Howe 875). In explicitly competitive sport, performances still tend to be interpreted as rehabilitative and ‘brave’ as soon as disability appears. Harrasser demystifies this development: “If they can make it despite their disability, then I (the ‘normal’ being) can certainly make it as well” (Harrasser 181). A showcase of talent, dedication, and performance becomes twisted into a pseudo-inspirational moment for those who believe they should be naturally superior to those with impairments and see their position of superiority get challenged. This challenge is interpreted as highlighting their own shortcomings.

Garland-Thomson notes the harm the medical model has done: “Medicalization has not only purged many freaks from humanity, but it has transformed the way we imagine human

variation” (Garland-Thomson n.p.). Framing disability as pathological deficiency greased the wheels for horrific eugenic practices, some of which lasted until shockingly recently. Even if we were to naively accept a falsehood that society no longer ‘purges “freaks” from humanity,’ the insidious effects such practices had debilitated our capacity to grant validity to functional diversity. Congruent with the scope of this research, it is noted how the limited ‘imagination of human variation’ is perhaps most pointedly represented in beauty and aesthetic norms of the body.

Goffman provides valuable commentary on the ‘discrediting’ of identity when considered through a disability lens:

While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap. (Goffman 12)

Goffman contributes to a theoretical background for discussing the supposed invalidity of the disabled body in much of society. Goffman offers insight into the causes and effects of disenfranchisement and invalidity considering disability is sometimes considered antithetical to fitness. Goffman’s discussion of stigma and discredited identity has been fundamental to much of the literature discussing disability and participation.

There have been many experiences which have communicated my disability’s antithesis to fitness, but one comes to mind as particularly illustrative: I was talking to my training partner

about the inaccessibility of pull-up bars and how it made for a gap in my training. A few days later, he graciously bought me a pull-up bar to use at home. To catch up on my lagging training and show gratitude for his investment, I used the new bar very deliberately for the next three months. He had been away extensively during this time, so we made sure to go train together as soon as he got back. Once we did, he was curious if I had made any progress on my pull-up capacity, so he led me to a pull-up bar at the gym. As one would expect after focusing on a specific area of improvement for the last three months, I demonstrated significant improvement – more than either of us had expected. During my set, however, a stranger came over to watch me. He leaned to my training partner and said, “I can’t even do that!” When I had finished my set, that person said nothing to me, but rather ambled off back to his own routine.

I questioned my training partner about the incident once we had left. He agreed that what had happened was strange and hilarious: “Man, the guy didn’t even look like he lifts. He even tried to reserve three machines for himself – he had no idea what he was doing. And he was trying to compare himself to you. It’s honestly hilarious!” I, too, focused on finding the humor in the situation, as dissecting it would only reveal the unfortunate underlying ableist reality and misperceptions. Even in the setting I was most comfortable in, even in a specific exercise I had trained specifically on over the last three months, I was still assumed to be inferior to others who were unfamiliar with the setting and did not show any signs of committing to training regimens.

There is a tendency for able-bodied people to assume superiority over disabled people. This is perhaps most prominent within – but by no means limited to – fitness contexts. Potential training, knowledge, experience, and expertise are commonly ignored in initial evaluations of disabled people, as if disability renders any such acquired competencies impossible, or at least not worth considering. Even when able-bodied people have no notable skill in an area, they

often deem themselves naturally more competent than any disabled person within that area. The above experience illustrates this point clearly.

The notion of ‘discrediting aspects’ is interesting as it is highly applicable to disabled people being assumed to have no expertise within fitness contexts. Segal et al. adopt Goffman’s definition of stigma: “[P]ossessing an attribute’ that makes one different from what others expect one to be and is, therefore, ‘deeply discrediting’ of the person” (Segal et al. 422). This definition of stigma sometimes augments analysis of personal experience within fitness contexts.

What is Fitness?

The market glamourizes extreme interpretations of fitness, but these images are not definitive of or synonymous with fitness. In fact, these images have ironically been notoriously difficult to emulate, spawning eating disorders or requiring illegal drugs to stimulate unnatural levels of muscle growth. When such body images are so exclusive amongst able-bodied people, it is easy to see how disabled people’s bodies may be considered fated to fall drastically short of society’s celebrated, coveted, and glamourized body. There are two important things to note when understanding fitness with disability in mind:

First, fitness should gauge one’s physical capacity in relation to what one wants to do during daily life. These goals range from wanting to be able to complete a triathlon to wanting to have the strength and stamina to stand at a bus stop for the required amount of time. Fitness has largely been marketed towards extremes and aesthetics – bigger biceps, smaller waist, sculpted abs – but these kinds of individual goals are personal; they interpret fitness, they do not define it. Inclusive views of fitness are beginning to take shape in some fringe fitness communities, but popular figures still struggle to remove ableist tones.

Secondly, the first does not mean that disabled people are to be understood to have strictly rehabilitative goals. The validity of a wide range of fitness goals is not to explain their rejection of marketed body images, but rather is to affirm the freedom with which anybody, disabled or not, can set their goals, whether this means aiming for daily functionality, improved sport performance, or a glamourized body image. In short, freedom to embrace one's own fitness goals means one is neither chained to nor barred from marketed body images. In fact, disabled bodies that emulate coveted body images can cause very disruptive fractures in how able bodied people comfortably and uncritically separate disability from ideals of performance and aesthetics. The appropriateness of disabled bodies that conform to ableist ideals will be explored as a means of resistance against ableism.

Hopkins and Walker introduce a good working definition of physical fitness from a medical standpoint:

The World Health Organization defined physical fitness as the ability to perform muscular work satisfactorily. More recently some researchers have identified two distinct kinds of physical fitness: skills-related, or motor fitness, that pertains to athletic ability; and health-related fitness, that pertains to physical well-being.

(Hopkins and Walker 764)

'Satisfaction' in such a definition leaves itself open to appropriate application and interpretation on individual bases. Performing the necessities of daily living to the maximum level of one's autonomy is included as satisfactory. Also, athletic ability and elite performance are explicitly separated from health related interpretations of fitness without compromising the validity of either. It is notable that medical definitions of disability are largely regressive while medical definitions of fitness are inclusive.

Inclusive definitions of fitness are a rarity within the popular fitness market as they are often riddled with problematic rhetoric. Hitzeman provides a good example of a definition which paradoxically oscillates between inclusive and borderline eugenic: “For anyone not getting paid to compete as an athlete, that definition [fitness] should start with quality of life. If you are fit to live, that means you are generally healthy, and have adequate levels of movement proficiency, strength, and yes, work capacity” (Hitzeman n.p.). The rejection of popularized body images and the adoption of quality of life as the basis of fitness is a fundamental step towards an inclusive definition of fitness. Similarly, ‘adequate levels of movement proficiency, strength and [...] work capacity’ appear to be flexible, granting one the freedom to determine what qualifies as adequate for them. However, using these as qualifiers for being ‘fit to live’ harbors a dark resurgence of disability’s eugenic history (of course, this is by no means necessarily a reflection of the author’s intent). ‘Being generally healthy’ may disqualify persons with chronic illness from being ‘fit to live.’ Also, ‘adequate work capacity’ comes uncomfortably close to measuring one’s value by their potential output, though it must be recognized that adequacy is again flexible and lends itself to appropriate interpretation on an individual basis. One more example of a very progressive attitude followed by starkly ableist rhetoric is Hitzeman’s concluding note:

Sketch out what a fit you might be capable of doing, and then make it your highest priority to find the tools that will get you there. We learned in seventh grade that growth is part of the scientific definition of life. If you aren’t growing, aren’t pursuing your fittest self, are you even alive? (Hitzeman n.p.)

Sketching out your best self allows for all the flexibility one might need to improve oneself in pragmatic and realistic ways divorced from ‘better, faster, stronger’ mentalities of the popular

market. However, once again, there is a return of eugenic rhetoric backed up by a sloppy appeal to biology, asserting that those who are not progressing violate ‘part of the scientific definition of life’ and are not really alive. Disability has historically been contrasted not only with fitness, but also with life itself. Nazi Germany annihilated 200,000 disabled people, their conviction articulated in the phrase “‘Lebensunwertes Leben’—life unworthy of life—[] the concept Nazi doctors used to justify their practice of medical euthanasia” (Shapiro 271). Even modern juxtaposition of disability and death or ‘not-quite-life’ has been strong enough to inspire disabled activists to congregate under the slogan “Not Dead Yet.” Once again I would like to stress these dark undertones one can infer from Hitzeman’s definitions are not necessarily reflective of his intent, but rather remind us that problematic rhetoric is all too easy to produce even by those working towards inclusive definitions of fitness.

Participation

Physical fitness is born of physical activity, and physical activity depends greatly upon participation. Conceptions of participation are thus placed in the epicenter of fitness and disability intersection. Disabled people’s participation in general aspects of daily life has received significant academic attention. A vast majority of these studies rely on the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) which defines participation as “involvement in a life situation” (ICF 10). Though this definition is ineffectively broad when isolated and applied to fitness, many valuable studies use this as a foundation on which they construct meaningful discourse on participation. Beckung and Hagberg respect how the ICF’s conception “incorporates biological and social perspectives of disablement to represent more fully the impact of health conditions on an individual’s life, including participation in society” (Beckung and Hagberg 309). The ICF conceptualizes

participation in such a way that accounts for peripheral nuances disability imposes on lifestyle, health, and opportunity. Beckung and Hagberg also recognize the philosophies behind the ICF's pointed taxonomical changes: "[H]andicap' has been replaced by the term 'participation restriction' and the term 'disability' by the term 'activity limitations'" (Beckung and Hagberg 309). One becomes aware of "activity limitation at the level of an individual and participation restriction at the level of society" (Beckung and Hagberg 309). Though reluctance to dwell on linguistic attempts to combat ableism would be understandable, *adopting the perspective* these terminological changes represent helps protect against subconscious slippage into deficit-model-style thinking. The more consciously and clearly individual and societal restrictions are separated, the better barriers to participation can be understood and resolved.

Defining participation requires various considerations; "[P]articipation can be defined either as capacity (performance in a standard environment) or performance (what the person does in his or her current environment)" (Coster and Khetani 639). One is again confronted with adopting a universal standard or idealistic performance and the actual performance in the current environment. Measuring a disabled person's participation in a standard environment may be a useful diagnostic first step when evaluating general participation profiles, but is ultimately incomplete as it does not consider personalized environments people have moulded to whatever degree they can to suit their own needs. It is also notable that standardized environments are often inaccessible and thus often not the site of actual participation.

The practice of using universal norms as a standardized metric should be called into question despite its common usage. Coster and Khetani evaluate participation relative to conformative expectations: "While there is general agreement that social expectations provide important clues about how roles are generated and then learned through an individual's

experience, the different schools of thought place varying degrees of emphasis on conformity to a broad, static and uniform set of expectations” (Coster and Khetani 641). Quality of participation in physical activity for disabled individuals can stem from different forms or aspects of participation than those defining ‘a broad, static, and uniform set of expectations.’ This makes it critical to reconceptualise how participation is encouraged, developed, and evaluated.

Measuring participation is challenging; there are many aspects that need to be accounted for and merely quantifying participation is fundamentally inadequate. Coster and Khetani attend to the ICF guidelines surrounding participation, highlighting aspects worth applying to notions of fitness and incorporating into development of personalized opportunities for physical activity: “The presence of a restriction in participation is determined by comparing an individual’s participation profile to ‘that which is expected of an individual without disability in that culture or society’” (Coster and Khetani 639). Participation profiles may be understood in the following terms: “Participation for an individual can be seen as a profile of functioning in different types of activities where both measures of attendance [quantity] and involvement (perceived importance) [quality] need to be considered for every activity” (Lyngnegård et al. 29). The notion of comparing a disabled person’s level of participation with that of a non-disabled person is interesting, especially as one might question the appropriateness of doing so. A marked difference between a disabled person’s participation profile and the expected profile of a non-disabled other within the same culture or society may not necessarily always be appropriately framed as a restriction. The ideal participatory norms of a person with an impairment may be less frequent, less intense, or altogether different than unimpaired others, while leaving the person feeling no less fulfilled. Should achievable best practice be framed as ‘restricted’

specifically for those with impairments? If restrictions are defined as marked difference, this could hinder its usefulness in identifying barriers. It may be more appropriate to compare each person's participation profile with their own ideal profile and use any marked differences herein as signs of restrictions imposed by societal barriers. Morris et al. express this sentiment when considering 'participation intensity' as part of the quality of participation:

From an equity systematically assess whether the extent of participation in activities is consistent with the children's potential, given the predicament imposed by their disability. Then, we should measure to what extent the provision of technologies, or removal of barriers, combined with consideration of the child's personal preferences, enhances their experience of life situations. (Morris et al. 960)

These considerations are useful for measuring the appropriateness of participation in physical activity and can highlight the importance and efficacy of providing support and removing barriers. Perhaps comparing the subjective experiences of participation would have greater value than comparing objective, quantifiable aspects. The importance of measuring these two types of aspects separately has garnered significant acknowledgement in recent years as "[a]uthors distinguish[] between instruments that assess actual participation and instruments that assess the subjective experience of participation" (Ginis et al. 400).

Many believe there is no reason for separate measurement of participation for disabled and nondisabled individuals. McConachie strongly favours Coster and Khetani's suggestion and opposes the idea of separate measurements of participation specifically for disabled people: "The ICF specifically endorses the principle that participation applies to all people regardless of age and culture. There is no justification, then, to measure aspects of participation intended solely

for disabled children” (McConachie 1160). This statement may hold true when evaluating the *qualifiable* aspects of participation, but become elementary and even harmful if applied to *quantifiable* aspects such as duration, frequency, or intensity. It seems fundamentally flawed to evaluate all members of a population by their measurement against a universal standard even before one considers disability. One might again consider the varying ideal quantities of participation in physical activity when judging the appropriateness of a universal metric for measuring participation. The *qualifiable* aspects of good participation, however, lend themselves to determining the quality of active participation for any individual. These qualities – defined below – are fundamental to all experiences of participation in physical activity.

How participation should be qualified instead of quantified must be considered. Participation should not be reduced to simply doing things that are comparable to culturally ‘normal’ activities. Conceptualizing participation this way may contribute to a growing frequency of participation among disabled people, but ignores the quality of participation. The act of ‘doing’ needs to be augmented with subjective value. Ginis et al. identify “[six] themes representing experiential aspects of participation: autonomy, belongingness, challenge, engagement, mastery, and meaning” (Ginis et al. 399).

Each of these aspects (as well as opportunity and access which were dropped from the original ten themes the authors extracted) are important qualities of fitness related participation and can be adopted as criteria or measurements to evaluate the incorporation of fitness into a disability-nuanced lifestyle. *Autonomy* is achieved by “[h]aving independence, choice, [and] control” (Ginis et al. 399). Participation in activities where one is autonomous means one would have the freedom to engage on one’s own or with the minimum required support, the freedom to choose the form one’s participation will take, and the freedom to control various aspects of one’s

participation. Strict adherence to inflexible formally organized activities would most likely violate the principle of autonomy. *Belongingness* is defined thus: “Experiencing a sense of belonging to a group; acceptance/respect from others; included at interpersonal or societal levels” (Ginis et al. 399). Genuine inclusion into a team or even informal and independent but goal-sharing partnership can constitute belongingness. Mere proximity does not equate to belonging. *Challenge* is simply “[f]eeling appropriately challenged” (Ginis et al. 399). Engagement will be necessarily limited if an activity is too easy or too difficult. *Engagement* is defined as “[being] [e]ngaged in the activity; motivated; focused, involved; experiencing flow” (Ginis et al. 399). Enthusiasm is the essence of engagement. One cannot be fully engaged in something one is disinterested in. *Mastery* comes from “[e]xperiencing achievement/competence/sense of accomplishment; self-efficacy” (Ginis et al. 399). The activity must foster a sense of improvement or skill development. *Meaning* lies in “[c]ontributing toward obtaining a personal or socially meaningful goal; feeling a sense of responsibility to others” (Ginis et al. 399). An activity ultimately becomes meaningless when detached from personal goals and engagement with others.

Assessing the quality of participation with the above six themes extends beyond isolated assessments of trivial case by case activities to assess quality of life in a much broader sense. Fitness extends beyond the site of physical activity and into countless aspects and qualities of one’s life. Similarly, the six themes identified “align with theoretical conceptualizations of factors that contribute to well-being” (Ginis et al. 399). Self-determination theory dictates that “humans must experience ongoing satisfaction of [three] basic needs – autonomy, competence, and relatedness – to experience optimal development and functioning. Paralleling this tenet, participation is known to be vital to human functioning and well-being” (Ginis et al. 399).

Furthermore, ‘autonomy, competence, and relatedness’ is encapsulated by three of the above themes – ‘autonomy, mastery, and belongingness’ (Ginis et al. 399). With the experiential qualities of participation in mind, one is able to see the emptiness and even harm in the following physical education experience which desperately reached for some form of ‘participation.’

There are some key moments in the public education system that reveal a fundamental misunderstanding of what participation should look like, what purpose it should serve, and how it should be promoted. I caught glimpses of physical education teachers’ mandates when occasionally they would inform me of what it is they wanted to see me doing, part of a positive strategy to engage me in the problem solving process geared towards enabling and maximizing my participation. These peeks behind the curtain would always be some variation of the statement: “I need to have you involved/participating somehow.” Just how liberally (sometimes even inappropriately or harmfully) the teachers were willing to define participation was revealed in some of the strategies or suggestions put forward that would supposedly satisfy the criteria of being ‘involved somehow.’ The following is the strongest example of a well-intended, inappropriate, and even harmful attempt at encouraging participation:

I was in high school physical education when the curriculum involved outdoor soccer. The class filed outside and spilled across the field to chase after the ball and sometimes each other. This was not something I was comfortable being involved in so I sat on the sidelines with my EA and the instructor. At a loss as to how to get me to participate, the teacher’s face brightened with a new idea. “Why don’t you be the one who blows the whistle?” He was already unfastening the whistle from his neck and handing it to me as he verbalized the idea. I was immediately torn between feeling obligated to at least humor him this much, as I had a sensitivity towards the pressures I imagined he was under to tick whatever disability inclusion

box he may be held accountable for, and having a clear, visceral dread of the spectacle I could already foresee myself making and internalizing. Somehow, despite these extremely stressful conundrums jeopardizing my sense of self and self-confidence, I often found myself giving into the pressures of the educational authorities. I accepted the whistle with immediate regret. After calming myself down enough to at least take in a deep breath, I blew on the whistle as hard as I could. As I expected, no sound came out. I tried again, managing a fleeting blink of a shrill sound, but nothing enough to command the attention of high school students in the throes of a soccer game. There were multiple games going on, so our ‘side line’ was not well-defined as being a part of any particular ongoing game. Any attention I did pull, it was not even clear who I was blowing the whistle for or why. The few people who heard the fleeting screech of a whistle I imagined were thinking, “Why does that kid have a whistle? Does the teacher know he is blowing it?” Marginally louder than the thoughts I felt I could hear, the teacher said, “Try again” in an effort to be encouraging. By the time this idea was abandoned, I had already been through what felt like a public humiliation, reaffirming and playing out one of my most visceral fears as a high school adolescent whom already carried a keen sense of social isolation and not belonging.

Considering my lack of active participation in physical education classes was in truth mostly due to social insecurities borne of the constant awareness and navigation of misperceptions with isolating effects, the social and psychological aspects of participation are crucial considerations. If a teacher’s mandate stresses the doing of participation more than the meaning and subjective value, it is a substantially flawed prioritization that risks doing long-term harm, especially when students are predisposed to social alienation and isolation.

It is also important to keep the context of the class in mind when being creative about participation. The form of participation should in some way contribute directly to the learning objectives of the class. If one were to apply this consideration to the above context, one would ask, “What are the learning objectives in physical education?” When brainstorming new forms of participation or, very importantly, evaluating existing alternative forms of participation, one should then ask, “Does this form of participation contribute to the learning objectives?” Students’ participation should build the same knowledge, skills, and, where possible, experiences that the rest of the student body is building. Of course, questions regarding the personal enjoyment and value of the student participating are critical questions not to be shoved aside in the quest for relevant lessons either. In the above case, the teacher’s desperation for finding a way to have me participating in some way did not incorporate a critical evaluation of the proposed involvement. Blowing a whistle would not contribute to any skill development or any form of knowledge translatable to physical health, and did not engage with peers in any constructive way. Furthermore, all that is assuming it went as the teacher had imagined it would. When it did not, not only were there no positive, but tremendous negatives arose. Self-confidence was further harmed and alienation and social isolation was reinforced. Rather than introducing soccer to me in a playful and enjoyable manner that would set me up to consider returning to it in the future as an option to maintain long-term fitness, the experience left me thoroughly deterred from any soccer field in the following years.

It is perfectly acceptable that participation is simply inappropriate in some situations. When it is unclear how participation in a given situation can be accomplished without risk of physical danger or exacerbated social isolation, it is most responsible to look for alternatives elsewhere. Furthermore, the oversimplified mantra of ‘do what everyone else is doing’ should

never be divorced from meaningful engagement. Everyone else is not doing activities because the activities are normal; they are engaged in activities because they are beneficial.

The subjective qualities of participation should never fall between the cracks of participation assessments due to the importance quality participation has on one's overall quality of life. Perceived freedom in leisure (PFL) has relevant effects on participation in physical activity as leisure activities affect one's quality of life: "[PFL] is a cognitive motivational construct where perceptions of leisure competence and control over leisure experiences, satisfaction of leisure needs and depth of involvement influence leisure behaviour and global life satisfaction" (Poulsen et al. 432). Incorporating PFL into the disability experience of fitness stresses the importance of developing means of appropriate participation in physical leisure activities. PFL is a valuable tool for further developing positive participation practices.

Approaching the subject of fitness and disability autoethnographically is critical for gaining firsthand insight into participation. Disabled people's perspectives are the most important aspect to consider when developing a holistic understanding of the nature of disabled people's participation. As Hammel et al. express, "Fundamentally, participation [of people with disabilities] needs to be conceptualized in a manner that reflects and prioritizes the perspectives and life experiences of people with disabilities" (Hammel et al. 1447). Shifting from a quantitative assessment of participation to a qualitative one will also heed the following caution: "[W]hat people are observed to do is not necessarily what they wish or choose to do" (Hammel et al. 1447). This leads one to assert that "autonomy is a necessary precursor to participation[.]" including both autonomy over one's own actions and autonomy in making one's own decisions (Hammel et al. 1447). It is possible that 'decisional autonomy' ("the ability to make decisions without external restraint") is overshadowed by 'executorial autonomy' ("the ability to act as one

wishes”) in explorations of disabled people’s participation in physical activity (Cardol et al. 970). Both aspects of autonomy are critical for quality participation and are valuable lenses to apply to specific autoethnographic accounts of formal participation. Informal, personally structured activities also leverage decisional autonomy more than formal activities as timing, location, and form of participation are at greater discretion of the individual. Following this question could provide insight into the unique importance and benefits of personal fitness activities. What people choose to participate in is also important, as participation will be higher quality when it is aligned with individuals’ values: “People viewed participation as an expression of their values rather than as a defined, preset or normative set of activities” (Hammel et al. 1449).

There are issues with the frequency, quality, and nature of CP children’s participation in activities outside of school. These children “are identified as being at risk of reduced participation” (Imms et al. 363). Participation is considered “a key outcome in health for all children, is defined as ‘involvement in a life situation’, and is understood to be both an objective and subjective experience” (Imms et al. 363). The gaps identified in participation along with the importance attributed to participation make it clear that this issue needs to be prioritized to maximize children’s access to developmental opportunities. Furthermore, “patterns of participation are established according to a child’s innate drive or interest in an activity, environmental opportunities, and exposure to activities” (Imms et al. 363). Harnessing this information would put those responsible for planning activities in a better informed position to encourage participation in physical activity, an area which these authors identify as particularly pressing: “Low levels of physical activity, both in and out of school, were also found [among children with CP]” (Imms et al. 363). This is a significant contributor to long-term health issues

and “raises concerns about the children’s long-term health and fitness” (Imms et al. 367).

Combining lack of physical fitness with the discovery of “greater participation in informal rather than formal activities” testifies to the appropriateness of developing fitness activities within the individuals’ own home, especially when it is acknowledged that children with CP tend to take part in activities in their own home (Imms et al. 367). Being able to operate under one’s own directive may also contribute to the quality of subjective experience which often gets overshadowed by the objective quantification of participation.

Participation gets inappropriately equated with trivial interactions or mere presence near an activity. It is disparaging to need to note that “participation is not the environment around a person” (McConachie et al. 1158). This assertion alone eviscerates many common practices in formal education settings in which proximal association often stands in for genuine participation. Kuttai offers her own experience of such an inappropriate practice: “I remember one time when a teacher had me try some free weights off in one corner of the gym while my classmates played volleyball. However, I was even more self-conscious then, like I was sticking out even more than sideline-sitting” (Kuttai 22). Participation must be held to a higher standard than installing individuals within the same proximity as actively engaged peers.

Frequency of engagement in an activity is also essential when assessing participation (McConachie et al. 1158). Rare, sporadic involvement in an activity does not allow for many of the qualifiable aspects of participation such as skill development and connection to others and community to take place. Frequency is especially important for fitness as infrequent physical activity is ineffective at developing personal fitness. Identifying barriers to frequency of activity engagement and developing solutions to these barriers is critical for successful fitness endeavours.

Disabled children's capabilities are often accurate predictors of their activities and participation. Studies have "found that movement, manual, and learning disabilities were the best predictors of children's participation" (Morris et al. 954). This finding was expanded upon: "Children's functional abilities, their own preferences, and the families' orientation for activities were significant predictors of participation intensity whereas diagnosis, once children's functional limitations and age were taken into account, was not" (Morris et al. 960). When decision making authority is given to non-disabled professionals, it is important that each individual's physical capacities, interests, and family orientation are sufficiently accounted for. Morris et al. raise the concern that a lack of creativity or insufficient exploration of participatory possibilities are potential consequences when too much attention is given to diagnostic labels rather than individual circumstance. Attending to the determinants including ability, preference, and family orientation could identify potential for physical activity where it might have been improperly ruled out on the grounds of diagnosis.

When looking at participation in physical activities, it is important to differentiate between 'functioning and disability' and 'contextual factors.' "Functioning and disability consists of (a) body functions and structures and (b) activities and participation[...] [...]" [C]ontextual factors consist of (a) environmental factors and (b) personal factors" (Segal et al. 422). These factors' influence over participation is highly relevant to discussions of disability experiences of fitness: "The manner and extent of the impact on activities and participation depend on the impairment, individual characteristics, and the social context" (Segal et al. 422). Each of these aspects are worth incorporating into explorations of extent and quality of disabled people's participation in physical activities in formal and informal contexts. Disabled individuals themselves should be recognize for their lived experience and expertise with regards

to functioning and disability factors. Working within these parameters will require a creativity with which disabled people are usually quite practiced with. Contextual factors are beyond the control of the individual, making them the appropriate focal point for developing environmental and attitudinal changes that will allow for greater access and thus participation.

Züll et al. offer strong testimony to the importance of contextual factors as they examine how physical activity among German children with physical disabilities affects meaningful leisure time. They stress that “[f]or children and youth, a special emphasis should be placed on sports programs after school, as it is supposed that participation in such is driven by internal motivation and involves freedom of choice and self-determination, a prerequisite for optimal participation” (Züll et al. 2). Internal motivation is not a significant barrier to their subjects’ participation in physical activities, but rather a driving force: “[I]nternal motivation is not the main barrier as most participants want to do (more) sports” (Züll et al. 12). Support thus needs to be secured “from family, friends, and the community to pursue this need” (Züll et al. 12). Getting this support in place is critical as there is pressing need to respond to “alarming[ly]” low levels of participation in physical activity amongst physically disabled individuals in sports clubs: “Only 33% of the present sample and 39% of a similar sample with 937 pupils visit sports clubs compared to 77% of male and 56% of female children and adolescents without disabilities” (Züll et al. 11). Not knowing where to go for accessible activities and the sites of these activities being too far away are listed as significant barriers reported by both disabled children and parents of disabled children (Züll 11). Identifying this barrier provides a target for an effective response. Development of informal physical activity may also be an appropriate response to this barrier.

Chapter Four: Fitness and Sport

Fitness in the Shadow of Sport

Sport seems to have the seat of honor in any discussions regarding physical activity. Fitness is seen as a byproduct or virtue of sport, rather than a holistic physical quality of life that can be managed through sport *among other things*. The importance of fitness and related development needs to be recognized independently from sport. One can manage one's own well-being through physical activity unrelated to sport or any form of competition, and this can be preferable to the more public displays and greater social interaction that come with sport. As fitness gets considered as a response to lower social skills and self-confidence, it would be inappropriate to frame fitness as predominantly participation in sport, a competitive activity that can place high demands on one's self-confidence. Resistance training, calisthenics, and cardio can be pursued independently, giving one the freedom to commit and progress at one's own pace and with potential privacy. This can be the best 'launch pad' into further physical activity as baseline fitness and confidence can be built up in private settings before one makes the decision to enter into contexts that require greater external demands. Weight training has actually been widely accepted as a good way to get and stay fit: "[W]orking out with weights became the most popular fitness activity in America in 1995 as measured by the Fitness Products Council and has remained on top ever since" (Schwarzenegger and Dobbin xxxi).

Fitness divorced from purposeful performance of specific activities is not necessarily casual or unremarkable. A relatively recent development was the emergence of fitness, or certain aspects and interpretations of fitness, *as* sport. Bodybuilding emerged as the development of sheer muscle mass and through its evolution – during which it became recognized as a sport – came to favor a body that had high muscle mass and low body fat (Schwarzenegger and Dobbin 42). Interestingly, Schwarzenegger calls this change of idealized

body image “a return to the Greek ideal[:] [...] What [bodybuilders] needed was a model whose physique embodied the ideas they were trying to disseminate, someone who more closely resembled the idealized statues of ancient Greek athletes” (Schwarzenegger and Dobbin 3). This is a very significant evolution when one considers the unique relationship between the Greek ideal and disability.

The Greeks idolized an ideal, removing the need for conceiving a norm, and thus not conceptualizing deviation from said norm and not explicitly conceiving disability. Some aspects of the Greek ideal and its relation to the general public as described by Davis are quite progressive even today, resembling the modern continuum model of disability which proposes all individuals have impairments, it is just a matter of degree: “[P]hysical imperfections are not seen as absolute [in classical Greek culture], but as part of a descending continuum from top to bottom. No one, for example, *can* have an ideal body, and therefore no one has to have an ideal body” (Davis 105). Dolmage rewords Davis’ logic: “The ideal, as Davis sees it, places perfection out of reach—and he suggests therefore that ideality was not made compulsory, was not enforced” (Dolmage 25). The prominence of ideality or the *unachievable* ideal naturalized the absence of a norm and thus, in some respects, *naturalized impairment*. (It is curious that the unachievable body images marketed on magazines and other media do not also have this affect. Aside from spawning eating disorders and harmful psychological conditions, modern elitist and glamourized body image naturalizes the inferiority or lesser value of the impaired body.)

It should be noted, however, that there were concepts of an ‘absolute mean’ and ‘relative mean,’ the situation of oneself between deficiency and excess, which are argued to have exerted normative power. Dolmage notes “classicists have long fused ideality and the mean into a concept that looks and acts much more like ‘our’ norm. That is, it functions to mark out those

bodies that do not fit” (Dolamge 25). Borrowing from Aristotle’s *Ethics*, the absolute mean is calculated mathematically, i.e. the mean of two and ten would be six. However, the relative mean is derived from assessing personal needs which vary between individuals, and striving for achieving the ‘center point’ between excess and deficiency for the individual (Thomson 100). Although modern reflection may draw parallels of function between ideality and means and the modern ‘norm,’ relative means acknowledges the individuality of personal need and the validity of such a range, offering an alternative to striving towards an explicit standard.

Bodybuilding was seen as a return to the Greek ideal, but its status as a sport has been subject to question: “Some think bodybuilding is only an intense form of competition but not a sport” (Schwarzenegger and Dobbin 47). However, Arnold Schwarzenegger, the most widely known competitor since bodybuilding’s conception, takes a firm stance that it does qualify as a sport, citing “the incredible amount of athletic effort involved in training, in developing the physique to prepare it for competition” and “the high level of athletic demand involved in the performance part of bodybuilding—that is, posing and flexing onstage [...] an athletic feat comparable to a boxer going twelve rounds for the heavyweight championship of the world” (Schwarzenegger and Dobbin 47).

Despite the intensity Schwarzenegger expresses, incorporating bodybuilding practices and principles into one’s lifestyle is highly accessible and brings tremendous benefits. Though it has gained most of its profile from its marketed extremes and elite competitors, the training principles behind it are extremely valuable for achieving a range of personal fitness levels:

Bodybuilding as a system of exercise is the most effective and efficient way to strengthen and develop the muscles of the body [...] Of course, the majority of people who train with weights are never going to compete [...] But whether you

bodybuild with the aim of sculpting a competition physique or are training to improve your performance at sports, to be healthy and fit, to look and feel better, or to rehabilitate an injury, all muscle-building done correctly depends for its results on the same basic exercise principle, that of progressive-resistance training. (Schwarzenegger and Dobbin 47-48)

Just as explaining the validity of a wide range of fitness goals is not meant to justify a necessary rejection of marketed extremes of performance or body image, noting the practical flexibility of bodybuilding training is not to say achieving competitive physiques is out of the question for disabled people.

Bodybuilding and physique training is accessible in ways no other sports are. While all other sports are so heavily performance based that momentary lapses can betray decades of training (think, for example, a gymnast falling off a balance beam or a figure skater failing a landing, both of which could also cause injury), the physical manifestations of months, usually years, sometimes decades of training, dieting, and strict discipline are not as easily jeopardized by lapses of performances at amateur levels: “*Bodybuilding is a sport of form*, but instead of movement the form involved is that of the body itself—the size, shape, proportion, detail, and aesthetic quality of the physique as developed in the gym, prepared by dieting, and displayed by performing bodybuilding poses” (Schwarzenegger and Dobbin 47). It must be noted that with elite bodybuilding athletes and competitions, the performance of posing carries much more gravity.

Of course, discussion of the accessibility of bodybuilding and physique *competitions* assumes one is interested in entering competitions. Bodybuilding and physique training with the intent of reaping the benefits of health, fitness, confidence, and lower anxiety eliminate

performance aspects altogether. Instead, the only attention one must give to clean execution and form is in the training itself. Entire weight resistance training regimens can be developed that minimize the need for balance and hand-eye coordination. Thus, spasticity and low dexterity do not need to stand in the way of holistic and effective training. Furthermore, as body image changes according to training, these changes – as well as psychological benefits – do not have to be performed, but are rather seamlessly integrated into body and mind.

The Paralympic Games: Catalyst for Social Change and Selective Glorification

The Paralympic Games are a critical inclusion to any discussion of disability and fitness. Whereas there is tremendous information relevant to disability and sport, the purposes of this paper draw upon the Paralympic Games for their representation of disability in respect to fitness and body image.

The Paralympic Games were not the exodus of disability sport: “Sport for athletes with an impairment has existed for more than 100 years, and the first sport clubs for the deaf were already in existence in 1888 in Berlin” (IPC 1). The birth of the Paralympic Games has strong roots in the medical model. Its conception was to invigorate rehabilitation of injured soldiers and civilians “[f]ollowing World War II[] [when] traditional methods of rehabilitation could not meet the medical and psychological needs of large numbers of soldiers and civilians with a disability” (IPC 1). The British government posed this quagmire to a Dr. Ludwig Guttman whose response was to “introduce[] sport as a form of recreation and as an aid for remedial treatment and rehabilitation” (IPC 1). As if formalizing its commitment to the medical model, “the first competitions for athletes with spinal-cord injuries took place on the hospital grounds in Stoke Mandeville[,]” coinciding with the Opening Ceremony of London’s 1948 Olympic Games on July 29, 1948 (IPC 1). Whereas the hosting of sport for the disabled was a pragmatic response to

a then urgent need for rehabilitation, disabled people today, whether athletes or common fitness service users, often have to resist notions that their involvement in physical activity is strictly rehabilitative.

At first glance, the Paralympic Games may seem like the pinnacle of celebration of disability, at least in an athletic sense. Howe credits the Paralympic games with becoming “the most recognizable and possibly most influential vehicle for the promotion of sport for the disabled” (Howe 500). Craven reiterates this significant acclaim: “What first took place in Rome in 1960, with 400 athletes from 23 countries, has grown into a global phenomenon that brings together the world’s best Para athletes every four years to compete before millions of spectators and billions of television viewers around the world” (Craven no page).

The Paralympic Games have demonstrated that positive social change can be catalyzed via a greater commitment to and expanded conscientization of disability through sport. As the Paralympic Games’ profile rises, so does its influence on societies’ perspectives regarding disability. As Craven expounds,

As the Games grow in size and scale, their transformational impact on society is also increasing. Over the years, the Paralympics have developed a strong track record for challenging deep-rooted beliefs regarding disability and acting as a catalyst for changing the approach to social inclusion in the countries where the Games are held. (Craven no page)

China provides perhaps the best example of consequent social changes increasing accessibility. “Winning the right to host the 2008 Games triggered action by the Chinese Government to improve the lives of people with disabilities and protect their rights as equal members of society” (Craven no page). This action included “[n]ew legislation on disability[,]” “more than \$150

million [...] on making 14,000 facilities accessible throughout the country[,]” “\$17 million [...] making 60 popular tourist destinations accessible[,]” “[e]levators and wheelchair ramps were installed along the most popular section of the Great Wall of China, and accessibility was improved at the 600-year-old Forbidden City (Imperial Palace)” (Craven no page). China also “became one of the first signatories of the United Nations Convention on the Rights of Persons with Disabilities [sic], an international human rights treaty that entered into force on 3 May 2008” (Craven no page). That same year, “the amended Law of the People’s Republic of China on the Protection of Persons with Disabilities came into force” (Craven no page). With this amendment, Chinese society is held responsible for having accessible facilities and “provid[ing] necessary information in order to enable equal participation in social life” (Craven no page). The end result of China’s honored commitment to hosting the Paralympic games was a tremendous conscientization of disability within the country:

Thanks to the Paralympic Games, people in China now have a greater awareness of persons with physical impairments. Chinese citizens with an impairment receive more respect and attention. They enjoy a better social status, improved social security, better educational opportunities, easier access to employment and much more. (Craven no page)

When a country earns the right to host the Paralympic Games, it is given an invaluable opportunity to re-evaluate the accessibility of its society and its treatment of disabled people. Perhaps this is the value brought from the Paralympics which some scholars struggle with quantifying.

The absence of disability in sports and fitness contexts signifies disability’s conspicuous absence in society as a whole. Downie and Koestner artfully articulate the significance of

disabled people's absence in sport: "The relative 'invisibility' of disabled athletes becomes significant if one accepts the premise that sport mirrors society" (Downie and Koestner 273). One could confidently extend this pronouncement to include the 'relative "invisibility"' of common service users in fitness facilities, including the environmental and attitudinal characteristics that actively enforce this 'invisibility'. Disabled people's marginalization in sport – and fitness in general, one might assert – "more broadly reflects their marginalization within society at large. [However,] [b]y the same token, the recent increase in the visibility of these individuals within sports may be taken as a positive sign of the progress being made by society in terms of greater equality and inclusiveness" (Downie and Koestner 274). This is refreshingly positive, though framing visibility as always and necessarily positive risks misrepresentation.

Whereas the Paralympic Games have greatly elevated the profile of some disabilities, some bodies, some athletes, and some sports, this is still done selectively and exclusively in ways reflecting ableist values. The most blatant example of this is Howe's assertion that "[t]he Paralympic athletes that receive the greatest exposure are in fact the most 'able', that is, the least impaired" (Howe 514). The Paralympic Games, responsible for raising unprecedented attention to disability, paradoxically shifted away from representing impairments of certain extremes since 1988: "In many respects this [exclusion] helped to legitimize elite sport for the disabled. In other words – some bodies are worth watching and others are not" (Howe 510). This begs the question, 'Is rejecting some bodies for the sake of commercially validating others ethical? Is society's acceptance of disability contingent upon a self-monitored commitment to a minimal ableist standard?' There are a number of hypothetical explanations for this gradual shift worth entertaining: Is this a ramification of society's discomfort around impairment, that is, the alien disposition nondisabled people have towards people with impairments and the visual reminder of

mortality and impermanence of able bodiedness? Is it that these athletes' bodies are further removed from the aesthetic norms most revered by society? Or is the spectacle of the performance under scrutiny rather than the spectacle of the body, and athletes with more severe impairments are considered to have less 'impressive' performances? As it turns out, there is evidence supporting each.

The possibility that severe impairments are excluded to some degree from the Paralympic Games based on distance from aesthetic norms is supported by Howe: "Cultural interpretation of aesthetic beauty may be blamed for a lack of equity in the treatment of athletes with disabilities and the result of a body culture that celebrates superior movement *as long as the body that achieves it is 'normal'*" (Howe 513, emphasis added). Paralympic sport, then, and perhaps sport in general, is not celebrated strictly for the athletic performances, but also for the performing bodies. It does not seem to celebrate all bodies, however, but rather only those that satisfy unspoken minimal normate thresholds. In fact, if one were to accept Howe's postulation fully, celebration of the athletic performances in the Paralympic Games, an international celebration supposedly of elite athletic performance, *is contingent upon the aesthetically normate qualities of the performing bodies*. This is an enormous testament to the significance that is ascribed to aesthetics in fitness, or at least the most marketed aspects of fitness. One might turn to the higher profile of wheelchair using athletes as an example of select bodies being favored: "The public [...] are willing to accept a chiseled torso that needs to use a wheelchair to move [...] It is these bodies that are the most celebrated within sport for the disabled" (Howe 513). These athletes are celebrated more as their bodies represent a 'normal' and even hyper-muscular upper body sitting down, especially when affected parts of their lower body are hidden by a wheelchair.

Another perspective that resides on the opposite extreme from bodies being hidden or rejected for their distance from aesthetic norms is Harrasser's suggestion that there is an appeal to "the exotistic [sic] pleasure of 'grotesque' spectacles. The focus here lies on the body celebrating and exposing in a Dionysian manner its transgression of normalcy" (Harrasser 181). This is hardly a fascination unique to modern times. There is a long history of commercialized voyeurism capitalizing on the spectacle of the impaired body. When people had opportunity to attend 'freakshows' and stare at 'freaks' firmly contained within otherness, the observers' own 'normalcy' was assured and reinforced (Garland-Thomson n.p.). Harrasser goes so far as to posit a certain fetishization of disability contributing to selective captivation as "the disabled body holds a particular erotic attraction and fascination" (Harrasser 181).

Chapter Five: Fitness as a Response to Challenges Associated with Physical Disability

Physical fitness can be a response to seemingly unrelated challenges such as poor social skills and lack of self-confidence. First, it is important to identify the challenges connected to physical disability which can be positively influenced. These can then be cross-referenced with the benefits of personal fitness and physical activity to determine whether fitness serves as an appropriate response to these challenges. According to Ginis et al. "Among persons with physical disabilities, greater participation has been associated with better physical and psychological health and greater overall life satisfaction" (Ginis et al. 395). This benefit can contribute to counteracting the effects social isolation has on mental health and quality of life.

Restricted access to group activities including physical activity has led to lagging social development. "Children and adolescents with cerebral palsy (CP) are at risk of experiencing restrictions in activities and participation, particularly during adolescence; studies have shown that restrictions affecting participation in activities and the risk of social isolation are greater in

older children” (Voorman et al. 441). Social skills develop with social interaction; social isolation stagnates social skill development. As Houghton notes, “[s]kills such as making and keeping friends, being a good listener, being a team player, and being assertive rather than aggressive are what contribute to future success as an adult. But for people with disabilities, most school environments provide little to no opportunity to develop these skills” (Houghton no page). Reasons for lack of social opportunity are both social and environmental: “These findings [of greater risk of social isolation] may be explained by the more limited ability of children with CP to participate in childhood activities such as sports and play, as well as by the impact of visible differences on popularity and eligibility as a playmate” (Voorman et al. 441). Even associating with a disabled person can be perceived as a threat to one’s “social currency” (Kuttai 17).

Accessible physical activity and the adoption of personal fitness goals can form a foundation for establishing meaningful connections with peers. Social skill development often takes place in a relative few environments, but these environments – including gyms and many physical education classes – are not adequately inclusive of disability. Children and teenagers develop a significant portion of their social competence by interaction with friends and peers, but these opportunities are fewer and farther between for those who cannot function in the narrow parameters of functionality that common social environments accept. The disenfranchisement of disabled people is cyclical by nature as environments prevent disabled people from socializing, which in turn stunts social skill development, further minimizing social integration. Appropriate engagement within fitness contexts and facilities can provide entryways into social engagement and developing bonds based on commitment to personal development. Kuttai mentions how her parents were counselled on the benefits of having her become involved in “any kind of activity that would get my [Kuttai’s] body moving. The benefits, we were told, would be better blood

circulation and lower risk of heart disease and diabetes. They also felt it would improve my feelings of self-worth and lower my risk of depression” (Kuttai 22). It is critical, however, that the environment enables and facilitates social engagement; participation in social and physical activities is not inherently positive. Participation must be paired with accessible social opportunities and physical environments. Surface association does not necessitate a feeling of secure belonging, as Kuttai notes; “I was often afraid of being left alone. I wanted to fit in, *and feel welcome*” (Kuttai 17, emphasis added). To quote Morrison, we must “distinguish between a pseudo-experience and a living one, between an encounter and an engagement” (Morrison 40). Meeting a disabled person within ableist confines and not transgressing the boundaries of ‘us’ and ‘them’ is humanity failing to recognize humanity. This is not true engagement or interaction, rather is closer to exhibitionism.

Participation irrespective of quality is not to be equated with integration; inappropriate participation in an inappropriate environment can cause irreparable harm to social integration of disabled people. It is important that program developers do not assume participation is always a positive thing for disabled people no matter how that participation looks. This harkens back to qualifying participation rather than simply quantifying it. Wright et al. cite a clinician who suggests previous experiences with an activity facilitates future engagement in that activity: “[Young people] are easier to engage if they have already participated because they are more willing to take on an extra challenge, and already have an extra level of confidence in their ability to participate” (quoted in Wright et al. 5). This logic, however, hinges on past participation being positive. Another clinician pointed out how experiences are not always going to encourage further participation: “It is not necessarily easier to engage someone in physical

activity if they have already been involved in an activity. Physical activity is not always a positive experience for all people” (quoted in Wright et al. 5).

As with all matters that affect disabled people, it is important to ask disabled people themselves how best to facilitate quality participation. Wright et al. asked young disabled people what facilitates engagement in physical activity, providing valuable insight into what criteria make for positive experiences, and found two primary responses: The first was “*“The right people make physical activity fun!”*” (Wright et al. 5, original formatting). The second, “*“appropriate and inclusive opportunities to be active”*” (Wright et al. 5, original formatting). Programming should take these responses into consideration when planning activities. Nobody should be put with a group that far exceeds their own capacities as they will be isolated within the activity, achieving the opposite of social integration. Inclusivity should never be merely at a token level, as this also risks further social estrangement.

It is worth noting the lack of appropriate opportunities to participate and respective effects this has on personal growth. Voorman et al. note how people with Cerebral Palsy usually have fewer opportunities for social engagement: “Children and adolescents with cerebral palsy (CP) are at risk of experiencing restrictions in activities and participation, particularly during adolescence; studies have shown that restrictions affecting participation in activities and the risk of social isolation are greater in older children” (Voorman et al. 441). Reasons for this lack of opportunity are both social and environmental.

Beginning a personal fitness routine that one can follow at home independently may develop a rudimentary foundation in which one can execute control over one’s own physical development. Building a baseline physicality and self-confidence in one’s body image is one such propulsion toward pursuing more social physical activity. Taking charge of physical

development at home where one is comfortable can be a very appropriate option for kids who are socially withdrawn, an issue addressed by King et al.:

Childhood social withdrawal is a powerful predictor of later adjustment problems.

Withdrawn children are at risk for a number of negative life outcomes including depression in later school years, juvenile delinquency, and dropping out of school.

There also is evidence that children who are unpopular (i.e., not well liked by peers) have serious problems in later life. (King et al. 48)

Social withdrawal and isolation are pervasive among disabled children; currently, “[c]hildren with disabilities experience social isolation, are socially withdrawn, have limited social competence, and are more likely to play alone than nondisabled children” (King et al. 49). Establishing a personal fitness routine that one can follow independently and building a baseline physical competency, improving body image as a source of self-esteem, and feeling autonomous and in control over personal development can serve as a launch pad out of social isolation and partially transcend physical isolation into a source of empowerment as it becomes an opportunity for self-development. Among the benefits of adopting weight training into one’s life, Schwarzenegger highlights this activity “giv[es] you more energy, [...] decreas[es] anxiety, and improv[es] self-esteem” (Schwarzenegger and Dobbins xxxi). A personal fitness program at home also responds to limited opportunity for participation in formal activities. “Difficulties in mobility, communication and socialization, and dependency on family members for self-care and transportation often limit the social opportunities of youths with physical disabilities” (Kang et al. 118). A fitness regimen that can be followed at home side steps many

barriers preventing participation and utilizes what is often an excessive amount of time within one's home.

The limited opportunities for physical activity and social skill development stand to be positively affected by inclusive environments with appropriate programming and structure. Kang et al. note “[a]dolescents’ social competence has been linked to higher participation in sports and extracurricular activities” (Kang et al. 121). Wright et al. note other developmental connections to physical activity: “Physical activity participation in young people contributes to well[-]being and provides opportunities to build motor and social skills” (Wright et al. 1). Physical activity plays a vital role in youth’s “health, participation, and social and emotional well[-]being[.]” and these benefits are even greater for disabled youth (Wright et al. 1). However, disabled youth “generally participate less in physical activity than their able-bodied peers” (Wright et al. 1). One of the strongest indicators of deficient inclusive practice is that those who stand for exceptional gain from engagement in physical activity are also those who have a markedly lower rate of participation.

Motor problems have connections to pastimes, social hobbies, lower academic ambitions, and belief of lesser physical and scholastic competence. Impaired motor development contributes to a number of problematic developmental aspects including “[u]nderachievement at school, lack of concentration, behavior problems, low self-esteem, poor social competence, lack of physical hobbies, and other difficulties” (Cantell et al. 116). Furthermore, “motor development problems early in the school years seem to have a disproportionate effect on educational and socioemotional development” (Cantell et al. 116). Although a better understanding of the disability fitness experience may not contribute to rectifying every problem noted above, issues of low self-esteem, poor social competence, and lack of physical hobbies

stand to benefit from development of personal fitness. Cerebral Palsy also affects youths' participation in activities outside of school. Youth with CP participate in fewer activities less frequently than youth without CP, though similar levels of enjoyment were reported among each group (Engel-Yeger et al. 99). This again suggests motivation/enjoyment are not the primary inhibitors of participation and that participation can be enjoyable and meaningful despite taking on different forms.

The development of physical fitness has been shown to be a common response employed by disabled college aged students to combat ableist stigma. Taub et al. harbor substantial information specifically relevant to this age group and social setting. They have interviewed college aged students regarding their experiences and opinions on fitness related stigma and management of that stigma through fitness engagement. Interestingly, the aspect their respondents primarily speak to is the validating and crediting effects their engagement in physical activities have on able bodied peers and society in general. Respondents report using physical activity as a way to stay healthy and fit, develop their sense of body identity, and provide counter-narratives to misconceptions about disabled people they identify and often internalize (Taub et al. 1476). In essence, engagement in physical activity improves health, functioning, self-confidence, and identity while resisting disempowering misperceptions and lubricating social engagement.

Adolescence is critical for developing identity and autonomy through social interaction and experimental independence. Tuffrey notes the barriers contributing to disabled people's lower employment rates, lesser participation in group activities, fewer close and romantic relationships, and the long term developmental effects of this lack of opportunities (Tuffrey 374). Synthesizing confidence boosting and identity development effects of fitness with the critical

time of adolescence during which confidence, identity development, and development of positive habits can be a critical step in long-term development.

Chapter Six: Fitness and Beauty

Normative Aesthetics, Deviant Body Image, and Masculinity

The broad effects of body image are pertinent to discussions of disability and fitness as exercise is considered an important catalyst for transitioning into a healthy body image (Yuen and Hanson 290). Gürsel and Koruç define three key terms: “*Body image* refers to an individual’s personal view of his or her own body” (Gürsel and Koruç 29). Body image is very relevant to discussions of fitness and disability as it can be a primary motivator for fitness pursuits. Even if body image is not a conscious priority, it will be a major beneficiary. “*Negative body image*, which is defined as dissatisfaction with one’s own personal body image, is a principal component and predictor of a variety of health problems, such as depression, obesity, body dysmorphic disorder, and eating disorders” (Gürsel and Koruç 29). Negative body image has far reaching effects which can compound existing challenges for disabled people’s social integration. Resolving negative body image can ease social integration, and fitness has been identified as a significant way to improve body image (Gürsel and Koruç 29). “*Body dissatisfaction* is defined as a person’s negative thoughts and feelings about his or her body, and it can result from body image distortion, a misperception of one’s appearance, disruption of mobility, body control, or the loss of a body part” (Gürsel and Koruç 29). Considering body dissatisfaction is useful when examining various societal messages about the disabled body, how these messages get internalized, and how effectively physical activity can respond to these prejudices. As has been noted in other sources, “young adults with mobility disabilities are extremely concerned with their physical appearance and go to great efforts to dress well and use

strategies such as covering atrophied body parts with clothes” (Gürsel and Koruç 32). These young adults may enthusiastically engage in physical activity as a body image management strategy considering “body image [is] significantly and positively related to exercise” (Gürsel and Koruç 33). The pursuit of positive body image as defined by dominant culture can come into question if interpreted as subscribing to ableist norms and values as they are inscribed in positive body image. The question arises, “Should one struggle to make oneself fit within culturally valued body images and thus disrupt assumed exclusion of disabled people from positive body image, or should one assert that disabled bodies are valid body images as they are?” As will be demonstrated, both approaches are valid.

Body image is intricately connected to various aspects of overall health. Hausenblas and Fallon produced a meta-analysis on exercise and body image. In their introduction, the authors note how “[t]he inability to obtain the aesthetic standard has led to an increased prevalence of body-image disturbance for men and women over the last three decades” (Hausenblas and Fallon 33). This disturbance affects most members of society, though people with disabilities are often considered the antithesis of the aesthetic ideal (Kafai 231). “Because negative body image is a principal component and predictor of a variety of health problems such as depression, obesity, body dysmorphic disorder, and eating disorders, it is important to examine its antecedents and consequences” (Hausenblas and Fallon 34). Thus, the importance of understanding and managing body image is established and fitness becomes relevant; “physical activity participation is associated with increases in psychological well-being that are related to positive body image” (Hausenblas and Fallon 40). Here one catches a glimpse of the challenges disability compounds which are often unassociated with fitness, yet can be responded to through fitness and physical activity. As my own account is that of a male fitness experience, the

following also becomes relevant: “[F]or men, the most effective exercise program for attaining the ideal body portrayed in the media includes aerobic exercise to control body fat, and resistance training to build muscle bulk” (Hausenblas and Fallon 41). Disability confronts many barriers to both aerobic exercise and resistance training, the supposed ‘gatekeepers’ of the ideal male body portrayed in media. Many of these barriers will be itemized later.

Body image “is an important issue affecting cognitive functioning, mental health, and physical health” (Rudd and Lennon 120). Body image is a critical piece of any discussion of fitness and disability as it has wide reaching effects and can be managed by fitness. Notions of beauty and physical attractiveness in Western society are so powerful that they can be the basis of stigma and even a cause of psychological disorders (Rudd and Lennon 120).

Some of disabled people’s fitness endeavours may seem separatist; it may be considered paradoxical for them to assert the validity of the disabled body by aligning themselves with able bodied normativity:

When the maintenance of a positive social identity is not possible within a group, individuals will leave the group either objectively or psychologically or both. One way to leave a group is by changing one’s appearance [...] re-creat[ing] a body that is socially acceptable [or accepted] (i.e., becom[ing] a member of a socially valued group). (Rudd and Lennon 125)

Though the original context of this quote does not take disability into account and thus proposes change beyond the realm of possibility for people with Cerebral Palsy, there is still much to consider when reading this passage with a disability lens. Is the development of the impaired body a symbolic rejection of disability or a disruptive assertion of the potential of the impaired body? Is mingling with fitness communities an act of distancing from disability, disabled

people, or disability culture, or an act of inserting disability into fitness where its capacities should be acknowledged and respected?

To validate applying a disability lens to Rudd and Lennon's above passage, one should turn to Hansen and Philo's commentary on the colonization of disabled bodies.

Accompanying the modifying of spaces, there is also a (far from tokenistic) approach that strives to 'correct' the disabled body, to produce corrected bodies that fit in with the existing shapes and expectations of non-disabled space [...] In this respect, there is a 'colonising' approach toward the impaired body, in that it becomes a site for interventions designed to convert it into something acceptable to the 'colonising' power (non-disabled society). (Hansen and Philo 500)

The impaired body has clearly been established as a basis for 'Othering;' those with impaired bodies are other than the societally valued able body. As dictated by the social model, impaired bodies are socially reconstructed into disabled people, a marginalized group (this marginalization being the true essence of the word 'disabled'). Disability can thus be understood as a 'socially disempowered group' which Rudd and Lennon suggest people may wish to disassociate from.

Being proudly disabled and pursuing an aesthetically pleasing body image may seem somewhat paradoxical, a curiously rare consideration in disability literature. Does developing the disabled body reject or embrace disability identity? Does a developed disabled body help facilitate social cohesion? If so, is this social cohesion reliant upon partial subscription to ableist values? Such questions are key when considering fitness as a site of resistance. Taub et al. recognize this concern when they interviewed college aged students managing ableist stigma via participation in fitness activities: "Respondents seem unaware that they strive towards elitist standards of beauty and body image; their efforts are paradoxical as they identify with norms that

are oppressive for individuals with physical disabilities” (Taub et al. 1481). How appropriate is fitness as a site of resistance when it propels disabled people towards satisfying ableist norms? It is very disappointing the authors only make passive note of this apparent ‘paradox.’ Engaging with this statement by reframing it as a question provides rich discussion on not only fitness as a site for resistance, but perhaps gray areas in which resistance and compliance are mutually selective. Exploring this paradoxical site of resistance and conformity is crucial and largely unacknowledged.

It is also worth recognizing another form of resistance that may fall on the opposite extreme:

Detailed body-knowledge arising here from ‘within’ contests the corrected body approach, and may suggest quite other ways of responding to bodily difference, even to the point of assertively valorising the positive dimensions of being impaired and conducting life in harmony with, not kicking against, an embodied impairment. (Hansen and Philo 500)

In such practice, all notions of impaired bodies as broken, frail, unwhole, or otherwise inherently deficient would be rejected and the validity and wholeness of the impaired body would be asserted.

Body image is highly relevant to discussions of the benefits disabled people stand to gain from committing to personalized fitness goals. It is critical to include body image when considering fitness as a response to challenges amplified by disability. Some challenges are extremely common, if not universal. Transition into adolescence is a challenging time for all individuals as they become more aware of themselves, develop sexuality, become more emotionally attached to social interaction and engagement. Disability can further complicate

these challenges. Living with a functionally diverse body can cause one to further internalize typical teenage feelings of otherness or alienation. Limited mobility can make establishing and maintaining social connections more difficult. Navigating inflexible environments can lower or worsen participation in common activities which would contribute to leadership skills, communication skills, and self-esteem. Perceived alienation, juggling social relationships, and struggling toward personal growth are not challenges specific to disability, but disability impacts how these challenges are met. Body image influences many of these aspects of personal growth and should be acknowledged and leveraged for its potential affects for individuals navigating these universal challenges with a disability.

Body image is the integration of how one actually looks with how one thinks one looks. It is a complex, multidimensional concept, *which includes a wide range of socio-psychological aspects that are inter-related*. Experiences pertaining to the body such as physical abilities, appearance, and body size lay the foundation for one's body image with *societal norms, values and attitudes having a great influence. Feeling positive about one's body is important in establishing one's identity and self-esteem*. (Yuen and Hanson 289, emphasis added)

It is important to note Yuen and Hanson's acknowledgement that 'societal norms, values and attitudes hav[e] a great influence' on how one experiences one's own body and measures one's own body image. Deviance from current societal standards of beauty (which are highly restrictive and exclusive in the Western world) can set one up for a bombardment of various images and attitudes passively and actively communicating the inferiority, undesirability, or even 'unnaturalness' of one's body. The normative and valued body images in Western society are often considered extreme, unattainable, and

unrealistic. People without impairments often need to resort to illegal performance enhancing drugs or be subjected to heavy image editing to exude all the revered traits. The exclusivity of these norms and values commonly undermine people's own body image. When this gets coupled with society's attitudes which typically look at disabled people as inferior, opposite of an ideal, or unwelcome, a healthy body image can be difficult to establish and maintain when living with a disability, thereby making 'establishing one's identity and self-esteem' that much more challenging. This can spill over into many areas of personal growth. For example, low social competence and confidence in adolescents with disabilities suggests low self-esteem as both a contributor and result of low social skills.

Kang et al. note a connection between self-perceived competence (self-confidence) and rates of participation: "Among youths with CP, those with high self-perceived competence as a friend did the greatest number of activities and participated most frequently with friends, while youths with low self-perceived competence did the fewest activities and participated least frequently with friends" (Kang et al. 122). Low self-confidence seems to create a holding pattern of low participation and little personal development. Raising self-confidence results in greater active participation, just as greater (positive) participation contributes to raising self-confidence.

Fitness is one avenue through which individuals can actively work towards building self-confidence by developing one's own body and body image. As Yuen and Hanson suggest, body image as a multidimensional concept "includes a wide range of socio-psychological aspects that are inter-related" (Yuen and Hanson 289). Fitness is a potential response to more than strictly physical challenges. Self-esteem, self-

confidence, and identity all partially hinge on body image, something which can come under amplified scrutiny for those living with impairments. Resistance training alone has been attributed with lowering anxiety and raising self-confidence, both of which have been identified as amplified challenges for persons with motor difficulties (Schwarzenegger and Dobbins xxxi, Cantell et al. 116).

It seems logical that the psychological aspects of body image would be amplified for disabled people as they are subjected to monitoring and intensified gaze. As Hansen and Philo point out, “On many occasions for disabled people the problem may be staring eyes, often averted if the disabled person does try to make eye contact, alongside a pitying attitude towards someone’s ‘imperfect’ control of their bodily movements” (Hansen and Philo 497). This is amplified yet again within gyms where movement and development of the body is the explicit shared purpose and context. The significance compounds as “body image disturbances can interfere with performance in activities of daily living as well as engagement in work and social roles” (Yuen and Hanson 289). Though this ‘transition’ may technically only apply to people with acquired disabilities, perhaps transformation of body image for disabilities from birth is a comparable process requiring similar directive and management. Another testament to fitness’ importance for disabled people is the following: “[Y]oung adults with mobility disabilities are extremely concerned with their physical appearance and go to great efforts to wear nice looking clothes and use appearance strategies” (Yuen and Hanson 293). As aesthetics are a major outcome (sometimes the primary desired outcome) of fitness endeavours, physical activity may prove to be empowering for these youths. Yuen and Hanson think similarly: “[F]acilitating the adjustment of a more positive body image through incorporating exercise may enhance

community integration in people with AMD [acquired mobility disabilities][,]” a hypothesis which extends to other forms of physical disability (Yuen and Hanson 294).

Masculinity has accrued significant academic attention in recent years, specifically with regard to hegemonic masculinity. Hegemonic masculinity is the conception, behaviour, and qualities of masculinity in possession of the most cultural capital, establishing and maintaining power over females and other forms of masculinity. Connell and Messerschmidt supply a clear operable definition:

Hegemonic masculinity was distinguished from other masculinities, especially subordinated masculinities. Hegemonic masculinity was not assumed to be normal in the statistical sense; only a minority of men might enact it. But it was certainly *normative*. It embodied the currently most honored way of being a man, it required all other men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men. (Connell and Messerschmidt 832, emphasis added)

The impaired body is subjected to vast and various normative powers and, most often, is consequently devalued. Given the enormous normative power hegemonic masculinity exerts on the male population, it is critical to determine how this normative power, too, interacts with disability.

Hegemonic masculinity is characterized by aggression, select use of violence to defend power, guarded emotions (with the exception of strong emotions attached to anger and violence), being the ‘breadwinner,’ sexual activity and prowess, homophobia, fatherhood, and implies the subordination of all other masculinities (Connell and Messerschmidt 841). Though there is tremendous potential to analyze each of these traits’ interplay with disability, it is the physical

and bodily aspects of hegemonic masculinity which hold pertinence to discussion of fitness and disability. Stibbe borrows from Connell, pointing out that “[*t*]rue masculinity [...] is ‘almost always thought to proceed from men’s bodies’” (Stibbe 32, emphasis added). Stibbe follows up quoting Saltonstall, saying, “It [masculinity] is therefore intimately linked with health, providing ‘the focal point of self-construction as well as health construction’” (Stibbe 32). Sparkes and Smith expand on the importance of the body to masculinity, noting how “the muscular body, as an instrument, machine, and weapon, is glorified and acts as a reminder of men’s superiority over women and other males” (Sparkes and Smith 262-263). If masculinity is deemed to be rooted largely in the body, specifically a body that is muscular, powerful, machine-like (one might interpret this as nonspastic, dextrous, reliable, and untiring), and glorified, disabled men face significant barriers to accessing masculinity. Furthermore, to the extent masculinity is linked with health, disabled men are barred from being considered healthy when their bodies do not reflect these standards.

Severe impairment has been reportedly at odds with traditionally valued notions of masculinity (Smith and Sparkes); impairment and disability are in many ways thought of as the antithesis of the glorified body. To borrow Kafai’s words, “The normatively beautiful body, we are taught, has two arms and two legs. It is proportioned, balanced, and, if anything, is hyper-nondisabled in its appearance and mannerisms” (Kafai 231).

The question arises, “Is masculinity ableist?” Given that hegemonic masculinity has been characterized as inherently sexist, homophobic, and generally domineering, it is no stretch to consider ableism being rampant in its conception as well. However, it is widely recognized that *masculinities* are, in fact, plural. Berger et al. describe masculinity as a “vexed term, variously inflected, multiply defined, not limited to straight forward descriptions of maleness”

(Berger et al. 2). When disabled men are in control of their own narratives and have exposure to positive disability narratives, they have potential to construct themselves through a counter narrative in which ‘being a man’ is harmonious with ‘being disabled.’ With a plethora of masculinities to enact, there is much more opportunity to construct masculine identity. Hegemonic masculinity however has the greatest cultural capital, making its (in)accessibility to disabled men significant.

My engagement with masculinity and disability remains academic; I explore this intersection because many deem it relevant to Western culture and a gatekeeper of cultural capital. Males access privilege as they exemplify hegemonic masculinity. I am not (consciously) invested in upholding some ephemeral masculine standard. I do not feel confined to performing a specific recognized male identity. My masculinity has never been questioned to my knowledge, but I am often considered excused from having to be hegemonically masculine. To others, my masculinity seems to stem from my attitudes and fit body. As I developed my body and became more visibly fit, this strengthened my confidence, self-esteem, and rebelled against common prejudiced expectations of disabled people, but I never saw it as explicitly contributing to my masculinity. Also, I noticed interactions with my friends occasionally had flares of masculine praise, joking or talking about physicality, exhausting training routines, and sex. These things never contributed to a personal definition of masculinity – in fact, I never had one, and still do not – but as I moved further toward the glorified muscular body, these kinds of traditionally masculine interactions became noticeably available. Notably, whereas some aspects of my physicality borrow merit from hegemonic masculinity, I do not perform the aggression, domination, or high work capacity (with the exception of extensive workouts) associated with hegemonic masculinity. Thus, some characteristics that lend me masculine ‘legitimacy’ are

hegemonically masculine, but most are not. Ultimately, whereas my fitness development contributes significantly to my sense of self, I do not consciously pursue any version of masculinity.

Disability and Beauty

Although norms of beauty vary widely globally, Western norms of beauty are highly exclusionary. As Kafai intones, “[B]eauty is still a place of restricted access” (Kafai 231). Disabled people and functionally diverse bodies are only notable in mainstream beauty norms by their marked absence. In fact, disability has been framed as the polar opposite of beauty. ‘Ugly laws’ used to ban disabled people from public visibility because of their appearance, presumably because “[p]eople with disabilities elicit feelings of discomfort, confusion, and resentment because their bodies refuse cure, defy normalization, and threaten to contaminate the rest of society” (Siebers 61): “Chicago ratified the American ugly law: ‘Any person who is diseased, maimed, mutilated, or in any way deformed, so as to be *an unsightly or disgusting object*, or an *improper person* to be allowed in or on the streets, highways, thoroughfares, or public places in this city shall not therein expose himself to public view’” (Schweik 1, emphasis added). This single sentence rends an enormous hole in society’s omnipresent efforts to hide disability and disabled people and offers more than a mere peek at the attitudes toward disability. Disabled people are not only literally objectified, but deemed ‘unsightly’ and ‘disgusting’ objects, literal antonyms of ‘beautiful.’ The extreme distance *placed* between impairment and beauty served as grounds to deny people their rights and freedoms. This should be noted as another testament to the power of aesthetic norms. Furthermore, functional diversity and appearances of disability deemed one an ‘improper person,’ eviscerating not only disabled people’s right and freedoms, but their claims to ‘proper personhood,’ however that may have been defined. It is worth

suggesting that just as freak shows functioned to assure onlookers of their own normalcy, disability may have been the most significant construction of this ‘proper personhood’ or non-other as a negative example.

Excluding disability from society’s current norms of beauty does not mean disability is not beautiful and cannot exhibit celebratory and celebrated aesthetic values. “Beauty can be expansive and rhythmic. Its standards can shift, stretching outward to include and honor all of our ‘bodyminds.’ I stress *can* here because beauty is still imbued with overwhelming power and privilege” (Kafai 231). One sees this ‘overwhelming power and privilege’ as the bedrock of ‘ugly laws’ and the sway aesthetics has over Paralympic athletes who are ostensibly gathered to display elite performance. Also, despite Kafai’s claim that beauty is ‘expansive and rhythmic,’ one must acknowledge that “[t]he aesthetic disqualification of disabled people has remained remarkably consistent over time” (Siebers 39). The significance of this is driven home when considering “aesthetic feelings of pleasure and disgust are difficult to separate from political feelings of acceptance and rejection” (Siebers 60).

As Kafai notes, however, standards of beauty are not fixed; disability can make room for itself. Just as implementing accessible features in a gym leads to more disabled clients, the expansion of aesthetic norms in such a way that recognizes and accounts for impairment would lead to a discovery of many more beautiful bodies. “Disabled people have existed predominantly as marginal figures, their contributions and perspectives are not generally noted” (Linton 36). Linton’s proclamation needs no context, but when it is considered within the context of fitness and beauty, one becomes aware and curious about the nuance disability could bring to celebrated aesthetics. What unique things does a disabled person find beautiful? What unique ways does a disabled person celebrate beauty themselves? What aspects of common conceptions of beauty

seem paradoxical to a disabled person? When the contributions and perspectives of disabled people get ignored in the context of beauty, these questions are never asked. Siebers feels strongly that “the acceptance of disability enriches and complicates notions of the aesthetic, while the rejection of disability limits definitions of artistic ideas and objects” (Siebers 3). In each of these questions is potential to enrich our understandings of beauty, but that potential is cast aside. The disabled body is implicitly yet firmly situated as the opposite of beauty. This predisposition inevitably ignores disability perspectives; when “conventional oppositions are maintained[,] [] useful information is sacrificed” (Morrison 36).

Kafai’s praise for Sins Invalid, a disability justice performance group expressing themes of disability, body, gender, race, and sexuality, is a wonderful aspiration for any disability expression of beauty:

Holding onto Berne’s reading of beauty as sacred and that which has the potential to recognize itself outside of normativity, Sins Invalid’s manifestation of crip beauty is rebellious and assertive; it is presence and acceptance. Crip beauty says, you are here despite the violence of eugenics and patriarchy, despite all the institutions that say you should not own this word: beauty. (Kafai 233)

Beauty exists outside of and independent from normativity and retains its sovereignty to recognize itself. To embody and recognize nonstandardized beauty truly is an act of rebellion and assertiveness. Introducing disability to beauty is a process Kafai calls *cripping* beauty, “an action that empowers communities who previously were unable to access beauty to reclaim and augment its parameters, rendering beauty fluid and malleable for all of our bodyminds. In this way, crip beauty becomes a self-made and resilient political expression” (Kafai 232-233). As mainstream aesthetics disability,

[d]isability aesthetics refuses to recognize the representation of the healthy body—and its definition of harmony, integrity, and beauty—as the sole determination of the aesthetic. Rather, disability aesthetics embraces beauty that seems by traditional standards to be broken, and yet it is not less beautiful, but more so, as a result. (Siebers 3)

In a society which actively sought to exterminate disability and swung from hiding disability's 'ugliness' to showcasing its 'freakishness,' to live with disability and exhibit beauty is a declaration of triumph.

Beauty does not have to be understood as narrowly and rigidly as the glamourized bodies on covers of magazines, however disabled people should have equal access to the facilities and services that *can* propel them toward these body images if they so choose. Greater access to fitness facilities would enable a greater reflection of Western society's current marketed body images among some disabled people. Parallels exist between the provisional acceptance of disability within beauty on the grounds that the person still exhibits able bodied values and the historic limited acceptance of disabled people contingent upon their capitalist productivity. Linton speaks in regard of the latter case:

[D]isabled people's roles and status are largely derived from their ability to be productive *in terms of standards set by the dominant majority*. This idea is based on an individual model of disability, the idea that it is up to the individual to demonstrate worth and competence. It promotes a *false* sense of acceptance because the norms and standards of the able-bodied majority are imposed and held up as the ideal to which all should aspire. (Linton 53, emphases added)

Similarly, accepting disabled people as beautiful without incorporating impairment into beauty would make the person with an impairment beautiful *because of* and *insofar as* the ableist aesthetic value they embody. To draw another parallel with Linton's discussion of standards of productivity, she describes the conditions and effects of a laissez-faire approach to disability:

[T]he norms of the able-bodied majority are centered and held up as the ultimate goal of all people, and the society makes no effort to reconstruct its goals [or values] or acceptable means of achieving them to reflect a broader range of citizens [...] Disabled people then are left in the unenviable position of having to keep up with norms and standards *but with no opportunity to shape them*. (Linton 54, emphasis added)

Society's glamourized 'hyper-nondisabled' body images are widely considered as the universal and ultimate goal. When these ideals are never subject to reconstruction, they remain exclusionary. Society's norms of beauty exhibit mass influence traceable in fashion, dietary, supplement, makeup, and clothes markets. Its influence is also traceable in rampant eating and psychological disorders spawned from billboards and marketed images. Its influence is unidirectional, however; the bodies excluded from society's glorified images feel its ubiquitous influence, but never influence it in return. (Notable exceptions are the increased visibility of maternity and 'plus sized' clothing, which one might argue mainly advertises products to a potential market and generally does not successfully challenge society's unrealistic glorified body images.)

The assertion of disabled people's right to pursue and celebrate society's most celebrated body images cannot be framed and dismissed as supporting the premise that disability's access to beauty is contingent upon conforming to and satisfying ableist aesthetic ideals. It does not state

that the validity of beauty is contingent upon fixed norms; rather, it asserts disabled individuals – in fact, all individuals – *do* have the right and *should* have the freedom to pursue the body images they value most.

Chapter Seven: Barriers

Various barriers hinder physical activity engagement in formal fitness contexts. These barriers are very much manifestations of the barriers recognized in Disability Studies academia, generally identifiable as physical, environmental, social, and psychological. Clearly identifying barriers is the first step in breaking them down and developing inclusive and accessible environments. In understanding accessible environments, Derksen’s definition of ‘environment’ should be encouraged: “Environment in this sense includes legislation, societal attitudes, institutions and architectural, program and communications-media design - in short all structures that deny or admit access to disabled people for full participation in the life of society” (Derksen n.p.). Identifying barriers becomes more affective as generalities are applied to reflections on past experiences, going beyond hypothetical inferences.

Hammel et al. discuss the barriers people with disabilities face when trying to participate in various aspects of adulthood, citizenship, and everyday life. They break down barriers a number of different ways, each providing a lens one could adopt to gain insight into hindrances preventing people from engaging in personal fitness. First they borrow from the social model, categorizing barriers into “physical, sociocultural, political, and economic environments, pointing to the idea that environmental factors can disable or enable full participation as much or more so than individual impairment or function” (Hammel et al. 579). They then incorporate the Social Determinants of Health model to conceptualize environment as “the complex, integrated, and overlapping social structures and economic systems that are responsible for most health

inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors” (cited in Hammel et al. 579). The International Classification of Functioning, Disability and Health is also cited as it “provides a taxonomy of environmental factors in 5 categories: products and technology; natural environment and human-made changes to environment; support and relations; attitudes; and services, systems, and policies” (Hammel et al. 579). Each of these considerations would provide a useful lens to apply to fitness accessibility.

An in-depth understanding of the barriers disabled people face in regard to participation is critical for addressing disabled people’s low participation levels. Kanagasabai et al. expound, “Understanding the factors that influence leisure participation of children with disability is important in addressing the barriers to participation” (Kanagasabai 1147). To borrow Wright et al.’s wording, “the multidimensional barriers and facilitators and the behaviour change journey [towards an active lifestyle]” are yet poorly understood pertaining to disabled people (Wright et al. 1-2). A great many considerations need to be satisfied for quality engagement to ensue: “For children with physical disability, optimal participation occurs as a result of dynamic interaction of factors (child, family and environment)” (Kanagasabai et al. 1147). The child’s preferences and abilities should not be framed as barriers, but certainly the resources available to the family (including both time and money) and the multiple characteristics of the environment are potential barriers. Distance to and from the venue can dictate whether family can accommodate their own transportation. Wright et al. note similar aspects physicians associate with the environment, including “‘practical limitations’ (e.g., financial restraints, unreliable transport or a lack of transport, and the location of the activity)” (Wright et al. 6). Whether the venue has ramps and accessible washrooms can quickly disable people from participating as the most basic of

necessities become inaccessible. Such concerns are as numerous as they are varied, and even a single criterion that omits functional diversity from consideration can completely prevent disabled people's participation.

Environments are more than merely the physical layout of space; they are riddled with complexity as physical and social characteristics interact. Dunn and Herman highlight the complexity of navigating environments through the lens of the 'newly handicapped:'

In addition to the obvious physical handicaps involved in a physical disability, the newly handicapped individual must learn to deal with a changed social environment. This environment can be conceptualized as four different areas: (1) public attitudes; (2) differential behavioral patterns of nonhandicapped people toward the handicapped; (3) special social situations that apply to specific medical disorders; and (4) decreased general assertiveness. (Dunn and Herman 118)

It is much more than simply the physical aspects of the environment that can hinder or even prevent disabled people's participation. As Dunn and Herman suggest, the "physical handicaps involved in a physical disability" are perhaps the most "obvious", but it is quite often the social environment that makes participation inaccessible (Dunn and Herman 118). 'Public attitudes' and 'differential behavioral patterns of nonhandicapped people toward the handicapped' are encapsulated in the social environment. In fact, one might hypothesize appropriate social and attitudinal environments can overcome physical access barriers, but physically accessible environments leave little room for positive participation if the attitudes of the environment are exclusionary.

There is a delicate balance to be struck between focusing on the individual and focusing on the environment when trying to cultivate quality participation. Kanagasabai et al. note,

“Whether to focus on the child or modify the environment to improve participation is a dilemma for those wishing to provide intervention or interventional strategies” (Kanagasabai et al. 1148). One would hope that the disabled person themselves would be consulted during such conundrums, as it is likely they know best what they need to facilitate their own participation, and the most valuable form that participation may take.

Personal Experience of Barriers

Environmental and attitudinal barriers in fitness facilities and related contexts have long since established and reinforced expectations of incompetence among disabled people in these areas. This is a somewhat self-fulfilling prophecy as engagement in fitness contexts is effectively safeguarded from the ‘invasion’ of disability and its disruptive occupation of body-space. Linton articulates the effects of this fear, acknowledging “there are situations or cultures where disabled people are unwelcome because they are thought to drain resources or deflect attention from other needs” (Linton 45). The extended denial of access, rights, and responsibilities eventually naturalizes disabled people’s exclusion from said items. This new ‘natural’ state of affairs is then paradoxically cited as justification for the original denial which caused this ‘naturalization’. This is a startlingly common phenomenon. Decades ago, making sidewalks accessible for wheelchair users was not considered a priority *because there were so few wheelchair users on sidewalks*. The error in this logic, sadly unapparent to many, became exposed as, following the creation of curb cuts and wider pathways, wheelchair users were much more visible on the sidewalks. Gyms cannot cite the absence of disabled people in gyms as justification for the low priority of accessibility. The creation of accessible gyms has led to a noticeable, sometimes dramatic increase in clients with disabilities. I have used inaccessible gyms for eight years without seeing a single other disabled client. After the recent opening of a

gym with only fractured accessible design that does not form a coherent accessible environment, I have worked out regularly with four other disabled clients in the gym at the same time.

Environmental awareness must account for the physical layout of spaces, but must not overlook environments' multidimensionality including attitudinal characteristics. A weight room may comply with universal design and allow for a disabled person to freely navigate the space, but if peers project assumptions of physical inadequacy of disabled people, assume control over a person's exercise, or monitor the person in such a way that is invasive and undercuts their autonomy, the environment is not appropriate for everyone to use. When troubleshooting an existing environment for accessibility concerns or developing a new accessible environment, professional perspectives can be useful, but they should not overshadow the lived experience of disabled people themselves, whom should be acknowledged as experts on how to facilitate their own inclusion. Their knowledge and experience should not be replaced or overruled in favor of professional expertise.

Identifying barriers is the first step to removing them. Barriers take various forms – some are environmental (physical), some are attitudinal (interpersonal), and some are psychological (intrapersonal). These three categories encompass a great majority of the barriers one might encounter in inaccessible environments, but there are some barriers that fall outside of these categories (i.e. financial barriers and transportation). It is also worth noting that each of these categories can serve to reinforce each other. Attitudes shape the physical environment for better or for worse. Repeated exposure to negative and exclusionary attitudes towards disability can compound psychological barriers in the form of feelings of inadequacy and unworthiness of service standards. Repeated exposure to physical barriers communicates subtly that one does not belong or is unwelcome in the environment. Finally, internalized displays of disrespect and

disregard and subsequent feelings of incompetency can color interpersonal interactions and create a vicious feedback loop.

Physical Barriers

Parking

Regarding public fitness facilities, parking is among the first potential barriers disabled clients may encounter. In the most accessible gym I have used to date, there has never been accessible parking. The front door to the building, however, ironically has an accessible entrance with automatic doors when you press a button. This imparts a fairly accurate immediate impression that accessibility measures are sloppy and inconsistent in this facility. Certain accessibility features are included, but it is obvious that there was no consideration of the full embodied experience of using the facility. Clients who rely on accessibility standards to fully and safely use the facility are left having to make do with fractured accessibility. One cannot help but question the reasoning behind omitting the most obvious accessibility feature. Is it because disabled people are not expected to use a fitness facility to begin with? There is evidence of this misperception, but accessible entrances and lockers are implemented. Is it because automatic doors are helpful for everyone whereas accessible parking is exclusive to disabled clients in an already very full parking lot? That could lead to able bodied clients' frustration and a loss of potential business (the gain of disabled consumers is rarely factored in) when the parking lot is full. Such a stance would not be overly surprising seeing as, as Linton points out, "The idea that disabled people are, in an absolute sense, an economic and social liability is rarely challenged" (Linton 50). Bèrubè speaks to the fear that disabled people will be framed as economic liabilities:

I fear this above all: that children like James [with Down syndrome] will eventually be seen as “luxuries” employers and insurance companies cannot afford, or as “luxuries” the nation or the planet cannot afford. I do not want to see a world in which human life is judged by the kind of cost-benefit analysis that weeds out those least likely to attain self-sufficiency and to provide adequate “returns” on social investments. (Bèrubè 52)

Is making public services like fitness facilities accessible seen as such a luxury? Is accessible design and granting disabled people’s human rights subject to such a cost-benefit analysis and deemed not to have a reasonable ‘return on investment’ and thus not worth the cost? Many disability activists have gone so far as to deliberately frame accessibility as a worthy financial investment *for financial return*. The consumer ethic of disability articulated by Derksen has a very appropriate aim which first needs to be recognized:

The disabled consumer movement’s most basic and central objectives for the disabled individual are assumed in this paper to be independence and integration with the community. Independence implies as nearly as possible the same degree of control and self-determination in day-to-day living processes as are generally available to non-disabled individuals. Integration implies as nearly as possible a co-mingling in day-to-day living processes with society at large, including as nearly as possible use of the comprehensive range of community services and facilities that are available and used by non-disabled individuals. (Derksen n.p.)

However, some of the rhetoric supporting this ethic hinges on the fact that (some) disabled people have money and thus not only should be respected as paying service users, but are a potential market left largely untapped. This ethic demonstrates just how much influence finance

has over issues of equality. Framing rights in terms of financial opportunism is inappropriate. *I have, therefor I am.* People's rights should be respected in acknowledgement of human dignity, not contingent upon and in quest for their capital.

Making a service accessible enough to allow people to be present, yet inaccessible enough to bar them from full participation or use of the service can reinforce alienation. The omission of basic accessible design which might be perceived as obstructing profits suggests an approach of providing the minimal amount of accessibility features to minimize cost and loss of revenue while maximizing the amount of token accessibility feature boxes checked. This fractured implementation of accessible design can be enough to get people with diverse functionality into the facility, but does not facilitate full engagement, and can even reinforce the sense of ableist alienation. Linton discusses the harm caused by poor accommodation of disabled people into society via the implementation of institutions, but I would like to deliberately pluck the discussion from its original context for the insight it offers into poor implementation of modern accessible design in public space: “[B]ecause of the idiosyncratic and arbitrary nature of these accommodations, disabled people were more likely to be ostracized than they were to be functioning members of the community” (Linton 47). Exclusion can be subtle and indirect: in situations where participation and engagement is tokenized, “society does not overtly exclude disabled people, [but] it does not work toward accommodation, social justice, and equity with respect to them” (Linton 53). When accessible design is inappropriate or incomplete, it may be enough for disabled people to be present in spaces where their absence would have otherwise been enforced. However, if their presence is not smoothly integrated into the collective purpose of the space's other occupants, that presence is unsuitable and only serves to further alienate disabled people from nondisabled society.

Advocating for universal design pushes for much more than just physical change; to affect public space is to affect public discourse (Morrison 34). Advocating for appropriate accommodation can be very difficult, especially when businesses cite their list of random accessible features as proof that they are, in fact, accessible and disability-conscious.

Morrison pierces the veil of colonial public space:

It is clear to anyone interested that when the term “public” has been appropriated as space regulated for one portion of society only, when the “poor” [or disabled] have no political party to represent their interests, then the concept of public service [...] gets altered as well. And has been. The public interest of minorities [...] in frequently routine political language, become “special interests.”

(Morrison 34)

A peculiar process ensues as authorities offload the responsibility to provide ‘reasonable accommodation’ to service users with disabilities, sometimes under the guise of accessibility responsibilities falling under an ethereal ‘special interests’ group which some ethereal other charitable organization deals with, an effective abolishment of responsibility. When fighting for reasonable accommodation to a service one is paying for, it can be disheartening to realize how low priority one is to the service providers. It can be tempting, for those privileged enough to make do with what minimal access is already there, but Morrison warns against the dangers of being trained into complacency at the sight of token efforts: “A reasonable man adjusts to his environment. And [sic] unreasonable man does not. All progress, therefore, depends on the unreasonable man. I prefer not to adjust to my environment. I refuse the prison ‘I’ and choose the open spaces of ‘we’” (Morrison 47). Unfortunately, disabled clients are put in the difficult position of having to choose between social and political acceptance. If one frequents a gym and

has gained a hard fought acceptance of nonsuspicion and baseline ease with staff, that can be a rare bastion in the world where one can go to feel at home while outside of the confines of one's actual home. Sometimes it is the only such place. To raise one's concerns about the inaccessibility of the facility is to risk undoing potentially years of demonstrating that one's disability is not the part of one's identity to be engaged with, and that despite disability (perhaps one day *in congruence with* disability), one belongs. For some, it is much easier to navigate limited accessibility oneself, to haul oneself over and through barriers and employ personal tolerance so that one might at least enjoy some degree of access and just for a moment's reprieve from the politics of space everywhere outside of select refuge. To not raise these concerns, however, is to accept the politics of rejection written into the space. It is to fall into one of the most elementary ableist pitfalls: 'This space is accessible for me, so it is accessible for others.' In the words of Michelle Obama, "It [is] one thing to get yourself out of a stuck place [...] It [is] another thing entirely to try to get the place itself unstuck" (Obama 117-118). The allowance of reward for hard fought personal 'victories' in the form of individual provisional and limited access needs to be balanced with political commitment to access for all. Universal access will welcome a variety of bodies to enter, and perhaps even frequent a space until the hegemony of ableism gives way to the natural mosaic of human functionality. 'Others' need allies until they are 'Others' no longer.

Change Room and Showers

This is usually the strongest signifier that service providers do not imagine, consider, or consult about the full embodied experience of using the service with an impairment. Whereas where accessible design is present, it takes into account the use of certain parts of the facility in a vacuum – that is, how the client gets to or moves on from this specific item is not considered

(think of the accessible entrance without accessible parking). Change rooms and showers might not be what people consider when thinking about ‘hitting the gym,’ but chances are the change room is critical in their routine. Furthermore, when sweating hard at the gym and then continuing on with their day, how many people expect to have to stay in the clothes they worked out in or not shower before getting into clean ones? Going from a highly active gym session to a professional or social engagement requires one to manage one’s hygiene with access to showers. If this is not an option, using the gym in openings in one’s schedule that come before such engagements is no longer feasible, regardless of how many other accessible features are present. This becomes more important when considered in tandem with university or work facilities. When reliance on a third party or service makes transportation limited, the only access to a fitness facility one might have is access to a facility built into one’s work or school location. If hygiene cannot be maintained for following engagements in that environment, using the facility may not be an option despite its accessible proximity.

Lockers

When using fitness facilities while out for other engagements, one must be able to store belongings securely. For example, in order to use a university gym while one has already secured transportation to the university for classes, one must be able to secure any books or assistive technology used in classes. If these things cannot be stored securely, they cannot be left alone, making it impossible to use the gym. This is where accessible storage becomes critical. Many gyms do well at having accessible lockers, but the dexterity required to use the locking mechanisms is often more than I have. For four years in my undergraduate studies, I had to choose between bringing assistive technology to school and being able to use the gym. I chose the gym. Not having access to secure storage, I could only bring to school what I could afford to

have stolen. I would leave my bag in the disability services office as the secretary offered to watch over it as long as she was present. This also meant I had to leave my bag in a separate building from the one I would work out in. Whereas this was ultimately manageable for me, it was insecure, very inefficient, necessitated I sacrifice bring assistive technology to class, and hinged upon me having high enough mobility to make it possible.

Because the gym was small and its staff fairly regular, I explained my problem with one of the senior most staff. I told him I could not access their facility's lockers, and asked if it would be okay if I simply left my bag with the staff at the front desk. The person I spoke to understood the ridiculousness of the situation and immediately agreed that the most reasonable and efficient solution would be for me to leave my bag at the front desk. I did so for that workout and it was very convenient, bypassing all the complications that come with makeshift workarounds. The next day, however, when I went to do the same thing, there were different people working at the front desk. They did not allow me to leave my belongings with them at the desk because it was against gym policy. Clearly this solution would only work when certain staff were present, and a solution that only works some of the time is not a solution at all.

Equipment (removable handles)

Handles on cable machines are changeable and require a certain degree of dexterity to remove and attach, more dexterity than I have. Different handles on the same machine can drastically change the execution and focus of the exercise. Because of my limited range and flexibility, depending on the machine, I can sometimes only use specific handles, and sometimes cycle between multiple handles to work a muscle in different ways once I have found a machine I can use. This becomes very challenging as I cannot replace handles myself. Sometimes I must settle for a subpar workout and only use what is already available, but there are also cases where

people have taken the handle off a machine to attach to another one, leaving no handle at all on the machine I need to use.

When I explain this difficulty, I am invariably given the response, “Just ask for help! People are happy to help.” Granted this is usually true, relying on others does not allow for flexibility and an optimal workout. Being able to change handles frequently and at my own will would allow me consistent workouts that work muscle in all the desired angles within the appropriate timeframe. When training a muscle, timing between exercises and sets is critical for controlling recovery and intensity. Being unable to switch handles quickly and reliably can make this timing sporadic.

Furthermore, asking for help is sometimes not an option. When I am far into a workout and breathing very heavily, this makes it very difficult to speak clearly. This gets coupled with my anxiety of approaching strangers, an anxiety which usually has much of the same affects – breathing and speech get difficult. These affects amplify each other. This concerns me considering the source of my anxiety – that the people I approach will not know how to interact with me and will assume I am cognitively impaired and need some kind of emergency help. In my head, that is always the assumption a stranger enters an interaction with me with, and I need to pull them out of that assumption and out of their own anxiety and assure them I am just seeking a ‘normal’ exchange. If I hyperventilate or stumble over my speech, this confirms all the predispositions I assume the other person is carrying, and my control over breathing and speech spirals out of control as I watch my fear become realized. Approaching a stranger with that anxiety ever-present, with the added difficulties brought on by physical exertion, it can feel like a colossal task to have to communicate what I need to a stranger while having to manage both of our anxieties.

Attitudinal Barriers

Attitudinal barriers take many forms, but can be reduced a few key overarching attitudes and practices. Each will be explained below, and real life examples where these are demonstrated will follow. These encounters demonstrate interaction between an able bodied and disabled person does not – in fact, rarely – lead to increased awareness of social issues surrounding disability. Sometimes meeting the Other humanizes them. Other times, it reinforces Otherness. The latter usually occurs when one’s predisposition toward disability overpowers evidence contrary to misperception. Morrison eloquently articulates the source of structural prejudice, speaking explicitly to racism, classicism, and sexism – into which I insert ‘ableism’ – and expounds the insufficiency of these terms in describing “[t]he matrix out of which these powerful [exclusionary] decisions are born[:]”

The source is a deplorable inability to project, to become the “other,” to imagine her or him. It is an intellectual flaw, a shortening of the imagination, and reveals an ignorance of gothic proportions as well as a truly laughable lack of curiosity.

(Morrison 43)

Without taking the time to ‘put oneself in another’s shoes,’ an ignorance exempting one from basic social responsibility for fellow citizens thrives. Compassion stops short at the foot of the Other, damming a natural flow of human empathy and damning the Other to a marginal existence. Notably, none of the following examples are malicious. In fact, to the contrary, all are in some way attempted expressions of good will. They still, however, express and exhibit the presumed inferiority of disability. Even good will can communicate worthlessness if the other person is not treated with respect and dignity.

Surrogacy

Surrogacy is disappointingly common when able bodied people interact with disabled people. It involves the able bodied person addressing another able bodied person in reference to a present disabled person, rather than speaking to the disabled person directly. It implies that the able bodied person accompanying the disabled person has assumed natural authority and guardianship over the disabled person due to the disabled person's supposed natural dependence. Though this happens so often, in many daily public contexts I am pleasantly surprised whenever it does *not* happen, there were some differences about this particular occurrence which set it apart from others.

Presumed Incompetence

Presumed incompetence is perhaps the most common ableist predisposition when able bodied people interact with disabled people. Any kind of impairment one has seems to imply a general and universal incompetence to able bodied people. Disability is often seen as the opposite extreme of fitness conceptually, amplifying presumptions of incompetence in fitness settings.

Monitoring and Surveillance

Monitoring and surveillance refer to their namesakes, the monitoring and surveillance of disabled people in public settings. This invasive hyper-visibility seems to hover around the disabled person, presumably making sure they do no harm to themselves and others and are otherwise 'okay.' This is different from 'the gaze' in which able bodied people stare with curiosity, infatuation, or disgust at disabled people. Monitoring and surveillance involves assuming responsibility for the disabled person's presence.

Intervention

Intervention is when monitoring and surveillance lead to action which is often nonconsensual, invasive, inappropriate, and often even dangerous. When a disabled person is perceived as at risk of putting themselves or others at risk of harm, or simply of needing help, action taken upon them is interventionist.

Personal Experiences of Attitudinal Barriers

Being surrogated and prayed over while training someone (surrogating and superiority)

Having lived with a visible and audible disability my whole life, I naively thought that I had experienced every common form of public misbehavior centering on disability. When I heard about the phenomenon of praying over people in public, I assumed that was something that must only happen in highly religious communities. To my surprise, one year after learning about this, it happened to me in the middle of the gym while I was training another person. Again, this stranger disrupted my training regimen. In between sets, a woman approached the person I was training and asked, “What’s wrong with him?” referring to me. She then turned to me and immediately said, “I’m a Christian and I believe Jesus will heal us.” She then asked if she could pray for me. As I thought she would do this in her own privacy, I told her she could do whatever she liked. I had come for a workout and to train someone; my priority was to disengage and focus on the task at hand. Contrary to my expectations, the woman took my hand while I was still on a weight machine and asked Jesus to cure me. I was reassured by her immediately after that “everything will be okay.” Though the story of what happened is fairly succinct, there is a lot to unpack when it gets broken down.

The first second of the encounter alone is rich with subtext, demonstrating surrogacy and an entrenched ableist, pathological conception of disability. In addressing

the person I was with as a surrogate for myself, she bypassed my agency and assumed another person to have agency over me. Such an action communicates an assumption of my own incompetence at even a basic living level, equates physical disability with cognitive disability (showing a misperception of and disrespect for cognitively disabled persons' agency as well), and in my presence vocalizes her view that my body is in some way 'wrong' or 'broken.' It is hard to imagine someone saying such a thing to an able bodied person in their presence, but it is disturbingly common for people to ask such questions (and, in doing so, make such statements) to disabled people. Amidst so many subtle things telling me that I do not belong in that environment and that my body is 'flawed' compared to how it supposedly 'should be,' how others supposedly 'are,' it took years of training before I could develop the self-confidence to know and assert that I belong within fitness facilities and to accept and be proud of the body I trained. Having a stranger come up and communicate that there is something 'wrong' with me is like swinging a battering ram into the foundation I had to build.

With this woman's actions, she has demonstrated belief in three models of disability. First is the medical model, as she immediately assumes something is 'wrong' with my body, and subsequently with me as a whole. The 'problem' is with me individually and my deviance from the 'normal' body.

Second is the spiritual model, as she immediately identifies herself as Christian and tells me Jesus can 'cure' me, "resorting to reading disability singularly as degeneracy in need of miraculous remediation, given a religious metaphysics that rejects pain and evolutionary mutations as inherent to material existence" (Betcher and Wangila 120).

She immediately expressed her conviction about my body's degeneracy and prayed to Jesus as a solution to remediate it.

Third is the charity model, in which people believe it falls on the generosity of society to *give* disabled people a quality life. Within the charity model framework, disabled people are considered "recipient[s,] [] childlike, passive, apolitical, asexual, in need and suffering a poverty of opportunity and resources" (Derksen n.p.). Disability focused charity can be an entitled expectation that disabled people should passively allow able bodied people to flex their own 'charitable' notions of themselves and assuage their own guilt and existential fear that disability reminds nondisabled people of.

Unsolicited healing is a small manifestation of colonization on a global scale. In the words of Jean Comaroff, "'The optic of degeneracy – that is, seeing others as needy and suffering – occasioned colonial trespass'" (Betcher and Wangila 121). In fact, disability "has been one of the most significant memes in the colonial campaign to reinvent life-worlds in the global South" (Betcher and Wangila 122).

"The essence of colonization," as Jean and John Comaroff explain, "inheres less in political overrule than in seizing and transforming 'others' by the very act of conceptualizing, inscribing, and interacting with them on terms not of their choosing, in making them into pliant objects and silent subjects of our scripts and scenarios, in assuming the capacity to 'represent' them." (cited in Betcher and Wangila 122)

This woman's actions seemed very well intended, as most acts of charity are. However, there is a need to examine acts of charity so that one can discern what is being communicated in the delivery and what kind of relationship or power dynamic is being constructed in these acts. In

ableist society, impairment is conceptualized as inferior and pathological. Interactions often carry undertones of ableist superiority with the backdrop of norms, values, and expectations generated by able bodied people and forced upon disabled people. Disabled people are relegated to the margins, barred from societal contribution, treated as collateral, and ‘gifted’ charity as inanimate, passive recipients, mirrors through which able bodied people can admire their own charitable good will. Disability becomes a supporting cast asked to lend validity to the narrative of ableist paternalism, while disabled people are framed as helpless and needy rather than capable and discounted. With regard to fitness, disabled people have the freedom to define their own fit selves to reflect their goals, whether these goals fulfill needs or wants and whether they reflect conventional standards of fitness or not. Invalidating the fitness of a disabled person on the basis that it does not reflect ableist standards is ‘colonial’ in Comaroff and Comaroff’s sense of the word.

Undermining My Credibility when Training Others

When people ask for a trainer to guide them through exercise routines, correct their movements, and offer related insights, they can be very resistant to the prospect of having a trainer with a physical disability. It again becomes apparent that physical disability is commonly conceptualized as the antithesis of physical fitness. When a disabled person is in many ways unwelcome within fitness environments and facilities even at the common user level, it is exceedingly difficult for them to gain traction as a figure of authority within these environments. As in most work settings, the disabled person needs to excel beyond their peers to receive the same amount of confidence and credibility. Not only do they need to prove their competence, but they need to actively disprove assumptions of incompetence and overcome attitudinal resistance. While

establishing a level of trust and confidence with the people I am training, one of the most detrimental possible things that could happen is other people in the gym (with the bodily currency to grant them natural acceptance within the environment) approaching me and asserting their conviction that my body is ‘wrong’ or my presence is a special exception as long as I am willingly subject to strangers’ open degradation and intervention. Not only can these impositions reaffirm the skepticism and discomfort of the people I am training, but they directly undermine my authority and the credibility of my own knowledge and experience by ironically asking ignorant and inexperienced questions.

Requiring Help Leading Others to Think I Do not Know My Own Limits (presuming incompetence)

With Cerebral Palsy, there are limitations in the gym that seem paradoxical to performance. Notably, being able to use a machine does not necessarily mean I can set up the machine. Using weight resistance machines often requires the user to be securely in place sitting at the machine, rendering balance and stability a nonissue. With balance out of the equation, this allows me to work with substantial amounts of weight. Loading that weight onto the machine manually, however, requires the carrying of plates with various (or no) handholds across various distances from the plate racks and loading them at various heights. Lifting weight in a secure, immobile position with optimized handles and form is vastly different than moving while carrying weighted plates. Often times I require multiple plates on a machine to do a lift of adequate resistance, but I am unable to carry the plates myself. This puts me in a position where I rely on whoever is around to load these plates for me. Despite the obvious disruption in my independence and my routine, this almost always worked out very smoothly. There have been times, however,

when the person I ask did not understand the nuance separating lifting weights within a controlled machine and loading plates from half the gym away. Their opinion was that if I could not load the weight myself, I should not be working with that amount of weight.

This interaction communicated a few things: First, it communicated that the other person's unembodied (mis)understanding of my limitations were more authoritative than my own embodied experience and knowledge of my capabilities. Second, it communicated that my access to the gym's services were not just permissibly, but unavoidably regulated by others. Thirdly, within a context I fought so hard to become comfortable, integrated, trusted, and accepted, the appropriateness of my presence and the authenticity of my expertise was being directly and publicly challenged.

A Stranger Lowering My Weight Mid Set (intervention)

Ableist interventionism has been recurring through my years in fitness facilities. Perhaps the clearest example of this would be the following: I was training my back on a standard seated row machine one day when mid set, somebody walked up to my machine and lowered my weight. They then proceeded to tell me how to do the exercise properly, displaced me from the machine, and used it themselves to supposedly demonstrate how they thought I should be using it. Once again, my knowledge and experience was called into question. This time, however, I was not only *challenged*, which usually implies I am given the opportunity to assert myself, but *immediately 'corrected'* and displaced from the machine I had been using. This left me feeling undermined, belittled, and alienated in that it worked counter to the years of conscious effort I felt were required to become a relatively innocuous part of the common gym users. These affects were also amplified due to the intervention being public and highly visible. The intervention was borne of a

state of increased monitoring before any extra attention was drawn to me. During the intervention, the extra attention being drawn amplified the already heightened state of public monitoring. I felt as if I were in a spotlight while being dismantled. It is also of note that I have never seen or heard of anybody else having a similar experience of having a stranger adjust their weight mid set. In fact, when I brought this occurrence up with my training partner after the fact, he himself became enraged about the blatant disrespect of the intervention. “I don’t understand why this disrespectful shit always happens to you man.” I found it very surprising that my friend did not understand why these disrespectful things kept happening to me. I thought it was obvious. Assumptions of inferiority and incompetence of disabled people are inscribed in so numerous aspects of daily interaction that they seem impossible to miss, and these assumptions dictate this behavior. My friend’s lack of understanding testified to the lack of awareness of the incessant ableist attitudes that disabled people are capable of spotting just about everywhere. If my training partner and close friend of eleven years did not understand the subtexts after interacting both inside and outside gyms for over a decade and having exposure to the realities of disability, how aware could complete strangers be of the subtext and assumptions behind their actions when many have had possibly no exposure to disability or disabled people?

‘Correcting’ My Form (intervention and presuming incompetence)

Weight machines are often meant to isolate muscle engagement, which means the form and execution of the primary exercise associated with the machine is very strictly defined. However, with more advanced knowledge of how the related muscles work and how the machine moves, there are opportunities for unorthodox uses of machines to work

the same muscles in a slightly different way. This can be critical as this type of variation is crucial to effectively training a muscle. When disability restricts the machines one can use, using these machines in different ways becomes even more important. However, given that the intended use of machines is very narrowly defined, it is easily apparent when someone is using the machines in a different way. In these situations, either the person using them is using them in an educated, effective, unorthodox manner as outlined above, or they do not know how to use the machine. When I am seen using machines in an unorthodox manner, something I have to do quite often considering the few machines I am actually able to use and the risk of training redundancy, the ableist assumption of incompetence often leads people to assume I do not know what I am doing. This, in turn, greases the wheels for ableist intervention. Another example of ableist interventionism clarifies how I am often restricted to 'textbook' usage of gym equipment to avoid such intervention.

A machine called the 'pec-dec' is essentially the only accessible way for me to work my chest. This means I need to use the machine in a variety of ways to give my chest an adequate workout. One day as I was doing this, a stranger came across the gym to 'spot' me, or assist my range of motion, implying that he took it upon himself to 'correct' and regulate my form. Aside from the invasiveness and even danger of asserting physical control over my exercise, it prevented the deliberate movement and strain that I was targeting. I then supposed I was expected to be grateful for this intervention. Even after the person left, he monitored me from a distance while he continued his own workout. I had to conform to his expectations until he left line of sight, at which point I could then revert back to my own strategy, though its effectiveness

was already compromised by being postponed and returned to after expending more time and energy on less important exercises.

Dressing to Communicate Belonging, Experience, and Knowledge

Among certain groups in the gym, one's body's development testifies one's expertise in the gym. Someone who is very muscular is given immediate respect as someone who knows what they are doing, has years of experience training, and an admirable dedication to self-development. This currency or status determinant within the gym is certainly ableist; it presents bodily development as a direct reflection of one's dedication to training, though genetics are acknowledged to various extents.

Interestingly, as a disabled person who was able to measure favorably with this metric, I was able to avoid some ableist attitudes. This is demonstrated most clearly between the contrast of when I would wear a hoodie and when I would wear something that revealed muscular development.

Depending on whether or not people could see certain parts of my upper body, they would interact with me very differently. This became clear in social settings but had more implications in fitness facilities. My body could not represent my experience and belonging within the gym when it was covered. Wearing clothes that showed muscular development communicated my personal experience and dedication, both of which are currencies of respect in many gym environments. It also paved the way to social interaction within the gym, bridging the mysterious, unapproachable gap that seemed to exist between able bodied gym users and myself, an unexpected disabled person in a fitness context. When my competency and belonging was apparent, it became quite common for strangers to approach me and engage in conversation about training. This

was much preferable to the attitudes I thought I perceived when wearing baggy clothing. The clothing I chose to wear comforted both myself by facilitating more positive interaction, and, in some ways, comforted those in the gym as they could be assured that I belonged in the space.

Assuming the Person I am Training is a Care Worker Assisting Me Socially (presuming incompetence)

A friend I had known for years was keenly aware of my commitment to fitness, both training and studying. Our friendship was never based on fitness interests, and never engaged with it much at all. After many years, however, he decided he wanted to go to the gym. Because he did not understand how to use all of the machines, what they worked specifically, and subtleties about how they can be used differently, he wanted for us to go together so I could show him around. This had become a relatively common occurrence for me as more of my friends would come to me for training and dieting advice, so I agreed to show him around his own gym and advise him on routines and specific exercises. We would come to do this fairly regularly. One day, after a workout, my friend came out of the change room looking something between surprised, confused, and humored. When we got to the car, I asked him what happened. “So... yeah, some old guy in the change room came up to me and asked if I was a volunteer just getting you out of the house.” It is always interesting to watch my friends get more firsthand exposure to ableism.

My presence anywhere outside my house seems to always be unexpected, exceptional, and provisional. My presence in the gym, for this person, apparently was unlikely to be health or fitness related, but more just a field trip, a way to get me out in

the world providing, of course, that I be supervised. I had the expertise, knowledge, and experience that my friend was relying on as a resource to learn for himself. However, when subjected to public opinion, the power balance of autonomy was reversed; my friend was considered to be in control, and I was considered to be relying on him. One might examine this deeper and infer that his relationship with me was assumed not to even be equal friendship, but rather volunteer social work. Each of these things communicated my inferiority and second-class citizenship.

Asking a Friend about My Health Concerns (surrogating)

After training in the small gym at the University of Winnipeg for a number of years, I became friends with some of the ‘regulars’ who had a reputation for competing. This meant they had a wealth of knowledge and experience regarding training, dieting, and supplementing. We would often be seen trading banter back and forth across the gym floor. Gradually, my association with these higher profile people seemed to make others more comfortable approaching me. It felt great being naturally welcomed and sometimes even deferred to in a setting which I used to consider intimidating or even hostile years before. During one exchange however, I encountered something I had not expected. Somebody was talking to me about supplement routines, what they were using, how they were using it, and what I was using. I assumed I was being treated as an equal until the person talking to me turned to one of my high profile friends in the gym and asked, “Can he take creatine?” It was jarring to have thought I was understood to be capable and autonomous for the length of the conversation only to arrive at this moment dramatically revealing that this was indeed not the case. My friend’s response was an emphatic, “Yeah, yeah! Cade’s good.” It was interesting to watch my friend recognize

that someone had assumed me to be incapable, unaware, and supposedly to have potential health risks which might have made create a risk.

Firstly, surrogating usually happens immediately. If people assume others are my medium between the world and my compromised self, they begin by talking to that associated other. When it does happen, it is a reminder of how little expectation people have and how many misunderstandings and unfounded assumptions are projected onto me. When it does not happen, it is a refreshing and hopeful experience that some people do treat me as they would anyone else. These sparingly uncommon instances are very valuable and meaningful as they actively combat the omnipresent ableist shadow that is always so close, challenging and degrading one's value. To be in the middle of experiencing one only to have the opposite attitude reveal itself midway through the engagement is jarring.

Secondly, after demonstrating clear communication skills, I very rarely have people defer themselves to a surrogate; once I prove I can communicate for myself, people tend to respect and trust my autonomy. In this exchange, not only did I demonstrate my own ability to communicate, I also demonstrated my thorough knowledge on the subject at hand, revealing my experience and competency in that area. Despite going that step further, having established both my ability to communicate and my knowledge on the subject, I was still assumed to be a less reliable authority over my own health than a loosely associated friend.

Thirdly, surrogating usually happens when a closely present friend is conveniently available onto whom the surrogacy can be projected. When I was talking to this person, I was fairly isolated from my other friend who was not training with me at

the time and was engaged in his own separate routine. There was no ongoing performance of any connection between us. However, the person talking to me still used the only other person I was loosely associated with to inquire about my personal health with regard to supplementation. It seemed awfully out of his way to inquire about me with someone unengaged in our conversation, as well as someone who was not even very close with me.

Grabbing My Weight Mid Set (monitoring and intervention)

Heightened social monitoring can provoke mixed feelings. It is simultaneously a reminder that I stand out in the gym in such a way that people feel the need to ‘keep an eye on me,’ and a reassurance that my presence is in some way supported and that assistance is usually readily available if I should ever need it. Not everybody knows how or when to provide assistance, and sometimes inadvertently make things harder or are counterproductive in other ways, but the positive sentiments behind a ready willingness to lend support and be attentive should be positively recognized, even if subjected to critique. The difficulties of impairment get misunderstood and inappropriately associated with unrelated and even perceived limitations. This extrapolation leads to gross low expectations that are expressed in various ways including social monitoring. Just as critiques of the social model explain however, impairment and related challenges are still integral parts of lived experience. As knowledgeable and autonomous as I am in the gym, there are still certain things that I require assistance with. There is a definite benefit to having some of those around me attuned to that possibility.

As mentioned before, there are often times when I need to compensate for the lack of accessible machines by combining multiple exercises – some of which are

unorthodox – on a single machine. These unorthodox exercises can be easily interpreted as me doing something wrong. During one workout, I was combining sets of cable bicep curls with cable shrugs, the latter being somewhat unusual. I had headphones on, blocking out the environment, and focusing on my exercise and movements when suddenly a pair of hands grabbed my bar mid set. Not expecting this, and such an action being very unusual, I looked up to see whether something was wrong. Was the cable breaking? Did it slip out of position on the pulley mechanism and I had not noticed? Was an alarm going off? The only good reason for somebody to grab somebody else's weight in the middle of a set would be to prevent some danger worse than the dramatic intervention itself. As it turned out, there was nothing wrong. The person who grabbed the bar was looking at me with a look of concern on his face. My best guess was that he thought I needed help putting the bar down. The prospect of struggling lowering a bar on that particular cable machine did not make sense either, as the bar lowers straight to the floor and ceases having weight resistance once it is as low as a foot off the ground. I could not imagine what it was I might have struggled with, but I had to respond to it just the same. I was also hesitant to continue my unorthodox exercises for fear of another unnecessary intervention, compromising the effectiveness of the remainder of the workout.

I am Always Assumed to be the Guest (presuming incompetence)

A gym I used for years offered a premium membership. With this premium membership, I could bring in any guest to workout with me for free. I had a premium membership as I was always the one at the gym whenever anyone else I knew wanted to go. Whenever I would go to this gym and bring someone along, however, it was

assumed that I was the guest and whoever I was with held the premium membership. It always went against expectation that I was a paying client. My assumed ‘guest’ status reinforced that I was not an expected client and that my presence was only understood and accepted as provisional. Even after using this gym for years, I was often assumed to be the guest when I brought new people. Furthermore, when I would bring in people who were self-conscious about going to the gym and wanted to come with me specifically for the support, my being comfortable in a context that was new to them provided them with comfort. When my presence was immediately discounted as a special case, this made it more difficult for them to be comfortable as I was their guide, and I was in some ways rejected from the setting. Any subtle ableist rejection the people I trained in gyms picked up on highlighted the unusualness of relying on a person with an impairment – someone society commonly thinks of as the opposite of fitness – teach and guide them through fitness routines.

Inspiration Porn

Inspiration porn is the inappropriate framing of disabled people’s mundane, daily living tasks as ‘inspirational.’ Framing trivial activities as inspirational accomplishments and exceptionalism communicates just how low society’s expectation of disabled people is. If grocery shopping, having a job, or even getting dressed is seen as exceptional, being unemployed and reliant upon others for basic daily functioning is the expectation being communicated for persons with any kind of impairment.

Inspiration porn becomes tricky when disability intersects with fitness. Fitness videos, quotes, and other appearances in media are mostly inspirational. Much of the appeal of subscribing to people who are fitness oriented on social media is the inspiration

and motivation they provide. Inspiration and motivation are arguably the largest overtones in fitness related social media posts. Overzealous whistleblowing over any and all inspirational or motivational fitness content centered around a person with a disability as ‘inspiration porn’ is lazy and inappropriate ‘activism’ that only harms disabled athletes.

Though ableism is pervasive in fitness contexts, it is easy to demonize innocent interaction with disability as ableist or offensive. Ruiz speaks to ableist tendencies within fitness contexts, however perhaps because this article was written for a website promoting ‘radical self-love,’ the extent to which it demonizes most engagement with disability-produced inspiration as ableist is discrediting. How overzealous hunts for ableism harm disability inclusion is becoming an increasingly pertinent and alarmingly neglected consideration, especially as voices in the ‘disability community’ are ironically drowned out by many activists. Ruiz overextends a line of reasoning which seems to reduce all aspects of disability-produced inspiration to channeling shame and guilt:

The argument often used in this thinking is that these [disabled] people with all of their physical problems are accomplishing great feats, so why are we able-bodied folks so incapable of doing the same? It must be because we’re inherently lazier. Before anything else, this is shame-talk of the most dangerous variety. (Ruiz no page)

Shaming is toxic and all too pervasive within many fitness cultures, but it is imperative that we carefully compartmentalize and separate shaming so that it does not get attached to performances or expressions of self which have no shaming intent. It is unfortunate that people internalize others’ success as a spotlight on their own perceived shortcomings, but what

connection does this have to the subject's disability? Does a similar effect not manifest when able bodied people compare themselves to revered able bodied athletes like Dwayne Johnson? Shaming as hate speech is intolerable. Internalizing others' performances as shame- and guilt-inducing - while possibly an unfortunate product of inappropriate societal pressures - is ultimately an individual issue that athletes should not have to take responsibility for.

Inappropriate Educational Support

Social separation is not always spatial; its borders can be defined by social repellants such as a hovering authoritative adult. Such was precisely the issue I experienced during much of my time at junior high school. Despite often being in the same room and in the vicinity of the rest of my classmates, the educational assistant hovering around her assigned pocket of students essentially prevented much interaction between these students and the rest of the class. Her over-enthusiastically bubbly and unselfconscious personality was in many ways a self-conscious teenager's greatest social fear. Close association with this adult became very stressful and irritating. The final transgression into my own social space was when she started participating in physical education with the ironic purpose of increasing her students' participation. Her invasive presence caused experience of yet more shame and self-consciousness, feelings which further debilitated my participation in class activities *despite becoming more actively involved in the activities*. This distinction is key. If approached and evaluated inappropriately, increased 'engagement' in an activity can reinforce social isolation antagonistic to participation. In this circumstance, educators did not distinguish between quantifying and qualifying participation; participation was measured by proximal association rather than social integration. Eventually, due to my own voice and the

advocacy from my parents, the educational assistant was removed from physical education classes, and her pocket of students could integrate much more freely with the rest of the class. It was difficult to defend this decision after it was implemented. Teachers would cite my decrease in ‘active participation’ – or fewer cases of doing what the other students were doing – as a problem rectified by the educational assistant’s involvement. At the time, I did not know how to articulate the danger of misunderstanding participation as approximate reproduction of standardized activities without regard for the stigma it risked entrenching or creating. Ultimately, the educational assistant was kept out of the classes, and I continued to do various activities alongside a friend during the brief free time sessions before class, then spent most time watching the class from the benches or even sitting in the resource room doing homework.

There is no easy solution to the challenge of participation in junior high and high school settings for a student in my position. There are overwhelming forces pushing the student toward nonparticipation, most notably the rise of hormonal changes and pubescent self-consciousness that most, if not all, teenagers experience. These extremely sensitive times can shine a spotlight on differences and insecurities amplified by disability. Though an answer may not be forthcoming, there is ample evidence that questions must be reframed. ‘How can this student do things most similar to what the other students are doing?’ directly runs up against the student’s self-consciousness and social fears while advocating for a reality that may not even be meaningful, beneficial, or appropriate if fully realized. Asking instead “How can we expose this student to a variety of activities, impress the importance of forming long-term habits, and engage them

socially with their peers?” should ensure that the most important considerations go into programming.

Chapter Eight: My Photo Shoot

My enthusiasm for fitness and bodily aesthetics started for the same reason as many young adults; I was enamored by the thought of having an appealing body which I could be proud of. My initial interest was fed by watching popular YouTube channels of fitness models who would walk the viewer through their workouts and offer occasional glimpses into the coveted world of photo shoots. I was drawn into this lifestyle of training and modeling and started to structure and rearrange my own lifestyle to incorporate daily training. At some point I realized that whereas I never expected to get a photo shoot of my own, that had become my goal. After years of training, when I started having strangers in the gym approach me for anything from advice, to admiration, to asking me if I would consider competing, I thought an initial photo shoot would be a reasonable goal. The challenge became finding a photographer.

When I was in undergrad I often had other students in the class donate their class notes to me. I enjoyed one of these students in particular, Reid Valmestad. Eventually I asked Reid if he wanted to catch a workout together. We started talking about our goals for the future. When I expressed my interest in having a fitness-styled photo shoot, he revealed that he was a professional photographer. We began working out together regularly. Before long he offered to give me my first photo shoot. I was ecstatic, and am forever thankful to him for being the first to professionally invest in my own vision.

I did not pay attention to my CP during the shoot. I was not trying to hide it, I was not trying to compensate for it, I was not trying to showcase it. It was neither on

display, nor hidden. Looking back on it, my CP's disappearance was absolute; its integration into the photo shoot process and into myself as the subject was completely seamless. My joy in my achievement, my pride in the work ethic that got me there, and Reid's charisma and skill as a photographer rendered me able to simply *be*. The photographs Reid produced reflected this. CP was, at most, a nuance in photographs which featured aesthetics. Years later, I value this depiction even more than I had at the time. These photographs do not feature disability as something that was overcome (even though it certainly was, but that is knowledge I value carrying privately), nor do they signify distance between myself and disability (the initial catalyst of my earliest commitment), but they represent the ultimate integration of disability within an interpretation of aesthetics, and by extension, integration with my sense of self.

There is an exhaustion that settles in after decades of being exposed to what Garland-Thomson coined 'the gaze,' the power imbalance of a unidirectional stare which Others disabled people in providing able bodied people with a fascinating, entertaining, or revolting spectacle. Being able to direct the gaze of able bodied people for the first time towards the parts of my physicality I am most proud of and frame my body in such a way as to suggest health and fitness was a first instance of assuming control of this gaze. It allowed me to represent a narrative I chose rather than be subjected to the narratives foisted onto me by the public's various alienating and inaccurate interpretations.

For my entire life, going out in public has left me with the impression that I am seen as disabled – certainly physically, but often mentally too – and nothing more. Misperceptions and assumptions overshadow my personhood and cling to me wherever I go. I cannot escape this label. Public transport even goes so far as to caricature this

phenomena, picking me up in a large white van and driving me around with a large picture of a wheelchair stenciled to the side of it with the bolded words “Handi-Transited” to precede my arrival. Even when I sit in the vehicle on the highway or stopped at a traffic light I receive stares trying to glimpse and dissect the disabled person as if I am quarantined in a van that announces my presence. It is impossible to communicate the psychological effects of being on display and subject to unabashed scrutiny for an entire lifetime. However, it is against this backdrop that the photo shoot’s social deconstruction of disability acquires its great significance. I am so used to CP forming a singular and inaccurate definition of myself that when it gets restored as only a *part* of me and integrated within the rest of my identity, it feels as if it disappears entirely. This, to me, is the greatest testament to the power of social constructionism and how most of my experience from CP comes not from the impairment itself, but rather its social reception/rejection.

Chapter Nine: Conclusion

Disability is a part of the human mosaic with equal rights and worthy potential, but limited access. It is the marginalizing result of politicized impairment, writ into public space and public attitude, enforced by prejudice which defends an able bodied privilege via discriminatory laws, exclusionary architecture, and alienating attitudes. It is not to be equated with poor health, nor is it to be excluded from fitness. Fitness encompasses much more than its glamourized and marketed narrow interpretations of elite sculpted bodies. It is most appropriate as personalized goals responsive to specific needs or desires ranging from the achievement of baseline stamina to complete one’s daily tasks to the desire to be competitive in grueling sports. The Paralympics are by far

the most celebrated intersection of disability and sport, following on the coattails of the Olympics and being televised globally. Disability representation has been problematic in the Paralympics, favoring the most ‘normal’ looking athletes and gradually featuring less severely impaired athletes, but the Games have managed to significantly raise the standards and awareness of accessibility where they are hosted. While sport is a spectacular display of some iterations of fitness, it detracts from the other avenues through which fitness can be pursued. Weight training is an excellent practice for developing and maintaining physical health and has rewards that are not contingent upon competition.

Thorough understanding of and attentiveness to equal access to quality, meaningful, and integrative participation paves way for liberatory ‘trespass’ into able bodied territory, welcoming disabled people where they have been excluded for so long that their absence has been rendered natural and their presence provisional and spectacular. Fully participating in physical activity brings a host of indirect personal growth, including strengthening the body, improving body image, developing self-esteem, exercising autonomy and social skills, and assuming responsibility for one’s health, lifestyle, and activity. Disability is not included in nor beholden to Western society’s most coveted aesthetic standards of fitness and beauty, but it is a relentless imposter capable of trespassing able bodied territory and fracturing the foundations upon which narrow values of function and aesthetics are built, perpetuated, and economized. The barriers preventing such participation fortify ableism within fitness, often requiring the disabled individual to navigate inaccessible contexts for limited access, often only to be subject to varying displays of suspicion, discomfort, and pity. But there is reward.

Fitness needs to be recognized as an accessible pursuit with benefits extending beyond physical health. Exposure to physical activity through physical education may be an inappropriate introduction to fitness that does not showcase the customizability of lifelong exercise habits. Inappropriate experiences in developmental years may have tremendous effects on a person's long term commitment to fitness, sometimes instilling the fun and reward of staying active, though sometimes ingraining feelings of embarrassment or shame which are long associated with narrow definitions of physical activity. Fitness must be understood as a thoroughly enjoyable and highly beneficial aspect of one's life that does not need to involve other people. Low self-esteem or shyness are not reasons to avoid physical activity; such reservations stand to benefit from exercise. Furthermore, exercise can be achieved in the privacy of one's own home, contributing to self-esteem until venturing out into more social fitness contexts is done on one's own terms if one chooses. The vision of fitness one decides to work toward is entirely up to oneself, whether it be baseline functionality, healthy weight loss, athletic performance, or aesthetics. Again, the most celebrated and marketed body images are by no means the sole definition of fitness and aesthetic ideals, nor are they even appropriate in some cases. But these, too, are within one's freedom to emulate should one choose.

Although my entire life has been steeped in disability and the past ten years have tethered a deep personal connection to fitness, the process of researching and writing this thesis has allowed me to clearly articulate many of the principles, philosophies, and issues which had remained abstract or unacknowledged. I always knew my presence in fitness facilities – and even fitness concepts and conversations – was either discounted, belittled, shunned, or strangely revered, each disposition shutting down meaningful

exchange and engagement with a disability perspective. Documenting and analyzing personal experiences of ableism has been both difficult and cathartic, a revisiting of haunting memories and a pronouncement that just because ableism is not confronted on sight does not mean it escapes notice, escapes challenge, and ultimately, escapes responsibility.

Further research needs to be done on how reliance on a third party affects disabled people's ability to participate in regular group physical activity. Transportation to an activity and assistance with the activity are potential needs that can dictate access. Disabled people are often at the mercy of third parties or external agendas, leaving little room for personal autonomy. Personalized strength and conditioning routines developed and executed autonomously should be considered as ways to exercise autonomy over one's own scheduling, lifestyle, and health.

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