PERSPECTIVES OF ELITE ATHLETES WITH DISABILITIES: PROBLEMS AND POSSIBILITIES.

A Thesis submitted for the degree of Doctor of Philosophy

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Abstract

Disability sport, and especially elite disability sport, has been all but ignored in terms of academic research in this country. This thesis, therefore, is an attempt to begin redressing this situation. It focuses on the Great Britain Paralympic track and field squad, that competed in the Sydney Paralympic Games between 18th and 29th October 2000. Through a series of in-depth interviews, which took a focused life history approach, the researcher attempted to gain a greater understanding of the kinds of factors, both positive and negative, that had an affect upon the lives of these athletes from the time they first took up the sport of athletics to the present day. In line with current research in the field of disability studies it adopts a social construction approach. The results of the analysis are set within the social model of disability in order to try and highlight the impacts of the perceptions of disability, embedded in the dominant medical model discourse, on these athletes' attempts to get involved and progress within the sport of athletics. Key findings highlighted by this research are the major influence that the medical model discourse of disability has on the perceptions of large areas of the able-bodied population with regard to disability in general and disability sport in particular. Able-bodied perceptions of disability greatly influence not only to what extent people with disabilities are able to operate within the society they live in, but also how they view themselves and their own abilities. This research also highlights some of the ways these socially constructed perceptions of disability are recreated and reinforced. In keeping with the emancipatory approach adopted for this research, the athletes were given the opportunity to comment upon an initial draft of the research findings. This was an attempt to be inclusive and keep the participants informed. Also it was an attempt to try and portray as accurate and as authentic account of the sporting life of an athlete with a disability as is possible. Throughout this thesis the researcher attempts to give an open and reflective account of the whole research process in order to make the reader aware of the possible effects of the researcher's own background on the research outcomes. In conjunction with the athletes, suggestions are made about how to better inform policies or strategies for British disability sport in general and disability athletics in particular.

Dedication.

I wish to dedicate this thesis to my Uncle Michael. He dedicated his life to education and was always there to help and inspire me when I needed it. Sadly he passed away before I could complete it.

Acknowledgements.

I would like to acknowledge my grateful thanks to all the participants in this research for their valuable time and for sharing their experiences with me in such a frank and open manner. I would also like to thank my supervisors, Professor Bill Tancred for getting me started, Professor John Tribe for stepping in to fill the void when Professor Tancred had to step down due to ill health and especially Professor Barbara Humberstone for her sound advice and also for putting up with my jokes!

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List of Abbreviations and Acronyms.

BALASA	British Amputee and Les Autres Sports Association
BBC	British Broadcasting Corporation
BOA	British Olympic Association
BPA	British Paralympic Association
BBS	British Blind Sport
BWSF	British Wheelchair Sports Foundation
CISS	Comité International des Sports des Sourds
CP-ISRA	Cerebral Palsy International Sports and Recreation Association
CP Sport	Cerebral Palsy Sport
DDA	Disability Discrimination Act
FSH	Faster, Stronger, Higher
IBSA	International Blind Sports Association
ICC	International Co-ordinating Committee of Sports for the Disabled in the World
INAS – FMH	International Association of Sports for Persons with a Mental Handicap
INAS – FID	International Association of Sports for Persons with an Intellectual Disability
IOC	International Olympic Committee
IPC	International Paralympic Committee
ISMGF	International Stoke Mandeville Games Federation
ISMWSF	International Stoke Mandeville Wheelchair Sports Federation
ISOD	International Sports Organisation for the Disabled
NCF	National Coaching Foundation
NDSO	National Disability Sport Organisation
NGB	National Governing Body
NOC	National Olympic Committee
NWAA	National Wheelchair Athletics Association
SPOC	Sydney Paralympic Organising Committee
UKSAPLD	United Kingdom Sports Association for People with Learning Difficulties
UKSI	United Kingdom Sports Institute
USOC	United States Olympic Committee
WCPP	World Class Performance Plan
WHO	World Health Organisation

Chapter One – Introduction

The basis for the particular area of research chosen is the British Olympic Association Athletes Commission Questionnaire (British Olympic Association, 1996[a], 1998, 2000 [a]) that is given to every British sportsman and woman returning from an Olympic Games. The idea behind this is to find out what problems they have encountered in their preparations for taking part in the Games. This covers issues such as personal details, financial issues, sporting expenses, facilities, support measures and medical issues. The returned questionnaires are then analysed and a report is produced (British Olympic Association, 1996[b], 2000[b]), which is then passed on to the British Olympic Association (BOA) Executive Board for consultation. Two members of the Athletes Commission sit on the BOA Executive Board and they can then lobby for the recommendations contained in the report to be implemented. Although this report is partly about assisting the athletes in improving their performances, and so hopefully winning more medals, the recommendations are written from an athlete or 'person as a whole' perspective. In this way an attempt is made to look at the affects of their sporting careers on all areas of an athletes life, including future career prospects following retirement from sport. However, in relation to Paralympic or disability sport no such mechanism exists for identifying, monitoring or examining any such problems that might exist amongst athletes with a disability, despite an increasing interest in, and perceived importance of, the Paralympic Games hinted at by increased levels of media coverage and funding for disability sport relative to when the first Paralympic[1] Games took place in the early sixties.

[1] The quadrennial Games for athletes with disabilities held between 1960 and 1972 are more correctly called the International Stoke Mandeville Wheelchair Games, but have retrospectively been labelled Paralympic Games by sports historians and the media.

Since their inception in Rome, in 1960, the Paralympic Games have gone through a slow transformation, which according to Mastro et al (1988) mirrors, to a great extent, that witnessed by women in the Olympic Games. Athletes with disabilities have suffered many of the problems suffered by women in sport such as inequality of opportunity and funding, attitudes ranging from indifference and disinterest to outright hostility, and a complete lack of understanding of what they were capable of. Some of these issues are clearly outlined in the following comments made by Danny, a member of the British Paralympic track and field team at the Sydney 2000 Paralympic Games and participant in this research:

> "I mean a lot of people don't want to be associated, because there still is that thought of the big disabled thing again like the... people sometimes have the wrong sort of perceptions of it. They think it's still a load of sort, for want of a better word, a load of cripples just out there having a day out you know. I think people are starting to realise now that these people out there are training six days a week for that day out, you know, but I think some people still believe that it's just a bit of a holiday paid for by some charity. It's really..it's a million miles from it now".
>
> (Danny)

These comments clearly highlight the way societal perceptions of disability and disability sport can affect how athletes with disabilities, even at the very highest levels of sport, are viewed. If, indeed, they are noticed at all as Sports Illustrated appear to suggest:

> "They exist in a strange purgatory, neither damned by their physical limitations nor delivered by their fierce spirit. They have been condemned to sport's netherworld, where most of the attention they do get is unflattering and maddening".
>
> (Sports Illustrated, 1995; p.66)

Despite these issues Great Britain has a very good record at the Paralympic Games, never having finished outside of the top five in the overall medal table (British Paralympic Association, 1996[b]). This, and the gradual emergence of elite sport for the disabled, and

in particular the Paralympic Games, into the world sporting spotlight, has lead to a slow, but steady, increase in both interest and funding of elite sport for the disabled within this country.

Perhaps the beginning of the turning point for athletes with disabilities came at the Los Angeles Olympic Games, in 1984, when two wheelchair demonstration events took place as part of the track and field programme. This has continued at every Olympic Games since and this development was continued further in Seoul, in 1988, when the Paralympic Games were, for the first time, organised by the same organising committee, using the same venues and athlete's village, as for the Olympic Games. This trend has continued up to the present day, and it is now part of the International Olympic Committee (IOC) bidding rules and regulations that any city wishing to bid for the Olympic Games must also include a bid to host the Paralympic Games, using the same venues, a few weeks after the close of the Olympic Games (IOC, 2000; p.24).

In terms of the future development of both Olympic and Paralympic sport in Great Britain, the United Kingdom Sports Council website (1997) has in its document 'Excellence and Sharpening the Focus – A Vision for 2020' the following as point number one:

By the year 2020, the UK should have:

1. Consistently finished in the top five overall in the Olympic medals table by winning a minimum of 45 medals and **top 3 overall in the Paralympics from the 2008 Games onwards and staged the Summer Olympics and Paralympics and finished:**

    1.1. 3rd overall in the Olympics, by winning a minimum of 50 medals

1.2. 2nd overall in the Paralympics, by winning x^2 medals.

(UK Sport Website, 1997)

If the UK Sports Council is to help enable the British Paralympic team to achieve these goals then a far better understanding of what the needs and problems of British elite sportsmen and women with disabilities are needs to be ascertained. In this way they can be given the best possible opportunity to achieve their optimal sporting performances when they reach the Paralympic Games. In terms of this research, however, rather than using the data collection approach favoured by the British Olympic Association Athlete's Commission, it was decided to adopt an alternative approach to data collection, in order to gain a more in depth view of the problems faced by athletes with disabilities. This approach is summarised in the next section entitled 'Outline of Thesis'. The key aims of this research were, therefore, to find out:

1. What are the problems faced by athletes with disabilities in getting involved in and progressing to the highest levels in their chosen sports, as perceived by members of the Great Britain Paralympic track and field team from the Sydney 2000 Paralympic Games?

2. What are some of the possible underlying causes of these problems and in what ways have the participants in this research been able to overcome or alleviate them during their rise to the elite level?

It should be noted that all athletes with disabilities will have had different experiences. However, it is hoped that by identifying the key barriers faced by athletes with disabilities in their quest to reach the top in their chosen event, and finding out what opportunities enabled these athletes who have already achieved elite status to overcome

[2] An actual number of medals is not stated here as the Paralympic programme, and, therefore, the number of medals available, does not yet have the same consistency as the Olympic programme. This makes defining an exact target impossible.

or alleviate these barriers, it will be possible, in conjunction with the athletes, to make suggestions that might better inform those involved in British disability sport who are responsible for future policy and strategy formation.

For the purpose of this research, it is assumed that the pinnacle of any athlete with a disability's sporting career is to win a gold medal at the Paralympic Games. In order to try and fulfil the aims set out above, it was necessary to select as participants those athletes with disabilities who had reached the top in their sport in order that they might have encountered all, or most, of the barriers that athletes with disabilities face from the time they take up their chosen sport to the time they reach the elite level. Therefore, the British Paralympic track and field squad were selected as the subjects of this research. Athletics, as a sport, includes all five of the disability groups that compete in the Paralympic Games and is also the biggest sport on the Paralympic programme, with 226 gold medals being awarded in Sydney from a total of 551 gold medals for all the 18 sports on the programme. Traditionally, from a British perspective, athletics, along with swimming, form the largest squads making up the British team and also have produced the majority, by far, of all the British medals won at previous Paralympic Games. This would appear to indicate that the track and field athletes have managed to overcome or at least alleviate many of the barriers faced by athletes with disabilities in their attempts to achieve sporting excellence. For the purpose of this research a barrier is defined as something, other than physical ability, that maybe, but is usually not under the direct control of the individual concerned, and that has a direct effect upon the individual's ability to achieve maximal sporting potential in their chosen event. Sporting excellence is

defined as finishing in a medal winning position (i.e. Gold, Silver or Bronze) in an athlete's chosen event at a summer Paralympic Games. It should be noted here that the focus of this research is solely on the athletes themselves (with the exception of Hazel's mother, the reasons for which are discussed later) and does not include input from coaches, administrators or any of the other positions, which form an important part of the world of disability sport. Whilst acknowledging the important part played by all of these other positions, it is the role and the experience of athletes with disabilities, within British society, that is the focus of this research.

Outline of Thesis.

The focus of this study is on the experiences of the members of the British Paralympic track and field team that represented Great Britain at the Games of the XIth Paralympiad in Sydney, Australia from 18th to 29th October 2000. It focuses on the barriers and problems they have faced, and the experiences and opportunities they have encountered, during their attempts to become elite international athletes with a disability and achieve their maximal performance potential in pursuit of Paralympic Games medals. This research attempts to discover more about a hitherto relatively unknown and un-researched area within the fields of both the sociology of sport and disability studies. The field of disability studies in particular is a relatively new and emergent one and, as such, is constantly evolving and re-evaluating itself and its place within society. In line with current research in the field of disability studies, this work is set primarily within the social model of disability theory, which attempts to highlight the ways in which current perceptions of disability within British society affect the lives of people with disabilities,

and is used in this research to examine the effects on the sporting lives of athletes with disabilities in Britain.

In line with current research in the field of disability this research adopts an emancipatory approach. It is generally accepted that the term emancipation refers to the collective freeing of a slave population. However, in a wider context, emancipatory politics is 'concerned with combating exploitation and oppression' (Jary and Jary, 1999; p.192). Emancipatory politics is now the focal point of much of the work carried out within the field of disability research. Although I feel that the struggle for a more just and fairer society than we have at present is a worthwhile one, I feel it would be arrogant of me to believe that my research, on its own, could have this kind of effect. This research should, therefore, be viewed as an attempt at consciousness raising or 'cognitive emancipation' as Tinning (1992; p.204) refers to it. Therefore, whenever I refer to emancipatory research or emancipation, in terms of my own research, it should be understood as an attempt at consciousness raising or 'cognitive emancipation'. It is hoped then that the small contribution this research is able to make in consciousness raising, with regard to disability and disability sport, might, eventually, be combined with all of the other research of a similar nature in order to assist in the emancipatory political aims (combating exploitation and oppression) of those involved in the disability movement. The main reason for adopting an emancipatory approach is as an attempt to get away from the notion that disability is a deficit and that the problems that arise as a result of a particular impairment lie solely within the individual with the disability, rather than being a problem of societal perceptions of disability, as outlined by Felske (1994). It is also an

attempt to remove some of the oppressive nature of the researcher – subject relationship reported by authors such as Davis (2000) and Stone and Priestley (1996). This research utilises, as its main data collection method, the semi-structured interview, which takes a 'life history' approach with particular reference to the sporting lives of the athletes. Throughout this thesis the researcher attempts to give an open and reflexive account of the whole research process in order to make the reader aware of the possible affects of the researcher's background on the research outcomes.

In order to try and make the participants in this research feel as comfortable as possible throughout the interview process all but two of the interviews took place in the athlete's own homes, where the familiar surroundings hopefully helped them feel at ease. The two remaining interviews were held at Stoke Mandeville and a hotel in Nottingham, where the athletes in question were attending training weekends. In both cases a quiet and comfortable room was found to carry out the interviews. Following the main interview, the athletes were given an opportunity to view, discuss and comment upon the preliminary findings. These comments were then incorporated into the final concluding analysis. Barnes (1992) claims that such an approach helps increase what the researcher would call the credibility or authenticity (but Barnes uses the term 'validity') of the research outcome, as well as helping to 'shift the balance of power between researcher and researched, and in some respects help to erode the myth of the 'professional expert'' (Barnes, 1992; p.122). As human beings, we all have the propensity to misinterpret other people's interpretations (either as the researcher misinterpreting the data provided by participants or as the participant misinterpreting the report provided by the researcher).

The viewing of the preliminary findings, therefore, provided an opportunity to correct any perceived misinterpretations and even when there was a difference of opinion to openly discuss these differences. It was felt that the chance to view the preliminary findings would afford the opportunity for explanation, clarification and further discussion of the issues raised, leading, hopefully, to a greater understanding on both sides. With regard to Silverman's (1994) doubts as to whether the subjects would (or should) have any interest in this process the researcher feels that if the emancipatory approach is to be successful then it is imperative that all participants in the research process (including the researcher) take an interested and active role in the process. The positive response from the athletes in the squad appeared to indicate that there was a keen interest in this research, not least because someone was actually taking an interest in them and their lives.

Chapter Two, which is split into two broad sections, aims to provide a comprehensive overview of previous and related work and also to situate this work within the broader historical and cultural framework. The first section outlines the way people with disabilities have been viewed throughout history and the affect disability research has had on these views. This is followed by an historical account of how disability sport, and in particular the Paralympic Games, has evolved, especially over the last fifty years in order to try and locate international disability sport within the framework of modern society. Section two outlines the nature of the disability groupings that take part in the Paralympic Games and how these affect those individuals with these disabilities and those trying to organise sport for these sportsmen and women. Finally there follows a discussion of the

kinds of problems and issues that have already been recognised as having an affect on the possibilities for an individual with a disability to take up and progress to the very highest levels in their chosen sport.

Chapter Three attempts to outline in detail the methodological underpinning of this study and how and why the researcher came to adopt the chosen critical emancipatory approach. In doing so the researcher explores the importance of the emancipatory approach within the field of disability studies, the problems of being an able-bodied researcher within the field of disability studies and finally gives a synopsis of the interview method of data collection and the rationale for the adoption of the life history approach. In acknowledging the individuality and relative subjectivity of such an approach the researcher also outlines the importance of reflexivity within the interpretative research process. To conclude the researcher provides a methodological overview along with an account of how the data was analysed.

Chapter Four outlines the origins of social construction theory, what it is understood to be, and its relation to the social and medical models of disability. It introduces the reasons how and why the social model of disability can be applied to sport for people with disabilities in order to highlight and explain the kind of problems they face in becoming involved in and progressing in their chosen sporting activity. It then provides an outline of a six point framework, described by Stone and Priestley (1996), for use by non-disabled researchers wishing to carry out research in the field of disability studies, whilst adopting an emancipatory approach to the research process. Finally a flow chart

depicting how the findings chapters are linked together is given along with a brief description of each chapter.

Chapter Five explores how perceptions of disability within British society affect social interactions in relation to people with disabilities and the role these perceptions play in the formation of the self-perceptions of people with disabilities. In order to do this, I attempt to highlight these affects through individual examples of how these perceptions have manifested themselves for individual members of the Great Britain Paralympic track and field squad, who are participants in this research. The role played by the media in creating or reinforcing societal perceptions with regard to disability is also discussed. The overall aim is to highlight how societal perceptions of disability manifest themselves in social interaction, and the affects that this can have on self-perceptions for people with disabilities. This will provide the reader with a reference point for the later discussions of the possible implications and/ or consequences of societal perceptions of disability as an influence in restricting access to sport for athletes with disabilities.

Chapter Six highlights and discusses a possible site in which the perceptions of disability embedded in the medical model discourse, particularly with reference to sport and physical education in relation to people with disabilities, may be learnt and internalised by people within British society, that is schools. The chapter investigates the differing experiences of the special and mainstream schooling systems. It discusses the affect the ethos, underpinning the way those members of staff within an individual school operate towards people with disabilities, as perceived by the participants in this research,

can have on their self-confidence. As a result of this it discusses the likelihood of their becoming involved in sporting activity outside school hours or in later life. It also looks at the role of teachers in this process of forming the levels of self-confidence children with disabilities attain with respect to sport and physical education. Finally there is a discussion of the effect the move away from special school education towards mainstream schooling has had on the problem of location and identification of new talent that might form the basis for future British Paralympic teams.

Chapter Seven discusses the ways in which the perceptions and knowledge of individuals, such as coaches or organisations such as UK Athletics, towards and about disability sport, can have a major impact on the success, or otherwise, of any athlete with a disability that aims to take part in any level of sport, but particularly at the highest levels. The chapter begins with an analysis of the problems faced by the interviewees in finding a coach who is willing to take them on and has the necessary knowledge and understanding of the implications of disability upon physical ability. There then follows a brief overview of the current structure of disability sport in this country. The next section introduces the issue of the differences between the approaches to athletes with disabilities of national disability sports organisations (NDSO), whose basic aim is usually to provide sporting opportunities to a particular disability grouping, and national governing bodies (NGB) of sport who are responsible for a particular able-bodied sport at all levels and now many of which have become responsible for the disability side of their sport at the elite level. The effects on athletes with disabilities, who have progressed sufficiently far in their sport to have reached the elite level, of being looked after by a body used to

operating in the highly commercialised world that able-bodied sport has become are discussed. In addition the affects on the national governing body and its staff of suddenly becoming responsible for an area of sport that they have no real knowledge of are also discussed. In the final section the consequences of the attitudes of an organisation tasked with organising an event such as the Paralympic Games on those competing are discussed.

Chapter Eight introduces the material (non-financial) factors that are often faced by people with disabilities in general and athletes with disabilities in particular, as perceived by the participants in this research. This includes factors such as problems of transport, time necessary and available to do things, physical accessibility and the rules and format of able-bodied sport, which disability sport appears to have to follow if athletes with disabilities are to be accepted as athletes in the same way as their able-bodied counterparts. The aim of this chapter then is to try and outline the issues that emerged from this research and how they impact on people with disabilities wishing to take part in sport. These barriers are highlighted with reference to individual examples of how these issues manifested themselves for individual members of the Great Britain Paralympic track and field squad.

Chapter Nine discusses the issue of financial limitations to participation in sport for people with disabilities, with particular reference to my study group. The implications of these issues on the opportunities to take part in sport as well as some of the financial costs involved are discussed. Some of the other implications for people with disabilities

as a consequence of living on low incomes and who wish to take part in sport such as, self-esteem and the affect of having to apply to charities for funding are also introduced. In the second section some of the effects that the introduction of World Class Performance Funding (also known as lottery subsistence grants) has had on athletes with disabilities, as perceived by the participants in this research, are highlighted. Although they perceive it to have had a positive effect upon their self-esteem, they also feel that its introduction has brought with it a series of new problems, which are outlined and discussed. Finally differences in the way the system is operated in relation to athletes with disabilities and their able-bodied counterparts are discussed in terms of who holds the power, the fears that arise within those on, or wishing to be on, lottery funding and the perceived discriminatory practices in the way the system is operated.

The final chapter draws out and reiterates the main points to emerge from this research as well as acknowledging some of the limitations of this particular piece of research.

Chapter Two - Contextualising Disability Sport.

This chapter is split into two broad sections and aims to provide a comprehensive overview of previous and related work and also to situate this work within the broader historical and cultural framework because, as Harvey (1990) argues, it is important to undertake a historical examination of how social, political and economic structures and their affects upon the participants of a study have changed. The first section, therefore, outlines the ways people with disabilities have been viewed throughout history and the way these views have been perceived and interpreted by individuals and groups working in disability research. This is followed by an historical account of how disability sport, and in particular the Paralympic Games, has evolved, especially over the last fifty years, in order to try and locate international disability sport within the framework of modern society. Section two outlines the nature of the disability groupings that take part in the Paralympic Games and how these affect those individuals with these disabilities and those trying to organise sport for these sportsmen and women. Finally there follows a discussion of the kinds of problems and issues that have already been recognised as having an effect on the possibilities for an individual with a disability to take up and progress to the very highest levels in their chosen sport.

DePauw (1997) highlights the importance of people's perceptions and definitions of the body and their affect on perceptions of disability and argues that:

> "An understanding of the body, our attitudes toward the body,....is important....because how we view the body and how we define sport impacts how we view disability and individuals with disabilities."
>
> (DePauw, 1997; p.420)

According to Dunn and Sherrill (1996) some, although they don't say whom, have argued that society, in its attempts to try and understand people with disabilities, has progressed or evolved through a series of phases in its treatment of the disabled. However, it should be noted that they appear to be talking about western society in particular. They summarise these phases thus:

Extermination: This has occurred throughout history from ancient times for a variety of reasons including some religious beliefs that held that people with disabilities were evil, to modern genetic engineers who put a modern spin on the need to exterminate anything that might interfere with ideal or 'normal' development of the human body, for example Nazi Germany. (See also Morris, 1991; p.51-58).

Ridicule: Earlier societies, particularly in the medieval period where many of the court jesters were individuals with different appearances or mental functions (e.g. dwarfs, hunchbacks), were prone to ridicule and taunt those who were disabled in some way. Even today individuals with disabilities frequently have to endure rude, ignorant and offensive comments. Our language is full of expressions that have a tendency to poke fun at those with disabilities (for example cripple, retard) (See also Shearer, 1981; p.5).

Institutionalisation: Up to the early 1900's, it was very common to institutionalise any individual who somehow deviated significantly from the norm. Although this was viewed as the humane thing to do, many acknowledge that institutions were created to protect the able-bodied from those with disabilities. (See also Barnes, 1991; p.15-20).

Education: In more modern times, more recent views of those with disabilities have helped some within society to understand that educating these individuals leads to productive citizens. To a large extent, however, those with disabilities continue to lag far behind in overall education and this lack of adequate education affects employment, income and independence. This is an area that will be discussed further in chapter six. (See also Barnes, 1991; p.20-22).

Self-Realisation: According to Dunn and Sherrill (1996), individuals with disabilities are increasingly accepted as individuals without focusing on, or generalising about, their disability. They claim this is evident, for instance, in efforts to promote programmes that integrate people with disabilities into all facets of life, including schools, employment, and recreation. To a large extent, however, individuals with disabilities are still viewed by many as a 'class or category' with little appreciation or understanding of the unique nature of each person, regardless of the disability. This is an argument that many writers in the field of disability concur with (Swain et al, 1993; Shearer, 1981; Barnes, 1991). According Dunn and Sherrill (1996), this tendency to categorise all individuals with disabilities, or to stereotype, is a particularly hurtful type of prejudice that further contributes to the depersonalisation of individuals with disabilities.

Disability, Definitions and Societal Perceptions.

All of the historical phases of treatment of people with disabilities introduced above are based upon the prevalent societal perceptions of disability and people with disabilities at that time. How disability is defined within a particular society potentially says a lot about

how that society perceives disability and people with disabilities. Below are three definitions of the term 'disability' which clearly pathologise disability, that is represent it as biologically situated and produced:

1. **Disability**: The loss or reduction of functional ability.
   (World Health Organisation (1980) in DePauw (1997; p. 422))
2. **Disability,** *noun* – 1. The state of being disabled. 2. A condition such as a physical handicap that results in partial or complete loss of a persons ability to perform social, occupational or other everyday activities.
   (Chambers Encyclopaedic English Dictionary (1994; p.365) Larousse Plc, Edinburgh, Scotland.)
3. **Disability,** *n.* – 1. A physical incapacity; either congenital or caused by injury, disease, etc., esp. when limiting a person's ability to work. 2. A lack of some asset, quality, or attribute, that prevents a person from doing something.
   (Oxford Illustrated Dictionary (1998; p.230) Oxford University Press, Oxford, England)

These definitions of disability form the basis for what constitutes conventional views of disability. DePauw (1997), Morris (1991) and Oliver (1993[b]) have pointed to the ways in which such taken for granted notions identify individual impairment as the problem, placing this problem squarely on the shoulders of the individual with a disability. This is termed the medical model of disability and will be discussed in greater detail in chapter four. It has as its emphasis a disability – specific or categorical approach that reinforces and perpetuates the perspective of disability as found in the person and their individual impairment and, therefore, as a problem of the individual (Brown & Smith, 1989).

Oliver (1990) refers to the 'personal tragedy' theory of disability or that conception which sees disability as something which is wholly a problem of and for the individual with a disability. In this sense disability is conceived of as biologically produced, and where the problems that face people with disabilities are the result of their physical and/ or mental impairments independent of the wider socio-cultural, physical, and political

environments. Abberley (1993), notes that a range of disciplines, from medical sociology to social psychology, still retain the notion that people with disabilities are abnormal. In this sense their impairment can be explained only in terms of a deviation from a 'standard norm', and they are the problem for deviating from it. According to Morris (1991) in recent years, many of those involved in the disability movement have argued against the perceptions of disability embedded in the medical model, which health and social services professionals (and the general public) tend to apply to people with disabilities. Disability activists have, therefore, developed a social model of disability, arguing that it is environmental barriers and social attitudes that disable. This social model of disability and the concept of normality will be explained and explored in detail in chapter four. However, one of the implications of the negative perceptions of disability embedded in the medical model discourse, and highlighted by social model of disability theorists such as Oliver (1996) and Barnes (1994), is on the economic and social position of people with disabilities in Great Britain.

The Economic and Social Position of People with Disabilities in Britain

According to the Spring 2000 Labour Force Survey 7,004,000 of 45,317,000 Great Britain residents of working age (16+) are disabled (UK Sport, 2000[b]; p.6), which equates to around 15.5% of the population who are of working age. According to Southam (1994; p.13) only 31% of people with disabilities who were of working age were in employment in the mid eighties and in general these jobs tend to be poorly paid, low status positions (Kew, 1997, Southam, 1994). In addition to this Oliver (1996; p. 115) points out that 60% of people with disabilities in both Britain and the USA currently live below the poverty

line. Oliver (1993[a]) claims that work is central to industrial societies due to the fact that it not only produces the goods to support life, but also helps to create some of the social relationships necessary for a satisfactory life. Despite these figures, above, French (1994) claims that there is considerable evidence to show that people with disabilities can be just as productive and efficient as their able-bodied counterparts, as well as being far less likely to have accidents at, or be absent from, work. However, she goes on to state that this information is generally not known or ignored and that it is generally presumed that people with disabilities will be unable to cope, may deter or upset clients and are more likely to have accidents. Oliver (1993[a]) claims that it has not always been this way. He claims that the arrival of the industrial society, with its regimented production techniques and the speed required to complete set tasks, runs contrary to the kinds of work methods many people with disabilities have been introduced to. His overall argument in this case is that people with disabilities are very likely to suffer exclusion from the work place due to perceived inabilities and, as a result, face a continued creation of dependency upon the state and those around them. All of these facts outlined above will have an effect on the possibilities for people with disabilities to become involved in sport and it is to the origins and growth of disability sport, particularly over the last fifty years, that I will now turn my attention.

Disability and Sport.

According to the International Paralympic Committee (IPC) website, sports clubs for the deaf were already in existence as early as 1888 in Berlin. Sainsbury (1998) cites several examples of sports and leisure clubs for the disabled in the early part of this century,

including the British Society of One-Armed Golfers (1932) and the 'Disabled Drivers' Motor Club (1922). Indeed the first international organisation responsible for a particular impairment group and its involvement in sport – Comité International des Sports des Sourds (CISS) – was set up by a deaf Frenchman, E. Rubens – Alcais, in 1924 with the support of six national sports federations for the deaf. In August 1924 the first International Silent Games was held in Paris with athletes from nine countries in attendance (DePauw & Gavron, 1995).

However, it is generally acknowledged that it was the pioneering work of Sir Ludwig Guttmann in England that is largely responsible for the advent and popularity of disability sport today and in particular for the existence of the modern Paralympic Games. (British Wheelchair Sports Foundation (BWSF), 1997; HMSO, 1994; International Paralympic Committee website, 1999; Labanowich, 1987; Sainsbury, 1998). According to Steadward (1992), the President of the IPC since from the time it was formed in 1989 until December 2001:

> "Prior to World War II there was little or no evidence of organised efforts to develop or promote sport for individuals with disabling conditions. Following the Second World War, however, medical authorities were prompted to re-evaluate traditional methods of rehabilitation which were not satisfactorily responding to the medical and psychological needs of the large number of soldiers disabled in combat."
>
> (Steadward, 1992; p.294)

Also, according to Brandmeyer & McBee (1986), after World War II sulfa drugs made spinal cord injury survivable. In February 1944 the British Government asked Dr Ludwig Guttmann, an eminent neurologist and Jewish refugee from Nazi Germany, to set up the National Spinal Injuries Centre at Stoke Mandeville near Aylesbury, England. This was

mainly to take care of the numerous soldiers and civilians suffering from spinal injuries as a result of the war (BWSF, 1997; British Paralympic Association (BPA), 1995). According to McCann (1996; p.279), Guttmann 'recognised the physiological and psychological values of sport in the rehabilitation of paraplegic hospital inpatients' and so it was that sport was introduced as part of the total rehabilitation programme for patients in the spinal unit.

Just four years later, on July 28th 1948, in the grounds of Stoke Mandeville hospital a single day's informal competition occurred in the sport of archery between 16 spinal cord injured patients (14 men, 2 women). The Stoke Mandeville Games had been born (Sainsbury, 1998). According to Labanowich (1987), no records of these events were kept and their purpose appears to have been merely to provide a therapeutic opportunity to enhance the patient's overall rehabilitation. Perhaps the most significant thing about these games was the date on which they were held – the exact same day as the opening ceremony for the Games of the fourteenth Olympiad being held in London. Coincidentally the first Olympic Games since the second World War in which so many people had been disabled and according to the Sydney Paralympic Organising Committee (SPOC) website (1998) 'the first indication that competitions by athletes with disabilities could hold equal status to those of Olympic athletes'. According to Landry (1996):

> "The use of sport as remedial exercise and means of social reintegration and recognition, under the vigorous and pioneering leadership of Sir Ludwig Guttmann, would take on an unprecedented and world-wide momentum not only for spinal cord sufferers, but eventually also for other categories of disabled persons."
>
> (Landry, 1996; p.2)

Even Guttmann himself appears to have understood the significance of his work when in his prize giving address at the Stoke Mandeville Games of 1949; he stated that 'one day there would be an Olympic Games for the disabled of worldwide popularity' (Sainsbury, 1998; unpublished). The real road to this ideal commenced three years later, in 1952, when the first International Stoke Mandeville Wheelchair Games were organised. A team of Dutch paralysed war veterans from the Doorn Military Rehabilitation Centre competed against a team of British veterans (BWSF, 1997). In 1956 the International Olympic Committee (IOC) recognised Guttmann's work and awarded him and his co-workers the Fearnley Cup in honour of 'the social and human value derived from the wheelchair sports movement' (DePauw and Gavron, 1995).

By 1960, The International Stoke Mandeville Wheelchair Sports Federation (ISMWSF) had been formed and the first real tangible link to the modern Olympic Movement was formed with the holding of what sports historians have retrospectively labelled 'the first Summer Paralympic Games' in Rome, Italy, but were actually at the time correctly called the International Stoke Mandeville Wheelchair Games. According to the British Paralympic Association (BPA) (1995) the term 'Paralympic' was first coined as a pun by paraplegic athletes at Stoke Mandeville in 1951 being an amalgamation of 'paraplegic' and 'Olympic'. Nowadays, with the games expanding to encompass other disabilities and the strong links now forged with the Olympic Movement, the term is now generally accepted as being an amalgamation of the terms 'parallel' and 'Olympics' meaning 'attached to' or 'held together with' (Davis, 1996). This claim on its own signifies the great developments that have occurred within sport for the disabled over the last forty

years. A summary of how the Paralympic Games have developed over the last forty years is depicted in figure 1 (below).

Figure 1. The History and Development of the Summer Paralympic Games 1960 – Date.

Year	Location	No. of Countries	No. of Athletes	Disabilities Included	Highlights
1960	Rome, Italy	23	400	Spinal Cord Injury	Held in the same city as the able bodied Olympic Games for the first time.
1964	Tokyo, Japan	22	390	Spinal Cord Injury	Wheelchair racing introduced. First Games to have a Paralympic flag, anthem and poster. Supported by Japan's Royal family.
1968	Tel Aviv, Israel	29	750	Spinal Cord Injury	25,000 watched opening ceremony
1972	Heidelberg, Germany	44	1000	Spinal Cord Injury	First Quadriplegic competition added. Demonstration events included for the visually impaired (Goalball & 100m) and amputees.
1976	Toronto, Canada	42	1600	Spinal Cord Injury Visually Impaired Amputee	First use of specialised racing wheelchairs. Track events held on a 400m track for the first time.
1980	Arnhem, The Netherlands	42	2500	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee	Cerebral Palsy participation limited to ambulatory CP athletes. South Africa excluded.
1984	Stoke Mandeville, UK & New York, USA	45 41	2300 1700	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee	Funding problem caused split venue. Wheelchair marathon introduced. Wheelchair races included as demonstration events at the able-bodied Olympic Games in Los Angeles. The first Paralympic Games to benefit from the centralised control of a single international body (The I.C.C.)

Year	Location	No. of Countries	No. of Athletes	Disabilities Included	Highlights
1988	Seoul, Korea	61	3053	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee & Les Autres	Games organised by the same Organising Committee that organised the able-bodied Olympic Games.
1992	Barcelona, Spain	82	3020	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee & Les Autres	The first Paralympic Games to have its own TV signal. Attracted over 1.3 million spectators. Often feted for its organisational excellence.
1992	Madrid, Spain	73	2500	Intellectually Disabled	Athletes competed in Athletics, Swimming, Basketball, Football, and Table Tennis.
1996	Atlanta, USA	103	3195	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee & Les Autres Intellectually Disabled	First worldwide sponsors. More than 220 world records were broken. Unfortunately best remembered by most for its organisational disasters particularly with respect to the athletes village and also transportation. Organising Committee for the able-bodied games refused to bear any financial burden for the Paralympic Games.
2000	Sydney, Australia	125	3912	Spinal Cord Injury Visually Impaired Cerebral Palsy Amputee & Les Autres Intellectually Disabled	There were 18 sports events, 14 of which were on the Olympic Programme.

From figure one, the rapid and marked increase in both the number of nations and athletes taking part in the Paralympic Games over the last forty years can clearly be seen. The Games have grown from a relatively small gathering of around four hundred athletes from twenty-three nations in Rome, 1960 to nearly four thousand athletes from one hundred and twenty-five nations in Sydney, 2000. This five fold increase in nations taking part, and ten fold increase in the number of athletes, has meant that the political and organisational development of the Games, and disability sport in general, has had to evolve rapidly in order to keep up with the growth in interest.

Political and Organisational Development

At the Rome Paralympics in 1960, even the Pope (Paul XIII) was moved to acknowledge the tremendous work done by Dr Guttmann in the field of sport for the disabled when he stated:

> "Dr Guttmann, you are the "De Coubertin" of the paralysed!"
>
> (BPA, 1996[b]; p.7)

In 1966, Dr Guttmann was knighted for his numerous contributions to the treatment of paraplegia including the use of sport as part of the rehabilitation process (Jackson, 1987). It should be noted, however, that under the rules of ISMWSF, only competitors with 'spinal paralysis' were allowed to compete. This was defined as those individuals that had suffered trauma or disease to the spinal cord. Anyone not falling into this category was not allowed to compete (Labanowich, 1987). According to Labanowich, as far as can be determined, this decision was made solely by Dr Guttmann, although Labanowich tries to rationalise this by citing Dr Guttmann's close associations with this 'discreetly

defined population of disabled individuals' (Labanowich, 1987; p. 38) and, with the fact that Stoke Mandeville had been set up specifically to treat spinal cord injuries and was not intended to treat individuals with other kinds of disability.

By this time the apparent success and interest shown in competitive sports for the disabled began to arouse interest amongst other disability groups which, due to the rules of the ISMWSF, were excluded from taking part in these Games (Labanowich, 1987). Therefore, in 1960, an international working party under the control of the World Federation for Ex - Servicemen was set up to study the problems of sports for the disabled and to establish opportunities for non - spinally paralysed individuals to participate in competitive sports (IPC website, 1999). According to Labanowich (1987; p.38), however, this organisation was 'beset by language and philosophic differences' which caused the organisation to fold and be replaced in 1964 by the International Sports Organisation for the Disabled (ISOD), which included representation for amputees, blind, cerebral palsied and athletes with spinal cord afflictions not covered by the ISMWSF definition. It also had the aim to embrace other disability groups in the future. Initially sixteen countries were affiliated to ISOD (IPC website, 1999).

It is interesting to note that, according to Labanowich (1987), Dr Guttmann was Chairman of ISOD from 1966 until 1979, as well as being in charge of ISMWSF, and it was not until 1976 that amputee and visually impaired athletes were given full medal status events at the Games in Toronto (Sherrill, 1986[b]). Although acknowledging the eventual failure of ISOD to act as a successful umbrella body for the various disability

groups it was supposed to represent, Labanowich (1987; p. 38) claims Dr Guttmann was able to 'maintain a degree of harmony' between ISOD and ISMWSF and the groups that they represented. However, the IPC, on its former website at the University of Loughborough, England claimed that:

> "Lack of interest from the Presidency of ISOD for disabilities other than the paralysed, resulted in the foundation of other international organisations such as CP-ISRA in 1978 and IBSA in 1980."
>
> (Former IPC website, 1996)

However, this statement has been removed from the new IPC website at their new headquarters in Bonn, Germany even though the bulk of the text remains the same.

By 1980 cerebral palsied, albeit ambulatory athletes only, had been allowed to join the Games in Arnhem, The Netherlands and there were now four disability sports organisations that represented the athletes present at the Games. These were:

Cerebral Palsy – International Sports and Recreation Association (CP-ISRA)
(Representing athletes with cerebral palsy)
International Blind Sports Association (IBSA)
(Representing athletes with visual impairments)
International Stoke Mandeville Games Federation (ISMGF)
(Representing spinally paralysed athletes)
International Sports Organisation for the Disabled (ISOD)
(Representing amputees and 'Les Autres' - athletes with disabilities not fitting into any of the other categories)

Following the Games in Arnhem these four organisations decided there was a need for co-ordination of the Games. As a result of this on March 11th 1982 they created the International Co-ordinating Committee of Sports for the Disabled in the World (ICC) (IPC website, 1999). According to the IPC, the ICC had no clear leadership, no constitution and was in fact only an 'agreement' between twelve individuals, with the Presidency changing every six months or every executive meeting and all decisions

having to be unanimous. According to DePauw and Gavron (1995) 'the ICC served as a fragile alliance' and although the International Association of Sports for Persons with Mental Handicap (INAS-FMH) and CISS joined the organisation in 1986, (although CISS still retained its own organisation and games) member nations demanded more regional and national representation within the organisation.

As a result of this representatives of thirty-nine countries and the six disability sports organisations met in Arnhem, The Netherlands on March 14th 1987 and decided that a new international sports organisation should be created to represent disabled sportspeople around the world. A committee was, therefore, formed to draft a constitution and as a result on September 21st and 22nd 1989 in Dusseldorf, Germany, the International Paralympic Committee was born. However, as the 1992 Paralympics in Barcelona were already set to be held under the auspices of the ICC the official transfer of power from the ICC to the IPC did not occur until September 1992 when the IPC became the only international organisation responsible for co-ordinating sport for athletes with disabilities worldwide.

According to the constitution of the IPC it shall have the following objectives and principles:

1. to be the international representative organisation of sports for athletes with a disability.
2. to promote sports for athletes with a disability.
3. to award, supervise and co-ordinate Paralympic Games and to sanction world and regional championships.

4. to co-ordinate the international and regional calendar of sports competitions.

5. to seek the integration of sports for athletes with a disability into the international sports movement.

6. to promote the inclusion of athletes with more severe disabilities and female athletes in Paralympic events.

7. to assist and encourage educational and rehabilitation programs, research and promotional activities.

8. to seek expansion of the opportunities for persons with a disability to participate in sport.

(IPC, 1999; p.9)

One thing that appears to come through clearly in this review is the somewhat disorganised, disjointed and fractious nature of the development of disability sport as a whole and between the impairment groupings, which make up the Paralympic Movement. It is clear that unless the representatives of the disability sports movement worldwide can speak and act from one unified position the chances of them portraying a strong image that will be recognised by the media and the general public is negligible. The only way they will gain and maintain any semblance of power and respect within the world of professional sport is to put on high quality sports competitions organised and run in a professional manner. A major step in this direction was made recently when the then respective Presidents (both now retired from office) of the International Olympic Committee (Juan Antonio Samaranch) and the International Paralympic Committee (Robert Steadward) signed a co-operative agreement between the two organisations. This agreement effectively reinforced and formalised links between the two that had been formed over the last decade and gives the IPC access to much of the knowledge,

experience and services of the IOC, as well as an amount of annual financial backing. (For a copy of this agreement please see appendix 1).

Impairment Groupings and Disability Sport

This section outlines the nature of the disability groupings that take part in the Paralympic Games and how the disabilities within each grouping affects those individuals with these disabilities and the those trying to organise sport for these athletes. In order to give the reader an insight into the variety of disabilities that are included in the Paralympic Games and the nature of those disabilities, it would be pertinent here to give a brief summary of each of the five impairment groupings. The reasons for doing so are not only to explain the particular impairments involved, but also to hint at the variety of problems each of these individuals may face in modern day society and also the problems faced by Paralympic organisers in putting on fair and level competition within and between the different groupings.

Wheelchair Athletes.

Wheelchair sport includes all those athletes suffering from a spinal cord lesion, spina bifida or polio. For competitive purposes these athletes are split on a functional basis into eight categories or classes (classes 1A - 1C and classes 2 – 6) (IPC website, 1999). Wheelchair athletes can also be split into two broad categories of paraplegics which involves a 'neurologic affliction of both legs' and quadriplegics or tetraplegics which involves a 'neurologic affliction of all four extremities' (Auxter et al, 1993). In Sydney

these athletes competed in twelve of the eighteen sports on offer at the Paralympic games (for details please see appendix 2).

Cerebral Palsy

Cerebral palsy is a condition in which damage inflicted on the brain has lead to motor function disorder (Auxter et al, 1993). According to French (1997) there are three types of Cerebral Palsy. These is *Spastic* that is characterised by tense muscles which are contracted and resistant to movement; *Arthetoid* that is characterised by involuntary movements of the affected body parts and *Ataxia* that is characterised by a disturbance or lack of balance and coordination. For competitive purposes these athletes are also split into eight categories or classes (C1-8) dependent on a functional basis and severity of the disorder (IPC website, 1999).

Amputees and Les Autres

The classification system for athletes with amputations includes only those athletes with acquired or congenital amputations and is split into nine categories or classes (A1-9) based upon where and how many amputations are involved. Les Autres, literally meaning 'the others' includes all motor disabilities except amputees, medullar lesions and cerebral palsy, for example muscular dystrophy, multiple sclerosis, arthrogryposis, Friedrich's ataxia and arthritis (Bazylewicz, 1998) and for competitive purposes athletes are split into six categories or classes (L1-6) dependent upon the severity of the disorder and the number of extremities involved (IPC website, 1999). This grouping also includes athletes suffering from dwarfism.

Athletes from all of the above three groups are considered physically disabled. At present discussions, which the researcher has recently become personally involved in, are under way between ISMWSF and ISOD regarding a possible amalgamation to form a new International Sports Federation for the physically disabled. CP-ISRA has also shown an interest in these negotiations and is monitoring developments closely. The main aim of this is to form stronger links between physically disabled sportspeople and to try and overcome the fractious nature of disability sport as discussed above.

Blind and Visually Impaired

A three-category system is used to classify these athletes for international competition. These are as follows:

Class	Description
B1	From no light perception at all in either eye, up to and including the ability to perceive light, with the inability to recognise objects or contours in any direction and at any distance.
B2	Ability to recognise objects or contours up to a distance of two metres that a person with normal vision can see at 60 metres (i.e. 2/60 vision) and or field of vision less than 5 degrees.
B3	Can recognise objects or contours between 2 and 6 metres away that a person with normal vision can see at 60 metres (i.e. 2/60 to 6/60 vision) and or field of vision between 5 and 20 degrees.

(Kim, 1998)

The above classifications must be made by measuring the best eye and at the highest possible correction. Therefore, all athletes who use contact lenses or corrective glasses during normal daily activities must wear them during classification, whether or not they intend to use them during competition (IPC website, 1999).

Intellectual Disability

Sport for these athletes is designed to accommodate athletes with conditions such as mental retardation, severe learning disabilities, autism, and other learning difficulties who wish to compete on a more competitive and serious level than that afforded them by the Special Olympics Organisation whose goals are simply about taking part and having fun. According to Bonnar (1998) athletes must meet the following classification criteria in order to be able to compete:

1. Have received education, social services or training opportunities that were specifically created to aid those with mental handicap/ intellectual disability as defined by the World Health Organisation (WHO).
2. Have been or are currently participating in employment training specifically designed for individuals with mental handicap/ intellectual disability.
3. Have had their mental handicap/ intellectual disability diagnosed by two qualified individuals.
4. Be at least 15 years of age.

(Bonnar, 1998)

According to Roger Biggs (1999, Personal Communication), the Chairman of the United Kingdom Sports Association for People with Learning Disabilities (UKSAPLD) which looks after the interest of these athletes in this country, there was a hard fought campaign, lead by Great Britain, for inclusion of these athletes in the Atlanta Paralympic Games. According to Biggs many of the other disability groups, and especially the wheelchair athletes who were particularly vocal, were against their inclusion and claimed they should compete in able-bodied sport on the grounds that 'they look normal'. Biggs also added that as Atlanta is the home for the international governing body for Special Olympics, whose major sponsor Coca-cola is based in Atlanta and is also a major sponsor of the Olympic and Paralympic Games, the leaders of this organisation attempted, by political means, to limit the participation of these athletes in Atlanta.

(For full contact details of all British and International Sports Federations of these five impairment groups, including website addresses where relevant, please see appendix 3).

Barriers to Participation in Sport and Leisure Activities.

According to Torkildsen (1986), sport and leisure patterns are not fixed for either individuals or groups and are dependent on a multitude of factors that influence choice and participation and the complex relationship between these factors. Torkildsen claims that there are both individual and social factors that influence a person's decision to participate or not and he groups these factors into three broad categories which he calls personal, social and circumstantial and opportunity factors (See figure 2, below).

Personal	Social and Circumstantial	Opportunity Factors
Age	Occupation	Resources available
Stage in life-cycle	Income	Facilities – type and
Gender	Disposable income	quality
Marital status	Material wealth and goods	Awareness
Dependants and ages	Car ownership and	Perception of opportunities
Will and purpose in life	mobility	Recreation services
Personal obligations	Time available	Distribution of facilities
Resourcefulness	Duties and obligations	Access and location
Leisure perceptions	Home and social	Choice of activities
Attitudes and motivation	environment	Transport
Interests and	Friends and peer groups	Costs: before, during, after
preoccupations	Social roles and contacts	Management: policy and
Skill and ability – physical,	Environment factors	support
social and intellectual	Mass leisure factors	Marketing &Programming
Personality and confidence	Education and attainment	Organisation and
Culture born into	Population factors	leadership
Upbringing and	Cultural factors	Social accessibility
background		Political policies

Fig. 2. Influences on Leisure Participation. (Torkildsen, 1986, p.233)

According to Thierfeld and Gibbons (1986) athletes with disabilities take part in sports for many of the same reasons that able-bodied individuals do and they go on to state that:

> "When you listen to disabled women athletes, just as when you listen to most athletes in general, their enthusiasm for sports is apparent. Words such as physical and mental health, self-confidence, accomplishment, challenge, comradeship, friendship and support are basic to their vocabularies, and they use them over and over."
>
> (Thierfeld and Gibbons, 1986; p.21)

The benefits of taking part in sport are numerous and as Tasiemski et al (1998) point out can be of particular benefit to individuals with certain disabilities. Following a pilot study on individuals recovering from a spinal cord lesion they state:

> "Systematically practised physical activity and sports allows the disabled person to keep the high level of physical fitness that was obtained during rehabilitation. It also helps to maintain compensatory processes and prevent complications caused by inactivity. Physical activity and sports are amongst the most important factors that determine the effectiveness and final outcomes of physical rehabilitation."
>
> (Tasiemski et al, 1998; unpublished)

They also found that the frequency of hospital readmissions per year following discharge was three times less in athletes than it was in non-athletes, adding weight to their claim that those involved in activities away from the home, especially physical ones such as sport, are physically fitter, more independent and have fewer avoidable complications.

If the benefits of taking up sporting activities for the persons with a disability are so high then why aren't more of them involved in sport? There are a myriad of reasons why this is the case, many of which are the same or very similar to the reasons a lot of non-disabled individuals do not take up sport, as outlined in the factors put forward by Torkildsen above. Sharkey (1996) puts forward five key barriers to participation that

prevent, or make it very difficult for, persons with a disability to take part in sporting activities.

1. Transportation Difficulties.

Being able to get to where a particular activity is taking place is something that non-disabled individuals mostly take for granted. Although the public transport system may not be exactly convenient, if they do not have their own transport, being able to access that public transport can, generally, be achieved with relatively minor inconvenience. However for those in wheelchairs, the visually impaired, those who cannot walk very far and many others with various disabilities getting to a particular venue can be a very major hurdle in itself. With regard to the public transport system in this country Sharkey (1996, p.33) states 'it is generally felt that the public transport system completely fails to meet the needs of disabled people.'

2. Restricted Physical Access.

Part M of the building regulations (1985) makes it a statutory requirement that all new public buildings are accessible for people with a disability. Generally, however, this is only those with ambulatory disabilities. The Disability Discrimination Act (DDA) (1995) was introduced to make it illegal to deny people with disabilities reasonable access (Goodridge, 1997). However according to Sharkey (1996) the DDA only requires 'reasonable' adjustment to buildings built prior to 1987 and appears to be rather ambiguous over just what constitutes 'reasonable'. Goodridge (1997) claims that it has been calculated that where the provision of reasonable access has not been considered,

82% of the population have to modify their lifestyle in some way to accommodate the restrictions imposed by the environment. The National Coaching Foundation (NCF) (1994) in its workbook, 'Working with Disabled Sportspeople', gives a list of the various adaptations necessary to facilitate easier access to sports facilities for persons with a disability. These include:

i. Access ramps and lifts
ii. Adapted toilets including lever taps on basins
iii. Easily read signs (including Braille and large print)
iv. Controls at heights easily reached by wheelchair users.
v. Dropped curbs and wider parking bays.
vi. Hand rails on all stairs and automatic doors
vii. Non-slip floors
viii. Viewing windows in doors that wheelchair users can see through (but not totally transparent as those with impaired vision may fail to see them)

(NCF, 1994; p. 20)

As with transportation, problems with physical access are compounded for those with restricted physical mobility. This can be overcome, to a certain degree, with the use of specially adapted equipment, but as both the NCF (1994) and DePauw and Gavron (1995) point out, this can be prohibitively expensive.

3. Cost of Activity Against Level of Disposable Income.

Southam (1994) claims that only 31% of the 2.4 million people with disabilities who are of working age are actually in employment and, according to Sharkey (1996) unemployment rates amongst persons with a disability are at least two and a half times more than for non-disabled people. He also claims that for those in employment their jobs tend to be low status, poorly paid and in uninteresting sheltered positions. The position

for women with disabilities appears to be even worse. According to Grimes and French (1987) in a study of barriers to disabled American women's participation in sports:

> "Unemployment amongst disabled women has been estimated at 65 to 76%. If employed, disabled women are more likely to earn less than employed disabled men, particularly if they are a member of an ethnic minority group....Consequently a disabled female is likely to live in a family which is at or below poverty level. Lack of financial resources can inhibit sports participation for emotional and physical reasons."
>
> (Grimes and French, 1987, p.26)

Facility pricing policies will, therefore, have a significant effect upon the participation rates of persons with disabilities, particularly those on a low income.

4. Poor Communication Causing Lack of Awareness of Facility or Programme of Activities.

Making persons with a disability aware of the fact that a particular programme or sporting activity is available is not simply a matter of advertising it in the same way as one might for a non-disabled programme. The form of communication used to get across that message can make all the difference. It is pointless advertising an activity for the blind using a small advert in a newspaper or an activity for the deaf on the radio and hoping that someone will tell them about it. Poor communication stems from a lack of overall understanding about the actual impacts of various forms of disability (NCF, 1994; Sharkey, 1996; Holmes, 1997).

5. Management and Staff Attitudes Towards Disability.

Low self-esteem and fear of failure are often cited as reasons why persons with a disability are reluctant to take up sporting activities (DePauw and Gavron, 1995; Grimes

and French, 1987; NCF, 1994). This problem is often compounded by negative attitudes of others towards persons with a disability and can often be more of an obstacle to participation than the problems of access (Thierfeld and Gibbons, 1986). According to Torkildsen (1986) a positive, proactive and friendly attitude from management and staff towards persons with a disability can often overcome many of the problems posed by access to a particular programme or facility.

Gender also appears to play a key role in participation rates amongst persons with disabilities. This can be partially accounted for by the fact that the 1980 national census in America revealed that more men are permanently injured through accidents while more women have chronic disabling conditions that are not accident related (Grimes and French, 1987). Thierfeld and Gibbons (1986) showed that in competitive sports considerably fewer women are involved than men. They cite the case of the membership lists of the National Wheelchair Athletic Association's (NWAA) membership list for 1985 in America where of 1600 members only 35% of them were women. They suggest that this is due to the fact that men do more dangerous things. They are more daring, have more accidents and become disabled. However, according to many authors, the problem goes much deeper than that. Henderson and Bedini (1997), Thierfeld and Gibbons (1986), Grimes and French (1987) and Guthrie (1999) all discuss the problems persons with disabilities, and women with disabilities in particular, face in any attempts to become involve in any kind of sporting activity. These include:

1. Generally men grow up playing sport and are encouraged to do so by everyone around them. Women, however, generally do not and are not encouraged to do so. This is equally true of non-disabled girls and women and so if they are not encouraged, young women with disabilities are even less likely to be.

2. It is rare for women who were not active in sports prior to becoming disabled to turn to them afterwards for fitness, especially as those who influence them are unlikely to encourage them in that direction.

3. Disabled women and girls often face enormous emotional problems. Issues of low self esteem, inexperience with sports, fear of success and failure, which are already documented for non-disabled women are even greater problems for disabled females.

4. A lack of role models to counteract rolelessness plays a major part as they provide tangible proof of what is attainable.

Grimes and French (1987) cite the Miller Lite Report (1985) in America in which 1682 Women's Sports Foundation members filled out a questionnaire that identified the following major barriers to women's participation in sport:

1. Lack of involvement and training as children.
2. Few programmes outside schools.
3. Lack of interest.
4. Inadequate coaching/ training.
5. Lack of equipment and facilities.
6. Lack of prominent role models.

(Miller Lite Report, 1985, cited in Grimes and French, 1987, p. 24)

Although all of the above points are probably equally relevant to women with any kind of disability it should be noted that all of the above reports appear to concentrate upon women who have become disabled as a result of some kind of accident or disease after a period of time as a member of the non-disabled population. Their studies appear to ignore or overlook certain groups such as cerebral palsied or those who have been born with a disability and who know no other kind of life.

Barriers to Sporting Excellence.

Although many of the above mentioned barriers to participation will still be relevant to elite athletes with disabilities, it has to be assumed that they have all been overcome to a certain extent. However, the extent to which factors such as transport difficulties, problems of access and finance still impinge on their lives will play an important role in their ability to achieve their maximum possible athletic performance. Also, their attempts to achieve their optimal performance will bring with it a whole new list of factors which were previously not really relevant in their attempts to first take up a particular sport or activity. Very little has been written about the needs of elite athletes with disabilities and barriers to sporting excellence, but there is little doubt that these athletes face the same pressures and stresses that face their non-disabled counterparts during their preparations for a major world multi-sport games such as the Olympics. The pressures faced when preparing for such a major event are both physical and psychological, with each of these types of pressure inextricably linked, and ensuring that each of these pressures does not become over-burdensome is a key element in any successful high performance athlete's life. Physical barriers such as difficulties in accessing facilities or time spent travelling to the nearest accessible and appropriate facilities can all drain precious amounts of physical and psychological energy that might make all the difference between winning or not on the big day.

It appears that, in broad terms, there are two kinds of barrier to sporting excellence. There are those that the athletes themselves have some kind of control over and those that are completely outside the athletes control. A clear example of the kind of barriers that are

beyond the athletes' control are the problems they faced on reaching the Atlanta Paralympic Games in 1996. According to Bill Berry, the then British athletics team manager:

> "The transport system was abysmal and a disgrace. It is not acceptable that athletes and staff should have to face problems of this kind immediately prior to competition. In general APOC did a good job in very difficult circumstances, however their inflexible attitude and reluctance to change decisions concerning combined class events did them no credit and spoilt the Games for many athletes. Several British athletes were prevented from winning medals they had spent years training for and would have won a valid single class competition."
>
> (Berry in BPA, 1996[a]; unpublished)

However, according to Tony Sainsbury in BPA (1996[a]), the British Team Chef De Mission, the British athletics team administration was not without fault itself as it failed to send anyone on the pre-visit to the Paralympic training camp in Pensacola where the athletes acclimatised prior to moving to the Paralympic village in Atlanta:

> "I was very disappointed that track and field did not go on the pre-visit, as I knew how critical facilities were for them and they just did not exist for too many."
>
> (Sainsbury in BPA, 1996[a]; p. unpublished)

According to Angela Weller from British Blind Sport (1999, Personal Communication) there is a lack of competitions for athletes to take part in, in this country, at virtually all levels, partly due to lack of numbers, but mainly due to a lack of funding. The International Paralympic Committee website also recognises 'a deficiency of organised sports programmes'. However, to a certain degree, it is within an elite athlete's ability to overcome this problem by entering competitions in other countries. Problems of transport, access to suitable levels of coaching and getting the best possible equipment can also be overcome with some effort. What most of these problems have in common is that to overcome them you need money and as pointed out in the previous section people

with disabilities tend to reside within the low-income bracket within society. According to Sports Illustrated (1995):

> "The sleek three-wheeled racing chairs made by Top End can cost almost $4,000; a prosthesis including a Flex-Foot might go for $10,000."
>
> (Sports Illustrated, 1995; p. 69)

The UK Sports Council website (1999) states that the British Olympic Association Survey of Athletes (BOA, 1996[a]), and its subsequent report (BOA, 1996[b]), resulted in two key demands – more money and more support in order to cope with their life after sport. Part of the UK Sports Council response to this, in conjunction with the government and the National Lottery, was to set up the World Class Performance Programme, which was launched in November 1996 with the aim:

> "To support the training and preparation programmes of elite performers who have the potential to win medals, or equivalent, in significant international competitions and events, now and within the next six years."
>
> (English Sports Council, 1998; p. 1)

Under this scheme each national governing body of sport can submit an application for the preparation of elite athletes for major events as well as for the cost of the administrative backup and transport costs of getting athletes to competitions. Each athlete that is included in the World Class Performance Application is categorised in an A, B or C category according to medals won previously, medal potential and world ranking. They are then given, if the application is successful, an amount of money dependant on their category towards the cost of training, travel etc. Category A athletes get the most money. This has lead to large amounts of money coming into individual sports for the preparation of their elite athletes. As an example the British disability athletics squad of 91 athletes and 24 staff received an annual budget to a total of £15,500 per year in the lead up to the

Atlanta Paralympic Games (Berry in BPA, 1996[a]). Following the World Class Performance application by UK Athletics the current squad of 53 athletes have received a total budget of £1,597,810 for the period 1/1/2000 to 31/1/2001.

However money is only part, albeit a large part, of the equation when it comes to ensuring that an elite athlete hits top form at the right time. Part of the World Class Performance Plan allows athletes access to sports science support (physiological and biomechanical testing, sports psychology and advice on nutrition) through a network of Accredited Sports Medical Centres where each athlete and their coach can gain expert advice in each of these areas in order to ensure that their training and competitive performances progress in a satisfactory manner. In response to the above mentioned BOA report a new athlete support programme called the Athlete Career and Education Programme, or ACE UK for short, was set up and commenced in August 1999. ACE UK is a programme of the UK Sports Institute and is modelled on the Australian Institute of Sport 'ACE' programme. The aims of ACE UK are twofold:

- To give competitors the skills to cope with the special demands of being an elite athlete.
- To prepare athletes for life after sport.

(UKSI, 2000[a])

The aim of ACE UK is to enhance the athletes' personal development and sporting performances by providing individualised career and education services (FSH[a], 1999). According to Deirdre Anderson, the new National Manager for ACE UK, the programme is attempting to counter the tendency of today's top performers to put everything else in

their lives on hold in an attempt to achieve what they see as their one chance to achieve their dreams (FHS[b], 1999). The specific services supplied by ACE UK are:

1. **Individual Athlete Assessment** in order to help identify and define individual educational, career and personal development needs.

2. **Personal Development Courses** covering a wide variety of topics from personal finance planning to media training and are available to meet individual needs. There are currently twenty-three different courses available and the course titles themselves give a valuable insight into some of the pressures faced by today's elite athletes. (UKSI, 2000[b]). For a full list see appendix 4.

3. **Education Guidance** providing advice and guidance to athletes wishing to start or continue their education at any relevant level on a basis suiting their individual requirements and circumstances.

4. **Career Planning** providing advice on career options and the best routes to their chosen careers.

5. **Transitional Support** providing guidance to athletes going through sporting changes such as coping with injury, retirement or changes in personal circumstances.

6. **Olympic and Paralympic Employment Network (OPEN)** which is managed by the BOA and attempts to match athletes with companies who can offer a meaningful career path as well as providing flexible working arrangements.

(UKSI, 2000[a])

To date only Paralympic athletes in the category A and a limited number in category B, of the Sports Lottery Funding Scheme have had access to this programme (McCrae, 2000, Personal Communication). It will be some time before the full benefits of this programme will be felt by the majority of elite British athletes.

Perhaps the biggest problem or issue facing people with disabilities in general is the attitudes towards, and perceptions of, disability amongst the non-disabled population, in all walks of life. As introduced at the beginning of this literature review (and discussed in

greater detail in chapter four) these attitudes and perceptions, which range from patronising to discriminatory, can have a huge affect on the way people with disabilities view themselves and also on their ability to gain equity and parity in relation to their non-disabled peers. An athlete winning an Olympic gold medal in a major sport such as athletics or swimming is virtually assured of fame and fortune. However, an athlete winning a Paralympic gold medal is lucky to be recognised in his or her own country. Part of this is due to attitudes towards the disabled and part of it is due to the non-disabled population's attitude towards sport. The quantitative nature of performance measurement in today's society, as opposed to a qualitative nature, means that although an athlete with a disability may perform in a physiologically superior fashion to their non-disabled counterparts, in quantitative performance terms (i.e. time, distance), they will always be viewed as inferior (Orr, 1979). The power of the media in helping to overcome this problem cannot be under-estimated. As Sainsbury (1991) stated prior to the Barcelona Paralympics:

> "One of the main tasks, which will now engage a significant amount of time, will be to encourage the British media to get behind the team in both the lead up to the Paralympics and more especially during the event itself"
>
> (Sainsbury, 1991; p. 23)

The Paralympics received coverage by the BBC in Barcelona, Atlanta and Sydney and there appears little doubt that attitudes towards athletes with disabilities are slowly changing in a positive direction. However, it remains to be seen what effect the recent death of Helen Rollason, who was a great champion of their cause and also the main BBC presenter from the Atlanta Paralympics, will have on media coverage. There are small signs that the British media are slowly realising the potential and importance of

athletes with disabilities as shown by the article in the News of the World (Tracey and Fowler, Feb. 27, 2000), the biggest selling British Sunday newspaper. It contained an article about Bob Matthews, a blind track athlete, under the headline 'World-Beater Bob is Blind Hero of the Track' (See Appendix 5). Although the article is still written from the 'isn't he wonderful for over-coming such adversity slant', which many people with disabilities find offensive as they want to be recognised for who they are, not what they are, it is still a major step forward.

Negative attitudes towards athletes with disabilities have many knock-on effects. Finding a coach willing to take on an athlete with a disability can be a major problem in itself. Lack of knowledge, lack of understanding or just plain discrimination may make finding a coach a major task. It was not until 1991 that the National Coaching Foundation introduced any form of course or information dealing directly with the subject of coaching athletes with disabilities and entitled 'Working with Disabled Sportspeople' (NCF, 1994). As pointed out in the previous section, management attitudes towards athletes with disabilities in sporting facilities can make a great difference to whether the experience is a positive or negative one for the individual concerned. A positive management attitude can go a long way to over-coming many of the access problems encountered by these athletes (Torkildsen, 1986). Overall, it would appear that the barriers to sporting excellence for athletes with disabilities form a complex interaction between a wide variety of physical and psychological factors including attitudes, media coverage, sports science support, finance, some of which may be partly under the control of the athlete and some which are completely out of their control. The extent to which the

affect of each of these factors can be managed and minimised would appear to have a great bearing on an individual athlete's ability to achieve their maximal performance potential.

In the next chapter I will attempt to outline in detail the methodological underpinning of this study.

Chapter Three - Methodology

In line with the emancipatory approach I attempted to adopt for this research, the aim of this chapter is to give the reader a general introduction to the overall aims of research and the different kinds of methodological underpinnings that can be applied. A general introduction and overview of the positivist, interpretative and critical social science paradigms are given, all of which have previously been used in disability research. This is then followed by a discussion of the suitability of each of these approaches within disability research in terms of their relevance to the current trend for emancipatory research favoured by many disability organisations. As someone who would be considered 'able-bodied' within the current dominant, pathology based, definition of the word 'disabled', consideration is given to the role of the non-disabled researcher within the field of disability studies and this is followed by a discussion of the importance of a reflexive self-awareness by the researcher throughout the research process. In line with this an account is then given of how this particular research question evolved. The second half of this chapter focuses more on the data collection methods adopted for this research and, in particular, the use of long interviews, which take a focussed life-history approach. The compatibility of life-history methods of data collection and an emancipatory approach to research are also discussed. The chapter concludes with a methodological overview and a discussion of the data analysis methods adopted, including the use of respondent validation.

The Aim of Research.

Research is about the discovery and production of new knowledge through the discovery of new information or data or, in certain circumstances, the re-investigation or re-evaluation of old knowledge. At this point it is important to emphasise the word 'produced' as this highlights the role that we, as human beings and researchers, play in the process of discovering new knowledge. However, one thing that became apparent to me throughout this research was that research is not just about the discovery of new knowledge about the world we live in, but also a journey of self-discovery about ourselves as both researchers and human beings and the way we interact with our world. Sayer (1992) claims that in so much as people and their ideas are included in what constitutes human knowledge the relationship between knowledge and practice may actually be interactive, rather than passive. This has important ramifications for the research process as Sayer goes on to claim that:

> "the search for truth, the attempt to rid social knowledge of illusion, puts reflective, examined knowledge into a critical relationship with false beliefs and their effects in society. In this sense the role of social science and perhaps also the humanities may be critical, therapeutic and even emancipatory."
>
> (Sayer, 1992; p.14)

Much of the current research into sexism, racism and disability is carried out with this premise in mind and this will be returned to shortly during the discussion of the differing methodological approaches to research.

Another key word in the above definition of research is 'critical' for as Dane (1990) points out:

> "If, for example, we fail to critically examine some aspect of human behaviour because "everyone knows that's true," then we have fallen short of the goal of research."
>
> (Dane, 1990; p.5)

Research then is more than just the search for, so called, facts or 'truth'. It is the discovery of the significance of these facts or 'truths' that is the real aim of research. According to Elias (1986) quoted in Veal (1997: p.2) the aim of research is to 'make known something previously unknown to human beings. It is to advance human knowledge, to make it more certain or better fitting'. To this end the aim of my own research is to gain a greater insight into, and a better understanding of, an area of sport that has been generally overlooked for the most part, that of elite disability sport. There appears to be a relative dearth of information, particularly of a sociological nature, and especially in this country, regarding this area of sport despite its gradual rise onto the world sporting stage over the last decade.

A Methodological Overview.

According to Bulmer (1984; p. 4) methodology generally:

> "denotes the systematic and logical study of the general principles guiding sociological investigation, concerned in the broadest sense with questions of how the sociologist establishes social knowledge and how he (sic) can convince others that his (sic) knowledge is correct"
>
> (Bulmer, 1984; p. 4)

Crotty (1998) sees methodology as one element of the four basic elements he sees as making up the research process and he outlines these as follows:

> *Epistemology*: the theory of knowledge embedded in the theoretical perspective and thereby in the methodology.

> *Theoretical perspective*: the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria.
> *Methodology*: the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of particular methods to the desired outcomes.
> *Methods*: the techniques or procedures used to gather and analyse data related to some research question or hypothesis.
>
> (Crotty, 1998; p. 3)

It can be seen from this then that the methodology underpinning a research design, which aims to give justification for the chosen methods, is itself dependant on the researchers own choice of theoretical perspective which is itself grounded in a theory of knowledge regarding what can be known and who can be the knower. As Punch (1994; p. 94) states 'where you stand will doubtless help to determine not only what you will research but also how you will research it'.

It would appear from the literature that learning about research is a balancing act between theory and practice in the sense that too much theory and not enough practice will either lead to a lack of data or results that could be considered not credible. Veal (1997; p. 203) underlines the importance of doing a thorough literature review, as well as undergoing adequate training, in order to gain the 'competence' necessary to embark on a particular research project as failing to do so:

> "may risk causing harm to subjects, may be an abuse of subjects' goodwill, may risk damaging the reputation of the research organisation, and may involve waste of time and other resources."
>
> (Veal, 1997; p. 203)

Punch (1994, p. 83) concurs with this view to a degree in that he warns 'the neophyte researcher can unwittingly become an unguided projectile bringing turbulence to the

field, fostering personal traumas (for researcher and researched)', but also outlines the importance of getting out there and 'doing it'. This balance between theory and preparation on the one hand and practical research in the field on the other may provide the basis to producing good well-informed research. As outlined above, there are many dangers to just diving in unprepared, but also an over-emphasis on the theoretical underpinnings of the chosen research process may mean that little time is left for actual practical research and data collection.

The Paradigm Debate.

> "The status of social science is seriously in doubt. Outsiders' attitudes towards it are often suspicious or even hostile, and social scientists themselves are deeply divided over what constitutes a proper approach to social research."
>
> (Sayer, 1992; p. 1)

This debate and division of what exactly constitutes a proper approach to research stems largely from Thomas Kuhn's (1962) work, *The Structure of Scientific Revolutions*, which according to Maykut and Morehouse (1994) first introduced the concept of paradigm into the history and sociology of science. According to McBurney (1998), during what Kuhn terms 'normal science' scientists accept the same paradigm and work within its defined parameters. However, gradually problems develop where bits of information, which Kuhn terms anomalies, come to light that cannot be explained by the current paradigm. These anomalies cause a crisis that eventually leads to a 'paradigm shift' during which other paradigms are created. A new paradigm apparently becomes accepted when 'it accounts more successfully for empirical data than did the old paradigm' (McBurney,

1998; p. 23). Part of the problem appears to be that there is still no universal definition or conceptualisation of exactly what a paradigm is. Below are just three examples:

> "Paradigm is a complex term, which occurs very frequently in the research methods literature. As used in social science, it means a set of assumptions about the social world, and about what constitutes proper techniques and topics for enquiry."
>
> (Punch, 1998; p. 28)

> "A paradigm provides the largest framework within which research takes place. It is the worldview within which researchers work."
>
> (Maykut and Morehouse, 1994; p.4)

> "They are the starting points or givens that determine what enquiry is and how it is to be practiced. They cannot be proven or disproven in any foundational sense; if that were possible there would be no doubt about how to practice enquiry. But all such belief systems or paradigms are human constructions, and hence subject to all the errors and foibles that inevitably accompany human endeavors."
>
> (Guba, 1990; p. 18)

However, Guba (1990; p. 17) claims that this inability to agree on a universal definition for the meaning of the term paradigm is not surprising and cites Masterman (1970) who claims that Kuhn himself used the term 'in no fewer than 21 different ways'. Morrow (1994) claims that one of the problems of Kuhn's version of the concept of paradigm is that it assumes that 'disciplines are inherently unified' and another is that:

> "Kuhn focuses on the social psychology of research at the price of undermining how we might justify the rationality of science, given that mere appeal to empirical evidence is no longer sufficient."
>
> (Morrow, 1994; p. 86)

The up-shot of these problems according to Veal (1997) is that the sociology of leisure field is now characterised by a wide range of sociological research within what Rojek (1995 cited in Veal, 1997; p. 21) refers to as a 'multi-paradigmatic rivalry'. There are

even conflicting traditions within a single paradigm and also, according to Denzin and Lincoln (1994, p. 3) qualitative research 'privileges no single methodology over any other' and 'has no theory, or paradigm, that is distinctly its own'. It appears then that this multitude of paradigms reflects the way we, as human beings, have a wide variety of ways of looking at, or perspectives of, the world we live in and this lack of consensus over what constitutes credible or authentic results and proper techniques looks set to continue for the foreseeable future. With this in mind it would appear that the best any researcher can do is make clear the theories and practices on which they base their research process, rigorously follow the procedures or audits which usually form part of any chosen methods of data collection and endeavour to be both honest and consistent with regard to the application of them throughout. It is then up to the reader of the final report to decide whether what the researcher has produced can be considered as a credible investigation.

Before attempting to outline where I situate myself within this current debate, I will first give a brief outline of the positivist, interpretative and critical science paradigms, all of which have been applied within the field of disability studies, and then I will attempt to outline which of these I have chosen to adopt and why.

Positivism

According to Guba (1990, p. 19) the basic belief system of positivism is based in a realist ontology, which relates to the assertion that the objects in the world have an existence independently of our conception or perception of them. Positivists believe that there

exists a reality out in the world that is driven by "immutable natural laws". Guba (1990) goes on to claim that 'once committed to a realist ontology, the positivist is constrained to practice an objectivist epistemology' and Maykut and Morehouse (1994, p. 3) claim that, for most, a positivistic approach has come to mean 'objective enquiry based on measurable variables and provable propositions' and that it is the 'insistence on explanation, prediction, and proof that are the hallmarks of positivism'. Crotty, in trying to explain the epistemology of objectivism, states:

> "Whereas people ascribe subjective meanings to objects in their world, science really 'ascribes' no meanings at all. Instead, it *discovers* meaning, for it is able to grasp objective meaning, that is, meaning already inherent in the objects it considers. To say that objects have such meaning is, of course, to embrace the epistemology of objectivism. Positivism is objectivist through and through. From the positivist view-point, objects in the world have meaning prior to, and independently of, any consciousness of them."
>
> (Crotty, 1998; p.27)

Given the possibility of enquirer bias and, as Guba (1990; p. 19) puts it, 'nature's propensity to confound' how is 'true' objectivist epistemology possible? Guba claims that positivists' answer to this problem is the use of a manipulative methodology that:

> "controls for both, and empirical methods that place the point of decision with nature rather than with the inquirer. The most appropriate methodology is thus empirical experimentalism, or as close an approximation thereto as can be managed."
>
> (Guba, 1990; p.19)

This 'scientific' approach to the study of the natural world is, according to Robson (1993), commonly regarded as having five sequential steps, which he outlines thus:

1. Deducing a hypothesis (a testable proposition about the relationship between two or more events or concepts) from the theory.

2. Expressing the hypothesis in operational terms (i.e. ones indicating exactly how the variables are to be measured), which propose a relationship between two specific variables.
3. Testing this operational hypothesis. This will involve an experiment or some other form of empirical enquiry.
4. Examining the specific outcome of the enquiry. It will either tend to confirm the theory or indicate the need for its modification.
5. If necessary, modifying the theory in the light of the findings. An attempt is then made to verify the revised theory by going back to the first step and repeating the whole cycle.

(Robson, 1993; p. 18-19)

It would appear from the literature that positivism has been the dominant approach to the study of sport and physical education for many years, although there has been a steady increase in interpretative work since the late eighties in physical education as well as some work in the sociology of sport – particularly from feminist perspectives (See Humberstone, 1997). Standardised tests and highly calibrated testing equipment for the collection of data and the regular use of computers and statistical packages to analyse the data are all part of the positivist approach to research where the researchers detached and 'objective' approach is paramount to achieve what are considered 'valid' and reliable 'results' by those working within the positivist paradigm.

To sum up then, a positivist approach is characterised by a 'scientific' approach based upon objectivity in which positivist researchers are considered to be those who can best prevent the influences of their own values, beliefs and up-bringing from influencing their research.

The Interpretative Paradigm.

According to Veal (1997) the interpretative model places reliance on the people being studied to provide their own explanations of their situation or actions. It focuses on the study of socially meaningful or purposeful action during which Felske (1994) claims:

> "This research strives for emphatic understanding: how people feel, create meaning and their reasons or motivations for understanding the social act. It accepts that there are many realities and researchers embrace a variety of approaches: hermeneutics or ethnomethodological or phenomenological examinations of peoples' experiences. The interpretative social science paradigm recognises the social realities of people and their multiple roles in society."
>
> (Felske, 1994; P. 185)

Maykut and Morehouse (1994; p. 13) claim that in interpretative research 'values are embedded in the research, embedded in the topic chosen for examination, in the way the researcher examines the topic and in the researcher him or herself.' From an epistemological perspective this means that reality is considered to be constructed and that the knower and the known are inseparable, unlike the positivist approach whereby it is considered the world can be divided into parts and that the knower can stand outside of what is known, making value free research a possibility.

In general the interpretative approach is associated with qualitative methods of data collection and according to Hakim (1989):

> "The great strength of qualitative research is the validity of the data obtained: individuals are interviewed in sufficient detail for the results to be taken as true, correct, complete and believable reports of their views and experiences."
>
> (Hakim, 1989; p. 27)

Although I feel credibility or authenticity might be better words to use rather than Hakim's use of the word 'validity' in this quotation, and although there is merit within

the possibility of this statement, in actuality it is highly dependent on the honesty and integrity of the researcher who writes up the findings to ensure that they are a credible representative reflection of the subjects views. Qualitative researchers value the understanding of a phenomena in all its complexity within a given situation and environment. In contrast, quantitative researchers work hard to remove or eliminate all the unique aspects of a given environment in order to allow them to apply their results to the largest possible population (Maykut & Morehouse, 1994; p. 13).

Overall, according to Felske (1994; p. 186), the interpretative approach is ideographic (focussed on cultural and historical particulars), inductive (seeks to suggest a regular association between two or more variables derived from a series of observations) and provides a symbolic representation built up slowly over time, after immersion in specific observations of social life, and which emerge out of the specific details of observed data.

Critical Science.

According to Popkewitz (1984, cited in Sparkes, 1992), critical theory and many of its newer derivatives (including critical social science, new paradigm research, praxis-oriented research, critical enquiry, emancipatory social theory, emancipatory research, feminist research) stem from the Frankfurt School of scholars who refashioned and rethought Marxism by:

> "focussing upon the formation of consciousness, culture and everyday life, and how these formations maintain the legitimacy of political and social interests. The language and intent of such theory is political – to consider moments of domination, ideology, hegemony, and emancipation in social life and social change."
>
> (Popkewitz (1984), cited in Sparkes (1992); p. 37)

Critical forms of research then call into question current ideology and attempt to initiate action in the name of social justice. In order to bring this about researchers interrogate commonly held beliefs, values and assumptions in an attempt to challenge conventional social structures. Kincheloe and McLaren (1994) believe that researchers and individuals working within this particular paradigm accept certain basic assumptions, which Crotty (1998) summarises as follows:

- That all thought is fundamentally mediated by power relations that are social in nature and historically constituted;
- That facts can never be isolated from the domain of values or removed from ideological inscription;
- That the relationship between concept and object, and between signifier and signified, is never stable and is often mediated by the social relations of capitalist production and consumption;
- That language is central to the formation of subjectivity, that is, both conscious and unconscious awareness;
- That certain groups in any society are privileged over others, constituting an oppression that is most forceful when subordinates accept their social status as natural, necessary and inevitable;
- That oppression has many faces, and concern for only one form of oppression at the expense of others can be counterproductive because of the connections between them;
- That mainstream research practices are generally implicated, albeit often unwittingly, in the reproduction of systems of class, race and gender oppression.

(Crotty, 1998; p. 157-158)

Before progressing further with this discussion of the critical science paradigm it would appear salient to give some idea of what is meant by the terms 'ideology' and 'oppression'. Priestley (1998; p. 88) refers to 'ideology' as the 'selective organisation of salient features' within a particular culture (such as disability culture, youth culture etc) 'for the purpose of bringing about (or preventing) significant social change.' Jary and Jary (1999; p.306) define ideology as 'a system of beliefs that justifies or legitimates the subordination of one group over another'. Young (1990, cited in Priestley, 1998; p. 86)

defines oppression as 'a structural concept that refers to the immobilisation or diminishing of a particular social group' and argues that this structural oppression is characterised by five features - exploitation, marginalisation, powerlessness, cultural imperialism and violence. Abberley (1987) claims that:

> "a crucial feature of oppression and the way it operates is its specificity, of form, content and location; so to analyse the oppression of disabled people in part involves pointing to the essential differences between their lives and those of other sections of society, including those who are, in other ways, oppressed."
>
> (Abberley, 1987; p. 7)

It is the concept of oppression brought about by historically situated and culturally constituted ideology that is the main focus of the critical science paradigm and in trying to highlight this Guba (1990) contrasts critical science with the interpretative approach by pointing out two major differences between the two approaches:

> "If constructivism can be characterised by its concern with a hermeneutic consciousness – capturing the lived experience of participants – then critical theory can be characterised by its critical consciousness – systematically investigating the manner in which that lived experience may be distorted by false consciousness and ideology. If constructivist methodologies are preoccupied with the restoration of meaning of human experience, then critical science methodologies are preoccupied with reduction of illusions in human experience."
>
> (Guba, 1990; p. 268)

Sparkes (1992) claims it is misguided to regard a correct understanding of individuals' meanings as the substance of theoretical enterprise. He claims the enterprise of the interpretative approach upon the subjective meanings of action implies that social reality is nothing more than the way people perceive themselves and their situation, whereas in actuality social reality is shaped by various historical forces and material and economic conditions. He also claims that a consequence of these forces and conditions is to 'structure and effect the perceptions of individuals' leading to a misperception or

misrepresentation of 'reality' (Carr and Kemmis, 1986, cited in Sparkes, 1992; p. 38-39). It is the role of the critical researcher to uncover these processes and explain how they can condition and constrain interpretations of reality.

Critical theorists and the people they study engage in a process of dialogue or depth hermeneutics through which Guba (1990) citing Bernstein (1976) claims:

> "participants achieve self-knowledge and self-reflection which are therapeutic and effect a cognitive, affective, and practical transformation involving a movement toward autonomy and responsibility."
>
> (Guba, 1990 citing Bernstein, 1976; p. 269)

Guba claims that it is in this way that critical theory is said to link both theory and practice. Crotty (1998) states that although the goals of critical inquiry (just society, freedom, equity) may appear utopian, and that critical inquirers will admit the impossibility of achieving complete social justice, they do believe that their struggle is worthwhile as it may, at least, lead to a more free and just society than we have at present. Tinning (1992) claims that it may be possible to develop a heightened sense of one's own limitations within a particular structure, but still be constrained within it and thus unable to improve your situation. He calls this process 'cognitive emancipation' whereby there is a raising of one's consciousness of one's own situation. Although he questions the possibility of 'complete emancipation' Tinning claims that in order to come anywhere near it the process:

> "must involve not only consciousness raising but also practical action which is informed by such consciousness. In this sense emancipation must involve praxis as informed committed practice."
>
> (Tinning, 1992; p. 204)

Harvey (1990) claims that critical ethnography 'attempts to link the detailed analysis of ethnography to wider social structures and systems of power relationships in order to get beneath the surface of oppressive structural relationships' (Harvey, 1990; p. 11), and he goes on to state that there are, in broad terms, three ways in which this is done. The first, and what he considers the weakest form, is to simply consider the subject group in a wider context. The second is to examine the way the social processes within the subject group are mediated by the wider structural relations. The third is to integrate the understanding gained from the ethnographic study dialectically with the deconstruction of social structures. According to Harvey, this final approach requires the researcher to 'begin with the structural relationships and then undertake an ethnographic enquiry in order to facilitate structural analysis' (Harvey, 1990; p. 12).

Finally critical inquiry cannot be viewed as a discrete piece of research that achieves its aims and comes to a close. With every attempt at an emancipatory act and every attempt at consciousness raising the context may change and it becomes necessary to reappraise our assumptions once again. In this sense critical inquiry is a long term and ongoing process.

Disability and the Paradigm Debate.

All three of the paradigms described above have been used during research into the area of disability with varying degrees of acceptance and success. Within the field of disability studies the positivist paradigm was the dominant approach for many years, but as Felske (1994) points out:

> "In disability research the positivist paradigm has operated on the assumption that disability is a deficit, a problem in the individual who must be rehabilitated.....The positivist view holds that there is only one true reality and a careful application of the rules of observation, comparable to the methodology of the natural sciences, will produce the necessary theoretical constructs to predict and control events, to produce a "cure"."
>
> (Felske, 1994; p. 182-183)

This approach to disability research, whilst still having many advocates, particularly amongst the medical profession, is now seen, by most disability researchers, as oppressive towards people with disabilities (Stone and Priestley, 1996; Barnes, 1992). By this they mean that it treats each individual with a disability as an object and alienates them from the research process by denying the existence of their own subjective lived experiences within the social world.

The interpretative approach fares little better when it comes to its practices being critiqued by disability researchers. Oliver (1992; p. 109) claims that the two major problems with the interpretative approach are that it 'fails to fundamentally alter the social relations of research production' and he also cites Reinharz (1985) in describing the interpretative approach as 'the rape model of research' in that the researcher makes a name for themselves by rendering a faithful account of the experience of disability and then moves on to new pastures whilst leaving the research subjects in exactly the same social situation as they were in before the research began. According to Davis (2000):

> "In disability studies it is asserted that disabled people should be considered experts in their own lives, needs and feelings, and therefore, that those who do research with disabled people should allow disabled people to play an active part in shaping the course of research projects."
>
> (Davis, 2000; p.192)

Because of this assertion there has been a strong move within the area of disability studies towards the critical science paradigm and in particular towards emancipatory research. Oliver (1992) claims that the relationship between the researcher and the researched provides the structure within which any research will take place and that within the positivistic and interpretative paradigms:

> "These social relations are built upon a firm distinction between the researcher and the researched; upon the belief that it is the researchers who have specialist knowledge and skills; and that it is they who should decide what topics should be researched and be in control of the whole process of research production."
>
> (Oliver, 1992; p. 102)

Adoption of an emancipatory approach, within the area of disability research, has lead to the development of the social model of disability, introduced in the previous chapter and outlined further in chapter four of this thesis. However, this approach is not without its detractors. Davis (2000; p. 196), whilst acknowledging that the 'the physical, material and social organisation of our society promotes inequalities, and withholds rights and resources to some groups' and the need for researchers to investigate this problem, claims that this discourse is problematic in that it creates a discourse which:

> "talks of oppressed and oppressors as if they are homogenous groupings. By creating 'them' and 'us' groups these writers reduce the importance of people as social actors, reifying the role of structure and ignoring the diverse ways in which individuals and social groups relate to and resist such structures."
>
> (Davis, 2000; p.196)

However in answer to this charge Priestley (1998), whilst acknowledging the 'diversity of interest and identity between disabled people', states:

> "What divides the social model theories from the individual model theories is the assertion that disability has some real collective existence in the social world beyond the existence or experience of individual disabled

> people. The validity of this claim is premised upon the existence of some form of objectively identifiable commonality amongst disabled people. I will argue here that, while there is much diversity of interest and identity between disabled people (in terms of impairment, gender, 'race', age, class or sexuality, for example), there remains an essential level of commonality in the collective experience of discrimination and oppression."
>
> (Priestley, 1998; p.83)

To claim that disabled people themselves are oppressed, which is a main tenet of the social model theory, involves arguing a number of points that Abberley (1987) outlines as follows:

> "At an empirical level, it is to argue that on significant dimensions disabled people can be regarded as a group whose members are in an inferior position to other members of society because they are disabled people. It is also to argue that these disadvantages are dialectically related to an ideology or group of ideologies, which justify and perpetuate this situation. Beyond this it is to make the claim that such disadvantages and their supporting ideologies are neither natural nor inevitable. Finally it involves the identification of some beneficiary of this state of affairs."
>
> (Abberley, 1987; p. 7)

All of the issues raised by Abberley (above) are issues that sound critical science research will attempt to answer and, indeed, are necessary to answer if the social model of disability discourse is to maintain its prominence within the field of disability studies. Whilst acknowledging the comments of Davis, above, regarding the homogeneity of social groupings, I feel that both the social model approach to disability studies and the need for an emancipatory approach in particular, are very relevant to my research as they place the athletes with a disability, and their perceptions of their sporting lives, squarely at the centre of my research.

It is pertinent at this point to touch upon the subject of the non-disabled researcher working in the field of disability studies, particularly as the example of the emancipatory approach to research outlined in chapter four is aimed particularly at researchers, such as myself, who would not be considered to be 'disabled' in terms of the dominant, pathology based, interpretation of the word.

Non-Disabled Researchers and Disability Studies.

The role of the non-disabled researcher in the area of disability research has been the subject of some heated debate highlighted particularly in the on-going discourse in the Disability and Society journal throughout 1997 and 1998 (See Drake, 1997; Oliver & Barnes, 1997; Branfield, 1998; Duckett, 1998). It is clear from this debate that even amongst those researchers working in the field of disability studies who have disabilities themselves there are differences of opinion as to whether non-disabled researchers have any productive role to play in this area or, indeed, whether they even have any right to be carrying out research in this area. Branfield (1998), for instance, appears to be completely against non-disabled researchers working in the field of disability studies, apparently on the grounds that their lack of self-experience of what it is truly like to be disabled makes them ill equipped to correctly portray what it is really like. Oliver and Barnes (1997), on the other hand see no problem in able-bodied researchers carrying out research in this area. The latter are more interested in making more opportunities for disabled researchers to take part in research as they claim that, at present, the additional funding necessary for adapted equipment, administrative help, extra costs incurred for transport etc for disabled researchers is extremely hard to come by. Duckett (1998) deliberately does not state

whether he is a disabled or non-disabled researcher and then asks at the end whether the reader would have received his paper differently had they known his disability status. His main aim appears to be to show that the disability status of the researcher is not really important as long as they and their subjects work together to produce research that is of benefit to those that are being investigated. Humphrey (2000) feels that the most important questions in this debate are who, what and why, in the sense that 'who' is doing the research in terms of their own personal characteristics matters less than:

> "'who' they are in terms of their own integrity and reflexivity, 'what' kind of research they are undertaking in terms of their epistemological and methodological orientations, and 'why' they are doing it in terms of their biographical and political profiles."
>
> (Humphrey, 2000; p.80)

Humphrey goes on to claim that the 'essentialist paradigm which insists upon the ethical and epistemological superiority of like-researching-like is being bracketed' and cites Phoenix (1994), a black researcher, who encouraged her white colleagues to participate in interviewing black people on the grounds that the black-to-black interview scenario reifies identities and reduces outcomes. Phoenix claims that:

> "if 'race' is a variable in knowledge-production, then the deployment of researchers with different 'racial' identities will open up more possibilities for understanding."
>
> (Phoenix, 1994, cited in Humphrey, 2000; p. 79)

Humphrey extends this argument to the field of disability studies and claims that there are examples within disability studies 'which demonstrate that cross-cultural dialogues are capable of illuminating aspects of each world which may otherwise have been hidden to 'insiders'' (Humphrey, 2000; p. 79). Humphrey concludes by claiming that this idea must surely be at the heart of the emancipatory approach in its quest to empower disabled

people and re-educate their non-disabled others. With this in mind I have outlined a six-point framework, put forward by Stone and Priestley (1996), which they term an 'emancipatory research paradigm' for non-disabled researchers and this can be found towards the end of chapter four. It is my intention to adopt this framework for my research as I feel that it seeks to positively address many of the problems associated with the other approaches outlined above with regard to research in the field of disability.

I will now turn my attention to the whole problem of the effect of the researcher on the quality of data collected and how the researcher can make clear to the reader how they feel their participation in the research process affected the data collected and the conclusions that were drawn from the data by the researcher.

Reflexivity in the Research Process.

Henwood and Pidgeon (1993; p. 24) claim that 'science is often distinguished from everyday understandings in terms of its self-consciousness and methodology' and that if one accepts this statement then a practical implication of such an acceptance is that the role of the researcher in the research process 'should be highlighted and revealed in the documentation of qualitative studies' (Henwood and Pidgeon, 1993; p. 25). This refers not only to the process of data collection, but also the production of the final text. However, as Hammersley and Atkinson (1995) point out:

> "Minimising the influence of the researcher is not the only, or always even a prime, concern. Assuming we understand how the presence of the researcher may have shaped the data, we can interpret the latter

> accordingly and it can provide important insights, allowing us to develop or test elements of the emerging analysis."
>
> (Hammersley and Atkinson, 1995; p. 131)

Enabling the reader to assess this influence involves the researcher providing a reflexive account of the research process and, according to Foster (1996), such accounts are very useful in helping to assess the effect of the researcher upon the data collected and the conclusions drawn from them. Harvey (1990) believes that a full and honest reflexive account of a research process involves two things:

> "First, it requires that researchers reflect upon the research process in order to assess the effect of their presence and their research techniques on the nature and extent of the data collected.....Second, ethnographic reflexivity requires that researchers critically reflect upon the theoretical structures they have drawn out of their ethnographic analysis."
>
> (Harvey, 1990; p. 11)

Hammersley and Atkinson (1995; p. 16) state that 'the orientations of researchers will be shaped by their socio-historical locations, including the values and interests that these locations confer upon them.' In this sense, we are all products of our own environments and histories, which cause each of us to view the world and interact with the world from different perspectives. This will include our racial and class backgrounds, gender, sexual orientation and whether or not we consider ourselves, or are perceived by others, to have a disability. According to Edwards (1993, cited in Keenaghan, 1994; p. 91), to openly acknowledge the various aspects of our heritage and backgrounds and to openly acknowledge difference 'facilitates more open communication between the researcher and the respondent'.

Fontana and Frey (1994) claim that many research projects that use unstructured interviews as their main method of data collection are not reflexive enough about the interviewing process itself. They state the following as just some of the problems contained in these reports:

> "common platitudes proclaim that data speak for themselves, that the researcher is neutral, unbiased, and "invisible". Data reported tend to flow nicely, there are no contradictory data and no mention of what data were excluded and/ or why."
>
> (Fontana & Frey, 1994; p. 372)

Hammersley and Atkinson (1995; p. 20) suggest that these problems may be exacerbated by researchers who claim that their research is directed towards political or practical goals as they think that 'this would increase the chances of the findings being distorted by ideas about how the world ought to be, or by what it would be politic for others to believe.' They feel that researchers involved in this kind of work 'are more concerned with the practical effects of our actions', and this may sometimes lead them to be 'economical' with the truth. However Sabo (1994; p. 196) claims that one of the most powerful lessons he learnt from feminism was that:

> ""the personal is political." This means, among other things, that we should not view our personal lives as totally separate from events in society, politics and history....Yes, we need personal change, but without changing the political, economic, and cultural structures that surround us, the insights forged within individuals will fade away. Personal change needs the support of institutional change."
>
> (Sabo, 1994; p. 196)

As someone attempting to take an emancipatory approach to their research these comments underline the importance of an open, honest and fully reflexive account of how I perceive myself to have had an affect on the data collected and the conclusions drawn from it.

At this point I would like to return to my opening quotation in this section from Hammersley and Atkinson regarding the need or otherwise to minimise the influence of the researcher. I agree that in the data collection phase of my study a clear account of how I feel my presence may have shaped the data collected, particularly in terms of my own background and characteristics, may mean that minimising the influence of these characteristics is less of a concern. However, when it comes to the final text, and bearing in mind my chosen emancipatory approach, the influence of the researcher on the final text takes on much more importance. Were I simply to impose my own interpretation on the collective opinions of the athlete's participating in my study this would, in terms of the emancipatory approach, be deemed an oppressive act. Fontana and Frey (1994) and Davis (2000) both suggest that the use of polyphonic interviewing may help to 'disperse the authority of the writer' (Davis, 2000; p. 197). According to Fontana and Frey polyphonic interviewing is a method:

> "in which the voices of the subjects are recorded with minimal influence from the researcher and are not collapsed together and reported as one, through the interpretation of the researcher. Instead, the multiple perspectives of the various subjects are reported and differences and problems encountered are discussed, rather than glossed over."
>
> (Fontana & Frey, 1994; p. 368-369)

It would appear then that this method not only has the advantage of fore-grounding the opinions of the participants in the research, but also, if done properly, answers some of the problems cited by Fontana and Frey above regarding contradictory and excluded data by allowing the reader to see the unedited comments and viewpoints of all the athletes and then to make their own minds up as to whether they agree with my interpretations or

not. I have, therefore, attempted to adopt this approach within this thesis and all quotations from athletes have been shown verbatim and unedited.

The Evolution of the Research Question.

In order to allow readers of this thesis the opportunity to assess for themselves the influences I may have had over the research process and findings it is important that I acknowledge my own socio-cultural and historical background and location and the part they may have played in the selection and evolution of the chosen research question. Lever (1983; p. ix) points out that far too few researchers actually describe how their research evolved and so it is my aim in this section to give an account of how my research question has developed and the part that I, and others, have played in that process.

My growing interest in disability sport came from a variety of sources. I had read with interest Tanni Grey's autobiography (Harrison, 1996). I have also been involved in Olympic Education for nearly nine years as both a participant and a Group Discussion Co-ordinator at the IOC sponsored International Olympic Academy in Ancient Olympia, Greece where we had received over the last three to four years a number of lectures regarding the Paralympic movement. These lectures sparked my interest and as a member of the International Society of Olympic Historians I set about finding out more about the Paralympic movement. On doing so I discovered that there was a real dearth of academic research in the field of disability sport, especially at the elite level, in this country.

However, I did discover a small, but growing groundswell of interest in this field combined with a visible increase in the number of jobs being advertised in this area.

Originally I was accepted to research into coach education and disability sport. However, my focus and interests initially fluctuated as I began to read around the subject. Perhaps the defining moment came through my contacts in the Olympic Movement when a friend at the British Olympic Association sent me a copy of the British Olympic Association Athletes Commission Survey (British Olympic Association, 1996[a,b], 1998, 2000[a,b]), which, as outlined in the introduction, is sent to all British Olympians returning from the Games. This kind of research had, to my knowledge, never been carried out with athletes with disabilities. I became so fired with enthusiasm for my new topic and my desire to do what I considered to be 'good, practical research' that would be of great use to these athletes, that I made the common mistake of getting completely carried away and tried to cover far too much, rather than focussing on one specific area in detail. I intended to design and deliver three questionnaires (to athletes, coaches and the general public) as well as a historical analysis of previous British Performances at the Paralympic Games. I think this would have produced material enough for a large number of Ph.D. At the same time my reading in the area of disability research led me to a greater understanding of the implications of carrying out research in the field of disability and, in particular, for the need to adopt an emancipatory approach to my studies. However, this also led to the dilemma of my trying to use what is generally considered to be a positivist (and in disability research terms an oppressive) method of data collection within an emancipatory

research paradigm. It, therefore, caused me to look far more closely at my chosen methodology and methods of data collection.

In order to gain a greater understanding of disability sport, I contacted the British Wheelchair Sports Foundation, based at nearby Stoke Mandeville, and became a volunteer helping out at national events where I put to good use the skills and experience I had gained in my previous paid employments as a sports facility manager, Athletic Union Manager in a large university and a sports events organiser up to international level. About six months into my studies, I also attended an IPC conference to celebrate the opening of their new headquarters in Bonn, Germany where, because of my work experience and interest, I was co-opted onto the Executive Board of the International Stoke Mandeville Wheelchair Sports Federation. This both surprised and delighted me at the same time and also highlighted the lack of suitably qualified people with the kind of sports administration and business background necessary for a sport going through the pains of transforming itself from a volunteer led, amateur organisation into the kind of professional and commercial organisation necessary to survive in today's economic climate. The benefits to me personally of this co-option were manifold. Not only did it give me a great insight as to what goes on behind the scenes of international disability sport, but also enabled me to attend such major events as the World Wheelchair Games in New Zealand and the Paralympic Summer Games in Sydney. I also believe that this gave me some credibility with the athletes in the sense that I was not a complete outsider or just another researcher. I am very conscious of the fact that I could not be considered to be in any way disabled in terms of those disabilities that make up the Paralympic Games

and can never truly understand what it means to be disabled. However, my participation in their world as an administrator and organiser hopefully gave me greater credibility with the athletes and a greater insight into the world of disability sport.

Having described how the research question evolved and given some indication of how my own personal background may have affected the process I would now like to turn my attention to the method of data collection and analysis adopted for this particular piece of research.

Method of Data Collection and Analysis.

I decided to adopt the method of data collection suggested by Barnes (1992; p. 122), which he suggests is useful when 'protracted interaction between researcher and all the potential participants is not possible'. This involves a three-stage process whereby firstly potential interviewees are contacted well in advance of the main interview to arrange a preliminary meeting. In my case this was slightly different in that the whole of the squad was written to, through their national disability sports organisations, asking them if they were willing or interested in taking part or wanted to know more. As stated in the introduction, the British Paralympic track and field squad were selected as the subjects of this research because athletics, as a sport, includes all five of the disability groups that compete in the Paralympic Games and is also the biggest sport on the Paralympic programme. Also the athletics squad, along with swimming, has traditionally formed the largest squads making up the British team and also have produced the majority, by far, of all the British medals won at previous Paralympic Games. This would, therefore, appear

to indicate that the track and field athletes have managed to overcome or at least alleviate many of the barriers faced by athletes with disabilities in their attempts to achieve sporting excellence. This group of athletes, therefore, forms a purposive sample (Maykut and Morehouse, 1994) and, which according to Denscombe (1998; p.15), allows 'the researcher to home in on people or events which there are good grounds for believing will be critical for the research'.

Those writing back in the affirmative were then contacted by phone in order that I could explain in greater detail exactly what they were letting themselves in for and to answer any questions. At this point, Barnes states that the individual should be placed under no obligation to continue with the research and should be given a suitable period of time to decide should they feel they need it. Barnes (1992; p.122) claims that this not only provides them with 'more control in terms of the decision to involve themselves in the research,' but also gives them 'time to consider fully the issues on which they are asked to comment.' Following their agreement to take part a date was then set for late November, 2000 for the main interview to take place at a location convenient to them. Late November was chosen as I had, in agreement to a request from UK Athletics, put off beginning my interviews until after the Paralympics in Sydney, so as not to interrupt their preparations. The second stage of the process was the depth interview. It is, therefore, pertinent here to look in detail at the interview as a method of data collection.

Sociology and the Interview.

> "The long interview is one of the most powerful methods in the qualitative armoury. For certain descriptive and analytic purposes, no instrument of inquiry is more revealing. The method can take us into the mental world of the individual, to glimpse the categories and logic by which he or she sees the world. It can also take us into the life-world of the individual, to see the content and pattern of daily experience. The long interview gives us the opportunity to step into the mind of another person, to see and experience the world as they do themselves."
>
> (McCracken, 1988; p. 9)

Benney and Hughes (1984; p. 215) claim that 'sociology has become the science of the interview' because the interview has become the 'favourite digging tool' of a large number of sociologists and also, because 'interviewing is interaction and sociology is the study of interaction' (Fontana & Frey, 1994; p. 361). Punch (1998) appears to be in agreement with McCracken (above) when he says of the interview:

> "It is a very good way of accessing people's perceptions, meanings, definitions of situations and constructions of reality. It is also one of the most powerful ways we have of understanding others."
>
> (Punch, 1998; p. 174 – 175)

Several authors liken an interview to a conversation (Maykut & Morehouse, 1994; p.79; Robson, 1993; p. 228). However, they claim it is 'a conversation with a purpose', which in this case is to find out more about the problems faced by athletes with disabilities in their involvement with sport.

Interviews can take several forms including face-to-face, telephone and postal questionnaires. However, the kind of interview I used is the face-to-face long or 'depth' interview. According to Hammersley & Atkinson (1995):

> "Any decision about whether to use interviews, alone or in combination with other sources of data, must be made in the context of the purpose of one's research and the circumstances in which it is to be carried out."
>
> (Hammersley & Atkinson, 1995; p. 132)

The purpose of my research is to investigate the actual lived experiences of current British Paralympic track and field athletes and to critically examine, within an emancipatory paradigm, how their perceptions and experiences are affected by current prevailing ideologies with regard to disability within the general population.

Interviews can be described as structured and unstructured although, I prefer, in line with Wilson (1996), to think of them on a continuum from highly structured to less structured for as Wilson states:

> "An interview constructed in an unstructured style still contains a degree of control of the interview process by the interviewer. The fact that the interview is more naturalistic (i.e. it reflects better the normal rules of conversation such as 'turn-taking') should not disguise the issue that the interviewer has a focus (or series of foci) for what is being asked and may introduce topics as she or he sees fit. Thus the term 'less-structured' methods of data collection is preferable to 'unstructured' and one should think of the dimension of structure as a *variable*, ranging from highly to less structured methods."
>
> (Wilson, 1996; p. 98)

Structured interviews, often in the form of questionnaires, are highly standardised using pre-designed and often pre-coded answers, which allow for quicker and easier comparison of results, often using a statistical computer package. From a positivist perspective this is claimed to lead to more reliable and 'valid' results. Unstructured or less structured interviews are considered to be more free flowing and spontaneous, comprising a series of open-ended questions. In this case the outcome of any such

interview is reliant upon both participants in the process, for as Mischler (1986, cited in Maykut and Morehouse, 1994) points out:

> "An interview is a joint product of what interviewees and interviewers talk about together and how they talk with each other. The record of an interview that we researchers make and then use in our work of analysis and interpretation is a representation of that talk."
>
> (Mischler, 1986, cited in Maykut and Morehouse, 1994; p. 80)

Such an approach allows for an element of flexibility within the interview process allowing for a greater degree of probing by the interviewer with regard to an interviewee's answers and comments and thus, hopefully, giving greater depth to the data collected. Such an approach is said to be ideographic (focussed on cultural and historical particulars) and allows for recognition of the individuality of each participant in the interview process.

Although a number of issues of interest had emerged from my reading prior to the interviews regarding the sporting lives of the participants in my research, and taking into account the above, it was not my intention to go into the interviews with a rigid set of questions to be followed robotically throughout each interview. Instead, and more in line with my chosen emancipatory approach to the research process, I had a list of provisional topics I wished to explore with my interviewees (See appendix 6). It was important that I went into each interview without any pre-conceived ideas of what the participants might say about their lives. After all, I was there to hear about their perceptions of their lives, not my own perceptions of them. The suitability of the 'unstructured' interview approach for my research is reinforced by Jary and Jary (1999) who point out that:

> "Unstructured interviews are desirable when the initial exploration of an area is being made, and hypotheses for further investigation being generated, or when the depth of the data required is more important than ease of analysis."
>
> (Jary & Jary, 1999; p. 338)

The relative dearth of information regarding elite level athletes with disabilities in this country and elsewhere infers that my research is better served by obtaining a degree of depth to my data rather than ease of analysis. However, in line with the critical element of my chosen approach it was necessary for me to probe their answers quite deeply through the use of 'why?' and 'why not?' types of questions. This digging not only gave me a greater insight into why they perceived things the way they do, but also forms part of the 'consciousness raising' process outlined earlier in the section on the critical science paradigm in that it forced them to think more closely about the views they hold and why they hold them. Indeed in my very first interview, during a tea break at the half way point, Mark surprised me by stating that the interview so far had really made him think about a lot of things. As soon as the interview re-started I got him to repeat these comments for the tape.

IB Right so if we go back to what you were just saying during the break about the effect my questioning has had on you. Can you sort of, say it again?

Mark Yeh. As I say it's something you don't always think about, you know. You sort of..I said I felt sort of ...I feel quite sort of ..I'm not saying depressed, sort of quite low bringing out all these, I feel as though I'm bringing out all the bad points, but erm, because generally you just you know you just...for the last I'd say thirteen, fourteen years you just get on with it. You know, go to work, do your running.

IB Do you think you just sort of..it's a case of sort of you just become accustomed to the problems and you just try to block them out of your mind?

Mark I wouldn't say purposely block them out, but you just become accustomed. It's just part of your day.

This would appear to indicate that this kind of data collection technique does have the ability to form part of the 'consciousness raising' process as discussed above. However, it has to be acknowledged here that Mark was the only participant to make any comments of this nature.

Several features of the qualitative interviewing situation, according to Maykut and Morehouse (1994; p. 80-81) make it possible to obtain 'a rich discussion of thoughts and feelings'. These include the fact that this kind of interview generally lasts between one-and-a-half to two hours which allows for extended and deeper interaction with the interviewee and also allows the interviewer time to 'establish rapport with the interviewee and to foster a climate of trust.' However straight forward and easy this process might sound in reality it is fraught with pit-falls. As McBurney (1998; p. 157) points out 'the presence of the interviewer creates a social situation that may result in biased responses', a fact concurred with by Denzin (1989) who states:

> "People do not always tell interviewers what they want to know. ...This resistance to "telling all" may reveal insecurity in the interviewer's presence, may indicate a commitment to a sense of propriety unknown to the interviewer, may indicate a misunderstanding of the question, or may be deliberate resistance."
>
> (Denzin, 1989; p. 110)

Barn (1994) claims that the personal characteristics of an interviewer (e.g. race, gender, age) all play an important role in this interactive process. Barn cites Labov (1977) who, in his study of patterns of speech found that:

> "black children were far more verbal and forthcoming when interviewed by black interviewers, particularly ones who dressed in a casual style and who could speak the same dialect as the children."
>
> (Labov, 1977, cited in Barn, 1994; p. 51)

The question of dress and presentation is also considered by Smart (1984, cited in Scraton and Flintoff, 1992; p. 180) who states that this question is rarely addressed in discussions of the research process 'and yet this was experienced as a subtle but important aspect of doing the research.' This raised several issues for me as an interviewer. Should I dress casually, possibly in sports kit in order to make them feel comfortable and at ease with me? Or will their perceptions of 'a researcher' be someone in a suit and tie with a clipboard and my failure to live up to these perceptions mean that they fail to take me seriously as a researcher? In the end I opted for a smart-casual approach and in order that any affect my dress might have should be uniform I chose to wear exactly the same clothes to every interview. This consisted of black slip on shoes, grey socks, grey cotton trousers, a navy blue cotton shirt with button down collar and a fawn Adidas casual jacket (See figure 3, below) with a British Olympic Association logo and the words 'British Olympic Foundation – IOA 2000' around it. This logo actually served a useful purpose as several of the sighted athletes commented upon it and it served as a useful ice-breaker to the conversation (See figure 4, below).

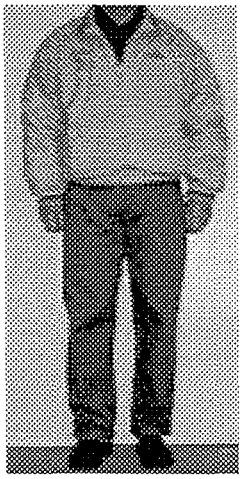


Fig. 3. The smart-casual look.

Fig. 4. A conversation ice-breaker with the sighted athletes.

The whole area of the first impression made on each of the participants in my research could have had a positive or negative affect on the way each of them reacted to me throughout the rest of the interview process, for as Punch (1998) points out:

> "It is necessary to ensure that respondents have been approached professionally, and, within limits, fully informed about the purpose and context of the research, about confidentiality and anonymity, and about what use will be made, and by whom, of the information they provide. It helps also to point out that this sort of research is not possible without their co-operation, and they should know clearly what they are being asked to do. Experience shows that when this is done properly and professionally, people will co-operate, and the quality of the data is improved."
>
> (Punch, 1998; p. 104)

McBurney (1998; p. 167) concurs with this view and suggests that the interview may be preceded by some pleasantries regarding the weather etc, but should attempt to get to the point reasonably quickly 'to avoid arousing suspicion'. With the exception of all but two, the interviews were all carried out in the participant's own homes in an attempt to make them feel as comfortable as possible. Of the other two interviews, one was held at Stoke Mandeville Hospital where the athlete was on a training weekend and the other at a hotel in Nottingham where the athlete was also attending a training weekend. I believe that this

had the effect of making the athletes feel more comfortable in the familiar surroundings of their own homes and so, hopefully, added to the quality of the data collected. It was my intention to offer them both confidentiality and, as far as is possible, anonymity through the use of pseudonyms. However, all of the athletes without exception were quite happy to be quoted under their own names. In the end I was able to interview twelve of the squad of forty-seven athletes that were present in Sydney. (For a short sporting bibliography of each participant in this research please see appendix 7). In all I received responses from twenty-three members of the squad from forty-two letters which I sent out initially. This equates to a fifty five percent (approx) response rate. This compares well with the average '30-40 per cent' response to postal questionnaires reported by McNeill (1990; p.40). This gave me confidence that the athletes were indeed keen to participate. Initial enquiries, therefore, indicated a degree of eagerness on behalf of the athletes contacted to participate brought on, apparently, by the fact that someone was actually showing an interest in them and the problems they face as athletes. This is in line with the claims of both Denscombe (1998) and Sapsford and Jupp (1996) that response rates will increase where the respondents perceive the study being undertaken to be devoted to their needs. In fact of the twenty-three only three declined to play any part in my research at all.

I stated in the introduction that the focus of the data collection for this research was largely on the athletes themselves. However, when I came to interview Hazel, who has cerebral palsy with additional short term memory problems and a mild intellectual disability, the interview was carried out in the presence of her mother. Despite stating

when I began the interview that it was Hazel's perceptions and thoughts I was interested in it became clear that Hazel relied heavily on her mother to help her respond and to prompt her memory. It also became very clear that they were extremely close and that her mother had been an integral part of Hazel's sporting career right from the beginning. Everything that Hazel had witnessed, so had her mother. Although they will have experienced and perceived these events in different ways in the end I felt that it was actually useful to include in this research the experiences of someone who had spent so much time in the company of a disabled individual. Hazel's mother had witnessed and experienced first hand many of the problems experienced by Hazel in her daily life as well as her attempts to become involved in and progress within the sport of athletics. It was also a way of ensuring that Hazel was included within the research process.

Much is made of the fact that the interviewer – interviewee relationship is a hierarchical one 'with the former holding the expertise and the latter being the passive respondent' (Scraton & Flintoff, 1992; p. 180). However, in terms of my own research, and what it is like to be an elite athlete with a disability, it is the interviewee who holds all the expertise and I believe getting this point across to the participants in my research went some way in helping to negate this hierarchical structure. Sharing my own experiences as an administrator in international sport for the disabled and answering any other questions the participants had for me in an open and honest way hopefully helped with regard to this problem for as Keenaghan (1994) states:

> "Some respondents commented that they generally perceived me as being 'open and friendly' and this put them at their ease. At the time I was aware

> of this as a dynamic and so I was conscious of continuing to communicate in a 'friendly manner'."
>
> (Keenaghan, 1994; p. 94)

All of these tools for approaching the less structured approach to interviewing are designed to make the interviewee feel as comfortable as possible and build up a sense of rapport between the interviewer and interviewee, but as Jary and Jary (1999; p. 338) point out care must be taken not to build up an over-rapport whereby 'an interviewer relates to the interviewee as if certain responses can be taken for granted, thus distorting outcomes'. I will now turn my attention to one way in which interviews can be used in the process of qualitative data collection commonly known as the life history method.

'Life Histories'

According to Clifford (1994) the sociological tradition of the 'life history', or the 'life documents', method of research was closely connected to the interpretive and symbolic interactionist sociology of the Chicago school in the 1930's. According to Sapsford and Jupp (1996), the Chicago school took up this method following the pioneering work of Thomas and Znanieki who had used this approach to describe the life history of a Polish émigré to Chicago in the early part of this century and published in five volumes entitled *The Polish Peasant in Europe and America.* There are many terms and definitions for what constitutes the life history approach to research including life story, case history, and biography to name but a few. Clifford (1994; p. 107) claims this approach 'is traditionally a qualitative methodology, based on humanistic concerns with individual lives and the importance of subjective perception.' According to Corradi (1991, cited in

Sparkes & Templin, 1992) this approach focuses 'exclusively upon oral accounts' and refers to:

> "the results of a research approach that consists of collecting an individual's oral account of his or her life or special aspects of it; the narrative is initiated by a specific request from the researcher and the ensuing dialogue is directed by the latter towards his or her field of inquiry. A life story thus involves the dialogical interactive situation in which the course of an individual's life is given shape: by the reason of the request that shapes and orientates them, and the subsequent analysis to which the researcher subjects them, life stories aim to explain and give meaning to social phenomena."
>
> (Corradi, 1991, cited in Sparkes & Templin, 1992; p. 119)

Smith (1994; p. 302) claims that this approach 'seems a rich and only partially exploited form of inquiry for reaching multiple intellectual goals and purposes'. Perhaps part of the reason for this is that, as Goodson (1988; p. 74) claims, there was 'an increasingly strong advocacy for the statistical method' during the 1940's and 50's which lead to the gradual domination of quantitative approaches to research and it was not until the 1980's that the life story approach began to resurface.

Clifford (1994) underlines the point that a life history is not the telling of one story, but two – 'the life history of the interviewee as told from their perspective is one story, whilst its reception and re-interpretation by the interviewer is another (Clifford, 1994; p. 106). Clifford goes on to claim that this distinction raises issues about the validity of evidence about a subject's personal history, as against its meaning for the researcher and their perception of it. This is a key issue in qualitative approaches to sociology and concerns the interpretation of that evidence and the priority of the interviewee's interpretation as against that of the researcher. However, from the interviewee's perspective, according to

Sapsford and Jupp (1996), whether an account is 'right' or 'wrong' is not an issue in the life history approach for:

> "if a subject sees the world in a particular way then that way is, for that person, 'right'. The examination of social perspectives and images is often a forerunner to social actions, the assumption being that actions are underpinned by the way in which the social world is interpreted by actors."
>
> (Sapsford and Jupp, 1996; p. 300).

The life history approach, therefore, appears to have as its aim to capture the first-hand subjective accounts of the actual lived experiences of individuals from their own perspectives. It allows for individual voices to be heard whilst at the same time allowing groups of individual voices to be compared in order to highlight both the individual and communal issues raised by the participants in a particular study. This appears to fit well with the emancipatory approach to research, which I outlined earlier, and I would now like to look further at the suitability of the life history approach (and its variants) for use within an emancipatory approach to research.

Life Histories and the Emancipatory Approach.

Hakim (1989; p. 65) claims that this approach has, most commonly, up to now been used to study minority groups that 'are not easily located for larger scale studies and whose experiences are more distinctive or uncommon and hence less well known than those of members of majority groups.' In clearly linking this approach with the emancipatory approach Morrow and Brown (1994) suggest that:

> "One of the distinctive characteristics of critical research is that the kinds of questions asked relate to the dynamics of power and exploitation in ways that potentially are linked to practical interventions and transformations.....Such possibilities are built into the very nature of *autobiographical* and *life history methods*, given the intimate relationship

> between the critical-emancipatory knowledge interest and individual development as mediated by collective awareness."
>
> (Morrow & Brown, 1994; p. 257-258)

Hakim (1989; p. 65) goes on to suggest that the principal use of 'case histories', as she terms them, is in 'providing an unusually detailed exploration of all possible causes, determinants, pathways, processes and experiences that might have contributed, directly or indirectly, to the known outcome' and she claims that this aspect makes this approach particularly useful in providing 'illustrative or exploratory material for research on causal processes'.

The life history approach and its variants have been applied to a wide range of minority and marginalised groups in order to highlight the effects of a variety of issues including sexism, racism, homophobia and disablism. Smith (1994) states that it is argued by feminists that the use of personal narratives from a wide variety of women will greatly enhance the examination of issues such as equity, power, social structure, agency, self-definition, and their interrelations. Smith goes on to claim that 'images, models, and insights for change exist in the life-writing narratives and critical reflections upon these stories' (Smith, 1994; p. 299). This last claim is shared by Mies (1993) following her research into women who had been victims of violence in the home. In prefacing her argument for this point she states:

> "It became necessary to help women understand that their own experience of male violence was not just their individual bad luck or even their fault, but that there is an objective social basis for this private violence by men against women and children. This meant that they had to understand the sociological and historical dimensions of male violence if they were to get

> out of the masochistic tendency to attribute the failure of their marriage to their own failure as women."
>
> (Mies, 1993; p.77)

Mies claims that for the women concerned, the systematic documentation of their life histories becomes something they could view from a certain distance and with a certain sense of detachment. It had the effect that their own subjective biography assumed an objective character and could then play a part in setting them free from their own past and present sufferings and mistakes by allowing them, if they so wished, to draw lessons for the future from the 'commonness and monotony of the everyday violence' that is their own past history (Mies, 1993; p. 79). Mies concludes by stating that:

> "Only when women can use their own documented, analysed, understood and published history as a weapon in the struggle for themselves and for all women will they become subjects of their own history."
>
> (Mies, 1993; p. 79)

Keenaghan (1994), a lesbian researcher into the lives of lesbians and gay men raises a valid point regarding the readership of life history reports, the knowledge of the general populace regarding their subject matter in general and the effect that any gap in knowledge by the general populace has on the particular group being researched:

> "I personally value reading life histories and herstories by lesbian and gay men for themselves. It would be interesting to know how many of these publications are read by heterosexuals. However if these publications are the only places that our experiences are being reflected, we need to assess the gaps in the knowledge of the general population and to measure the extent that this gap in knowledge affects our lives."
>
> (Keenaghan, 1994; p. 88)

This point has repercussions for all minority and marginalised groups and underlines the fact that the life history approach I have chosen to take for my research is only one of

many possible ways of investigating and presenting research findings into a particular subject area. For any group to successfully gain understanding and acceptance within society in general it is necessary to use as wide a variety of methods as possible to put their experiences and message across.

Finally, Goodson (1991) raises concerns over those who wish to adopt collaborative modes of research such as the emancipatory approach that attempt to give full equality and stature (in this case with respect to teachers), but who then focus upon the practice of teachers as the initial and predominant focus. He argues that

> "for the researcher this focus may seem quite unproblematic. However, for the teacher it may seem to be the maximum point of vulnerability. For him (sic) a more valuable and less vulnerable entry point would be to examine teachers' work in the context of their lives since this focus potentially allows the teacher greater authority and control over the research process."
>
> (Goodson (1991), cited in Sparkes and Templin, 1992; p. 124)

This approach then would appear in line with the emancipatory approach to research outlined earlier in this section and it is my aim to employ the life history approach (focusing on the participants lives as elite athletes in the main) to investigate the kinds of problems and opportunities that British Paralympic track and field athletes have encountered in taking up and progressing in their chosen sport of track and field athletics.

Methodological Overview and Analysis of Data.

Throughout this chapter I have attempted to outline the methodological underpinning of my study, to show how the research has evolved and explain why I have adopted the particular data collection methods outlined. In the end a critical emancipatory approach

was adopted as I felt that this placed the athletes squarely in the centre of the research process and, hopefully, negated some of the power usually held by the researcher during the research process. It also meant that the participants had the opportunity for a positive input into the final report and it is my hope that the process overall may have helped the participants to take a small step towards an increased self-awareness of some of the problems they face and why these problems might arise. However, through reflexive self-awareness I am aware that what follows in the proceeding chapters is only a partial representation of the world of a British track and field athlete with a disability. Although through the use of polyphonic reporting of participant's responses, I have attempted to foreground the opinions of the participants and background that of the researcher. I hope that through the on-going reflexive commentary I have been able to make clear to the reader my own socio-cultural and historical background and my motivation for doing this research. If there is one thing that shines through above all other I hope that it is that I am completely committed to assisting athletes with a disability towards the stated aim of the disability movement of self-emancipation and greater understanding and acceptance within society as a whole. As outlined earlier in this chapter much is made within the research community of the terms 'validity' and 'reliability' and the difficulty of gauging such concepts when referring to interpretative works such as this. This is because both terms originate from within the positivist research paradigm and their connotations are, therefore, at odds with an interpretative approach to research. According to Jary and Jary (1999) 'validity' refers to the extent to which a particular measure or method of data collection possesses the quality of being sound or 'true' as far as can be judged. However, in interpretative research the question arises of 'whose truth?' Unlike the

positivist approach, which holds there is only one 'truth', in interpretative research the 'truth' of a particular situation is dependant upon individual interpretation, opening the way for many possible 'truths'. According to Sapsford and Jupp (1996) the 'reliability' of data refers to the consistency of the data in terms of its reproducibility by different researchers. Denscombe (1998; p.137) claims that interview data is 'to an extent, unique owing to the specific context and the specific individuals involved.' He, therefore, claims that this has an adverse affect upon 'reliability'. This is why interpretative researchers prefer to discuss their findings in terms of how authentic or credible they appear to the reader. The question then becomes to what extent the reader feels they can place their confidence in the outcomes of a particular study and whether they believe what the researcher has reported (Maykut and Morehouse, 1994). It would appear more appropriate, therefore, to refer to the authenticity or credibility of my account and it is my hope that by clearly explaining how the study evolved and how the data was collected and analysed that my final account might be deemed authentic or credible by those who read it.

Harvey (1990; p. 13) states that 'the process of assimilating and reflecting on the data and the research process is the most difficult, but also the most crucial part' of the critical research process. The difficulty of working with qualitative data is underlined by Miles (1979, cited in Bryman and Burgess, 1994; p. 216), who describes it as 'an attractive nuisance', and although guidelines for the analyses of qualitative data are scarce Harvey describes a method pertinent to the critical approach, which I decided to adopt. Although he does state that this is only one of a number of different approaches that could be

adopted he suggests that multiple readings of the data is one such approach. This approach appears very similar to the 'immersion/ crystallization' method described by Borkan (1999) and involves the researcher reading and re-reading the data, usually in chronological order to start with, in order to become familiar with it. One product of this familiarisation process is the recognition of emerging themes within the data, which were also informed by my previous reading and experience in disability sport. This data is then segmented into the relevant and selected themes, which is then copied (multiple times where necessary) and cross-referenced and placed under the relevant titles or themes. From this, certain dominant themes will emerge which will be covered in more detail within the final text. However, according to Harvey this process of segmenting into themes is not only guided by recurrent themes within the data, but also by sets of structural relations that appear to have a bearing upon the field of study which cannot be uncovered by the detailed data collected during the interviews alone. According to Harvey:

> "It requires that, in parallel to it, the researcher undertake a broad exploration of the prevailing social, political and economic structures in which the detailed study is located. This may, and often does, involve a historical examination of structural changes to show how these have impinged upon the subjects."
>
> (Harvey, 1990; p.14)

This will include issues such as power (political or economic), policy legislation and a wide range of issues that may impinge upon the lives of people with disabilities in general and athletes with disabilities in particular. Identifying their existence and how each affects the lives of the participants in this research is a key part of gaining a better understanding of the themes that emerge from the data collected. In conclusion Borkan (1999; p. 180) claims that this method 'uses more of the researcher' because it often

requires 'cognitive and emotional engagement of the self to get beyond the obvious interpretations to hear, see, and feel the data.'

The interviews themselves were all recorded on audiotape and then transcribed in full. Even the transcription process allows for time to indulge in a reflexive process with regard to the research carried out and at the same time begins the process of familiarisation with the data. Following this the tapes were played over and over and the transcripts read many times in order to gain an intimate familiarity with the data. By transcribing the interviews directly into a computer package such as Word 2000 it made the job of segmenting and cross-referencing relevant themes much easier as facilities such as 'cut and paste', 'hyper-text links' and 'keyword searches' made organising the data in an accessible format prior to further analysis much easier. I decided against the use of a computer software package such as NUDIST or Ethnograph, because although they may alleviate some of the long and arduous task of cutting and pasting data I believe that this hands-on time with the data forms an important part of both the 'immersion/ crystallization' and the reflexive process involved in the analysis of the data. Also, as Bryman and Burgess (1994; p.221) point out there are around eleven different software packages of this type available and as yet no research or commentary on 'how far the different programs condition the analysis that is undertaken and hence influence its findings'.

In light of the fact that all of the participants in this research declined the offer of a pseudonym, they are all quoted under their own names. However, wherever I considered

the information given to be of a sensitive or confidential nature I have deliberately been vague about the individual or individuals concerned. This is particularly relevant when discussing financial issues or other information that is divulged to me in confidence and so I will make every effort to ensure that each individual's anonymity is protected where necessary. This may mean that on occasion I am deliberately vague about a particular individual's identity through the use of a phrase such as 'as one of the athletes said' (or something similar).

Respondent Validation.

The third and final stage of data collection as outlined by Barnes (1992) is that of respondent validation whereby, following the main interview, another meeting date is set at which the preliminary findings can be discussed and the participants given an opportunity to comment upon them. These comments can then be incorporated into the final concluding analysis. Barnes claims that such an approach would help increase what I would call the credibility or authenticity (but he uses the term 'validity') of the research outcome, as well as helping to 'shift the balance of power between researcher and researched, and in some respects help to erode the myth of the 'professional expert'' (Barnes, 1992; p.122). However, professional views over the use of respondent validation appear to be divided. Bloor (1978, cited in Silverman, 1994; p.159) describes three procedures, which have been attempted to gain respondent validation. These are:

1. The researcher seeks to predict participants' classifications in actual situations of their use.
2. The researcher prepares hypothetical cases and predicts respondents' responses to them.

3. The researcher provides respondents with a research report and records their reactions to it.

(Bloor, 1978, cited in Silverman, 1994; p.159)

From the perspective of my own research it was procedure three that was most relevant and so each participant was provided with a report of the preliminary findings. This included large print format for the visually impaired and by e-mail to one of the blind athletes for use on his 'talking computer'. As a result of shortages of available time, due to heavy training schedules in preparation for this year's World Championships in Lille, France, each participant was asked to write their comments directly onto the draft and return it to me in the stamped addressed envelope provided. They were also given the opportunity to call me to discuss any points that needed clarification. One of the problems of respondent validation raised by Silverman (1994; p.159) is the question of whether respondents are able to 'follow a report written for a sociological audience' and also even if they are able to follow it whether 'they will (or should) have any interest in it'. The first part of this problem was really down to my own ability to write intelligibly and, hopefully, the use of a polyphonic approach, as described earlier, made this easier. I also feel that this process afforded the opportunity for explanation, clarification and further discussion of the issues raised leading, hopefully, to a greater understanding on both sides. With regard to the second part of whether the respondents would (or should) have any interest in it, I feel that if the emancipatory approach is to achieve its stated aims then it is imperative that all participants in the research process (including the researcher) take an interested and active role in the process. Also, as stated earlier, there did appear to be a keen interest in this research from the athletes, not least because someone was actually taking an interest in them and their lives.

Both Strathern (1987, cited in Bryman, 1988) and Abrams (1984, cited in Silverman, 1994) make similar claims that respondent validation is only really possible when 'the results of the analysis are compatible with the self-image of the respondents' (Abrams, 1984, cited in Silverman, 1994; p.159). Bryman (1988) also states that anthropologists such as Geertz (1973) have noted that 'it is unlikely that respondent validation will greatly facilitate the ethnographer's second-order interpretations of subjects' first order interpretations' (Bryman, 1988; p.79). However, it is my view that, as human beings, we all have the propensity to misinterpret other people's interpretations (either as the researcher misinterpreting the data provided by participants or as the participant misinterpreting the report provided by the researcher). This process, therefore, provided an opportunity to correct any glaring misinterpretations and even if there was a difference of opinion to openly discuss these differences, which hopefully lead to a better understanding on both sides. As Fielding and Fielding (1986, cited in Silverman, 1994) concede – subjects may have additional knowledge, particularly about the context of their actions, although it cannot be assumed that respondents have privileged status as commentators on their own actions, and Hammersley and Atkinson (1995) claim any feedback cannot be taken as conclusive validation or refutation of the researchers interpretations. Rather they claim that such a 'validation' process should simply be treated as 'yet another source of data and insight' (Hammersley and Atkinson, 1995; p.230).

Having outlined how this research has evolved, the data collection and analysis methods utilised and the methodological underpinnings upon which it is based, I would now like to turn my attention to a more detailed account of the social and medical models of

disability, their relationship to social construction theory and their relevance to disability sport.

Chapter 4 - Social Construction, the Social and Medical Models of Disability and Disability Sport.

As stated in the methodology chapter, it is my aim to adopt the social model of disability as the framework through which to investigate and discuss the attempts by the participants in this research to take up sport and progress to the elite level. The general aim of this chapter is to outline the origins of social construction theory, what it is understood to be, and its relation to the social and medical models of disability. How and why the social model of disability can be applied to sport for people with disabilities in order to highlight and explain the kind of problems they face in becoming involved in, and progressing within, their chosen sporting activity will be introduced. I then provide an outline of a six-point framework, described by Stone and Priestley (1996), for use by non-disabled researchers wishing to carry out research in the field of disability studies, whilst adopting an emancipatory approach to the research process. Finally an outline of the remaining chapters of the thesis will be provided.

The Origins of Social Construction Theory.

There appears no one single definition that could adequately cover the areas in which the range of writers who are referred to as social constructionists are involved (Burr, 1995). Wallace and Wolf (1999) claim that in sociological terms the theoretical underpinnings of this approach stem mainly from the work of Berger and Luckmann (1966). Wallace and Wolf (1999; p. 277) claim that Berger and Luckmann (1966) take a 'sociology of knowledge approach' in which they 'focus on the processes by which any body of 'knowledge' comes to be socially accepted as 'reality''. Burr (1995; p.2) claims that a

social constructionist approach has at its foundation one or more of the following key assumptions:

1. *A critical stance towards taken-for-granted knowledge*: Social constructionism is in direct opposition to the positivist and empiricist approach taken by most modern day scientists and invites those who use it to be critical of and directly 'challenge the view that conventional knowledge is based upon objective, unbiased observation of the world' (Burr, 1995; p.3).

2. *Historical and cultural specificity*: An understanding of the world around us, in whatever terms we choose to view it, is dependent on where in the world and at what point in history one lives and as a result of this Burr claims:

> "This means that all ways of understanding are historically and culturally relative. Not only are they specific to particular cultures and periods of history, they are seen as products of that culture and history, and are dependent upon the particular social and economic arrangements prevailing in that culture at that time"
>
> (Burr, 1995; p.4)

3. *Knowledge is sustained by social processes*: Social constructionists claim that our knowledge of the world and our ways of understanding it are constructed by people during their daily interactions, which makes social interaction of all kinds and especially language, of key interest.

4. *Knowledge and social action go together*: Due to the wide variety of different forms such constructed understandings of the world can take, it is possible for there to be

numerous possible social constructions of the world each of which invite a different kind of action or response from human beings.

At the heart of the approach taken by Berger and Luckmann is the question of how everyday reality is socially constructed. Wallace and Wolf (1999) define the key concepts of Berger and Luckmann's theory as 'externalisation, objectivation and internalisation', which they state Berger and Luckmann describe as '"moments" of a dialectical process' (Wallace and Wolf, 1999; p. 278).

Externalisation: This is the initial phase or 'moment of production' in the dialectical process whereby human beings create their own social world through social interaction. According to Wallace and Wolf (1999; p. 278) this social order is 'the "result of past human activity" and "exists only and insofar as human activity continues to produce it."' As a result this moment of 'externalisation' not only helps create new social realities, but also enables the re-creation of existing social institutions and orders by the continued 'externalisation' of them.

Objectivation: This is defined as the process by which everyday life appears as an 'ordered, prearranged reality that imposes itself upon, but is seemingly independent of human beings' (Wallace and Wolf, 1999; p. 279). The means of beginning and maintaining this objectivation process is language and an understanding of a particular language in a particular culture at a particular time is essential for an understanding of the reality of everyday life.

Internalisation: The third and final 'moment' in this process is internalisation, which leads to the legitimation of the current social order whereby the social world gains the status of reality within the consciousness of those individuals inhabiting it.

In short, as Devine (1997; p.3) puts it, 'meaning is created, learned and shared by people. Created meaning is then reflected in the behaviours, objects and language used by people'. In this sense Burr (1995) claims meaning has:

> "Developed a kind of factual existence or truth; it seems to be 'out there', an 'objective' feature of the world which appears as 'natural', issuing from the nature of the world itself rather than dependent upon the constructive work and interactions of human beings."
>
> (Burr, 1995; p.10)

Finally future generations within a society internalise the idea as part of their consciousness, as they are born into a world where the idea already exists and so it becomes part of their understanding of the nature of the world in which they live.

One thing both Burr (1995) and Wallace and Wolf (1999) fail to discuss is the fact that any interpretation would be just one possible construction of a particular subject or issue and how, therefore, individuals within a society go about prioritising or evaluating things when confronted by a variety of possible constructions of the same subject. This is an important issue as it is at this point that the influence of political and economic power and the concept of social construction converge. Priestley (1998) gives one possible explanation of this problem by referring to the description of cultural imperialism put forward by Young (1990):

> "Cultural imperialism for Young (1990; p.58) involves the 'universalisation of a dominant group's experience and culture, and its establishment as the norm'. Where this occurs the normalcy of the dominant group's perspective leads alternative perspectives to be judged as deviant; to be characterised as 'other'. For Young this is a 'paradoxical oppression' because the imperialised group is both made invisible (through cultural norms) and simultaneously marked out as visibly different by stereotypes (usually related to bodily characteristics such as skin colour, gender, age or impairment)".
>
> (Priestley, 1998; p. 87)

This can be linked to a further issue described by Wallace and Wolf (1999) that was put forward by Berger and Luckmann with regard to internalisation – that of reification, whereby the products of human activity are perceived as if they are not produced by human beings, but are something else such as 'facts of nature, results of cosmic laws or manifestations of divine will' (Wallace and Wolf, 1999; p. 282). In this sense, from a social constructionist perspective, it could be claimed that the reification of disability has occurred through the perceptions of disability embedded in the medical model discourse, which place the 'problem' of disability squarely on the shoulders of the individual with an impairment and, once this perception is internalised within society, in doing so, severely restricts the ability of the person with a disability to act i.e. makes them a prisoner of their own destiny. In this way 'disability' becomes the issue and cause of all the problems faced by an individual with an impairment and the part played by other members of society in producing these problems becomes hidden from view. This is a position that Wyeth (1989 cited in Page et al, 2001; p. 41) terms the 'disability ghetto' which Page et al define as:

> "a "shared experience rather than an actual place" that is characterised by "poverty, unemployment, and lack of socialisation," and mediated by the social and economic circumstances in which many individuals with disabilities find themselves."
>
> (Page et al, 2001; p. 41)

The use of social construction theory is not confined solely to the field of disability studies. It has been used to investigate many areas of society as the following quote from Figueroa (1993) indicates:

> "Racism at the cultural level can be thought of as the operation of a shared racist frame of reference. This is a socially shared set of assumptions, beliefs, conceptual constructs, symbolic systems, values, attitudes and behavioural norms linked implicitly or explicitly to a concept of 'race', ...Thus, this racist frame of reference can be thought of as a group myth, ideology, worldview, shared paradigm or embedded code in which real or supposed phenotypical or other features, taken as natural or inherent defining characteristics, constitute the key differentiating factor. It animates and constrains perception, interpretation and action, defines group identity, provides a rallying point for group loyalty and cohesion, structures social relations, provides a rationale for the existing social order, and performs a system maintenance function, serving the interests of those who hold power. It essentially operates at a tacit or taken-for-granted level".
>
> (Figueroa, 1993; p. 93)

It would appear that the words 'race', 'racist' and 'racism' could quite easily be replaced by words such as class, gender, age, disability, sexual orientation and all of their relevant 'isms' without changing any other words or the overall context and meaning of the quote, although in practice these might be differently experienced. Wendell (1996; p.37) claims that social factors that have an affect on people's bodies are mediated by other factors such as 'racism, sexism, heterosexism, ageism, and advantages of class background, wealth, and education.' The social construction approach, therefore, allows for the inclusion of numerous possible interrelated factors when investigating each factor's affect (both positive and negative) on individuals or particular social groups. It seems that this would indicate the usefulness and flexibility of the social construction approach to investigating a wide range of social issues and problems.

Power – Knowledge, Medical Model Discourse and Disability.

A key concept in defining how powerful ideas shape or generate a framework of discipline for organisational systems is the Foucauldian idea of power – knowledge. This power – knowledge is based on common assumptions and according to Foucault these assumptions underlie particular patterns of language use, particularly in 'expert jargon' (O'Donnell, 1997; p. 98). Foucault calls a set of common assumptions related to a particular topic a 'discourse', which according to Layder (1994):

> "refers to all that can be thought, written or said about a particular thing such as a product (like a car, or a washing detergent), or a topic of specialist knowledge (such as sport or medicine). In this sense, the ability to employ a discourse reflects a command of knowledge of a particular area. It also implies that this facility is employed in relation to people who lack such command and have no legitimate claim to such knowledge. For instance, command of a particular discourse, such as that of medicine or law, also allows control over those who do not, such as patients and clients"
>
> (Layder, 1994: p.97)

According to O'Donnell (1997) those who do have command over the knowledge within a particular discourse, the experts, have the power or authority to establish that discourse, which can then be extremely difficult to challenge without the help of an alternative set of experts. In modern day western societies the power of the medical profession, gained through its ability to both define and name illnesses and body parts as well as the power to heal injuries and cure illnesses, has put them in a very strong position to create and perpetuate discourses with respect to many areas of life related to the body and mind including disability. Along with this power to define comes 'control and discipline' (O'Donnell, 1997; p. 99). The medical profession works from a biological perspective and this, as outlined in the literature review section, has lead to disability being conceived of as merely a biological product. Therefore, the general view is that the problems that

face people with disabilities are the result of their physical and/ or mental impairments and are independent of the wider socio-cultural, physical, and political environments. The power of the medical profession within society has played a significant role in creating many of the societal perceptions of disability that are embedded within the medical model discourse. A large part of the reason for this, according to Wendell (1996), is that:

> "Their authority operates far beyond medical institutions – inside and in relation to government bureaucracies, insurance companies, courts, schools, charities, rehabilitative organizations, and institutes for long-term care. Medical professionals also exercise considerable authority with all types of employers, certifying people medically capable or incapable of working."
>
> (Wendell, 1996; P. 117)

As a result of this 'cognitive authority' of the medical profession (Addelson, 1983, cited in Wendell, 1996; p.117) and in line with Berger and Luckmann's theory of social construction outlined above, both the able–bodied and people with disabilities within society are strongly encouraged, through the numerous, apparently legitimate, sources (such as those described by Wendell, above) in which they encounter it, to 'internalise' many of the perceptions of disability embedded in the medical model approach to disability. Consequently, it appears to people with disabilities that the cause of many of their problems lie within them and their impairments. In addition this powerful and apparently 'legitimised' discourse is then taken up and used by other organisations and institutions within society to inform policy or to exert power over those with disabilities, that is, a particular understanding of disability has been normalised within society. Therefore, those with the most legitimate claim to determine and define the discourse in the area of disability (people who actually have disabilities) are strongly encouraged to accept a discourse that is not in their best interests. But because the rest of society has

also internalised such a discourse and, as such, accepts disability as pathological (that is, based in biology), it has become almost impossible for them to put forward an alternative discourse that will be listened to.

Drake (1999), by way of an explanation for the position of people with disabilities within British society, introduces the work of Lukes (1974) and his three dimensional analysis of power. Drake states that, firstly for Lukes, power is an active concept, the direct exercise of which might take the form of decision-making or by the use of force or imposition of authority. In the case of disability one such authority would be that of the medical profession as discussed above. Drake (1999) states that in Lukes' second dimension of power he introduces the notion of 'deliberate non-decision', which includes the ideas in the first dimension and which results in the suppression or thwarting of a latent or manifest challenge to the values or interests of the decision maker. Insofar as the inactivity is deliberate, this is an exercise of power. Reasons for this may include issues such as cost. In terms of disability this might be one possible reason to explain why proponents of the social model of disability find it so hard to gain acceptance for their ideas, although the overall reason is likely to be far more complex. According to Drake (1999), Lukes' third and final dimension is most closely related to the ideas of Gramsci's hegemony theory in which Gramsci (1971) states 'the ascendancy of a class or group rests on its ability to translate its own worldview into a pervasive dominant ethos' (Gramsci 1971 cited in Drake, 1999; p. 14). Drake states that in Lukes' view this involves the shaping of people's perceptions, cognitions and preferences in such a way that they accept their role in the existing order because they can neither see nor imagine an

alternative to it. However, as Burr (1995; p.71) states 'if people really understood that they were being controlled they would not stand for it.' As a possible explanation for this situation Burr cites Foucault (1976):

> "Power is tolerable only on condition that it mask a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms".
>
> (Foucault, 1976 cited in Burr, 1995; p.71)

In the case of disability this power is successfully hidden, through the perceptions embedded in the medical model of disability, by transferring the 'blame' for an individual's situation onto the individual with a disability, thus forcing them to accept a situation that is not in their best interests. This is then reinforced by regular reference to societal norms, which leads to the situation of people with disabilities being taken for granted by most members of society. Although it is difficult to discern this situation from a situation of genuine consensus, Lukes' suggests that where power is exercised by means of a social construction of reality there will exist 'latent conflict' (Lukes, 1971 cited in Drake, 1999; p.15). In the case of disability there is a contradiction between those exercising power and the 'real interests' of those they exclude through the imposition of the perceptions of disability embedded in the medical model discourse and it is up to those who are excluded to discover what their 'real interests' are and act.

Some academics have attempted to redefine this discourse, in conjunction with people with disabilities, in order to try and gain legitimacy for the arguments contained within the social model of disability, within the eyes of the rest of society. This is an approach that several scholars, also within the fields of sport and physical education, now appear to be advocating. DePauw (2000, p. 365) claims that co-operation with people with

disabilities 'can help move our research and scholarship from studies of disability as a biological category to the understanding of disability as a social identity' and Barton (1993; p. 52) whilst discussing the issues of 'rights, choice, power and change' in reference to the emancipatory process within school physical education states 'part of this process involves the participation of disabled people in those decisions affecting their lives and over which they have expert knowledge'.

Social Construction and the Social Model of Disability

According to Devine (1997, p.4) social construction theory 'seeks to explain the process by which knowledge is created and assumed as reality.' In terms of disability and the use of the social model by disability activists to fight against the dominant perceptions of disability, based upon a medical model ethos, within society, Priestly (1998) claims its use has its roots in the work of the Union of Physically Impaired Against Segregation (UPIAS) (1976) and in the work of Vic Finkelstein (1980), both in Great Britain. These works 'form the core assumptions' for modern day contributors in this area (Priestly, 1998; p. 80). Morris (1991) states that this perspective takes the view that if people's attitudes were to change, and there was effective public policy that legislated that environmental barriers should be removed, then many of the problems associated with disability would disappear. This view is exemplified in the comments of Drake (1996, cited in Imrie, 1997):

> "disablement lies in the construction of society, not in the physical condition of the individual. However, this argument is usually rejected precisely because to accept it involves recognising the extent to which we are not merely unfortunate but are directly oppressed by a hostile social environment".
>
> (Drake, 1996, cited in Imrie, 1997; p.263)

However, Imrie (1997) himself argues strongly against this perspective. He claims that this perspective suggests that a change in the physical environment (access to buildings etc) can change the experiences of people with disabilities. However, such transformations alone will do little or nothing to destroy the underlying disablist values within society or the institutional structures within which people with disabilities are forced to operate. He claims that the reverse is, in fact, more likely:

> "because such perspectives (social model of disability) de-politicise the very essence of 'being disabled' as either an individual condition or one connected to the policy practices of policy institutions. Wider structural conditions are lost sight of while the body is conceived of (if at all) as ephemeral".
>
> (Imrie, 1997; P270)

What this appears to indicate is that it is a change in underlying attitudes and levels of understanding that are key to changing the situation for people with disabilities. Indeed it could be argued that if underlying attitudes and levels of understanding were to change in a positive manner then the necessary changes in policy should follow as a natural progression of the new situation. However, writers such as Imrie (1997) and Birkenbach (1990) have argued that perspectives such as the medical and social models are both inherently weak because they deny the inter-actional character of disablement. Imrie (1997) and Birkenbach (1990) do, however, acknowledge the difficulties of trying to locate disablement in a relationship between a medical and a functional problem and the social responses to it, as they claim the concept of disability requires. Birkenbach (1990) argues that the social model must recognise that there is a physical state that prevents people with disabilities being afforded equal opportunities and treatment in that their very physical differences mean that society has to react to them and their various needs in a

different way to the way it reacts to the same needs of the rest of society. French (1993) rejects the idea that her visual impairment generates disabilities that are wholly socially created. As she comments, her impairment (blindness) disables her from recognising people and makes her 'unable to read non-verbal cues or emit them correctly' (French, 1993; p.17). In response to this Priestley (1998) cites the Northern Officer Group Report of 1996 which states:

> "The social model does not deny the existence of impairments and physiological differences....., rather, it addresses them without attaching value judgements such as 'normality' and shifts emphasis towards those aspects of our world that can be changed."
>
> (Northern Officer Group (1996) cited in Priestley, 1998; p.85)

In addition to this Shakespeare and Watson (1997) feel that this issue of the failure of the social model to acknowledge the role of impairments in producing disability is one that only arises within the area of disability research. They feel that the real issue is the need for a clear and united stance, because 'the differences within the movement on the issue of the social model are as nothing compared to the hostility and ignorance with which the social model is greeted in the wider world' (Shakespeare and Watson, 1997; p. 299). Whilst acknowledging the importance of individual impairment in the construction of individual personal identity, Priestley (1998) underlines the importance of the fact that people who are different may still be discriminated against collectively within the society in which they live.

The concept of 'normality' plays an important role in people's views and perceptions of the world around them and the people in it. As pointed out earlier in this chapter, most

people's concept of normality is historically and culturally located and so a universal concept of normality would appear impossible, as Morris (1993) points out:

> Prejudice is associated with the recognition of difference. In theory 'normal' could be a value – free word to mean merely that which is common, and to be different from normal would not therefore necessarily provoke prejudice. In practice, the word is inherently tied up with ideas about what is right, what is desirable and what belongs.
>
> (Morris, 1993; P101)

Abberley (1993) argues that the range of disciplines, from medical sociology to social psychology, still retain the notion that disabled people are abnormal, in the sense that their impairment can be explained only in terms of a deviation from a 'standard norm' and that they are the problem for deviating from it. Davis (1997; p.9) discusses the use of 'norms' within society and claims that "we live in a world of norms". He argues that everything we do is compared against that of the 'average person', be it our intelligence, height, weight or sex drive, and that there is probably no area of contemporary life in which some idea of a norm, mean, or average has not been calculated. Davis goes on to argue that in order to understand the disabled body, one must return to the concept of the norm, the normal body. He suggests that the majority of writing about people with disabilities has been centred on the disabled person as the object of study, and argues that a focus on the construction of normalcy would be more advantageous. His argument is that the "problem" is not the person with a disability; the problem is the way that normalcy is constructed to create the "problem" of the disabled person.

Davis' argument that everything we do is ranked along some conceptual line from subnormal to above-average is extended and further related to people with disabilities in

the work of Shearer (1981). Shearer discusses the broad mix of abilities and inabilities that goes to make up the human race. She cites the case of a woman who because of an accident of birth, is unable to walk at all and must go about in a wheelchair. The woman is, however, a gifted mathematician and also has a quota of other gifts. However, somehow, according to Shearer, she is no longer seen as able in some situations and unable in others. Instead, a blanket description is thrown over her. She is 'disabled'. Immediately the perception changes. The continuum of ability and inability is broken and a new vocabulary comes into play. Shearer claims that by turning a description of a condition into a description of people, we are saying that this is all we really need to know about them and in doing so we confirm their 'abnormality'. Barton (1993; p.44) claims that 'definitions are crucial in that the presuppositions informing them can be the basis for stereotyping and stigmatisation' and by making terms such as 'disabled' a blanket term to cover people with all types of impairment it creates a sense of 'sameness'. This partly explains the strenuous efforts by persons working and competing in the field of disability sport to have those participating described as 'athletes with disabilities' rather than 'disabled athletes' in order to place the emphasis on the fact that, first and foremost, they consider themselves, and would wish to be viewed by others, as athletes (who happen to have an impairment). Moreover, Barton (1993) also claims that the way an individual with a disability experiences their disability within a society and the level of perceived discrimination and oppression can be lessened or compounded by other issues such as race, gender, class and age. This clearly underlines the complexity of how disability is produced and experienced and it is clear from this that simply redefining a few labels will actually do little to change the underlying presuppositions attached to

those labels. However, the dominance of the perceptions of disability embedded within the medical model is not only based upon references to societal and cultural norms, but also factors such as economic arguments, as I will outline below.

People with Disabilities as Non-Contributors to Society.

Economic arguments are also used to strengthen the impact of the perceptions of disability embedded in the medical model on the perceptions of people within society in relation to people with disabilities. Priestley (1998) claims that many researchers and academics writing from the social model perspective wish to include the importance of culture alongside political economy. In reference to this he cites two leading writers in the field of disability, Colin Barnes for whom the oppression of people with impairments can be explained with reference to material and cultural forces (Barnes, 1996) and Mike Oliver (1990), for whom disability is produced through the complex interaction of the mode of production and the central values of the society concerned. These approaches have their roots partly in the approach of Marxist writers who 'tended to argue that the development of nineteenth century industrial capitalism and Fordist production methods required a set of social relationships that necessarily excluded most people with impairments from equal participation in the labour force' (Priestley, 1998; p. 89). According to Middleton (1999) this kind of exclusion is justified in many people's minds by a view that people with disabilities are non-contributing and do not merit the same equality of treatment nor investment in their education since they will not grow up to take full responsibilities as citizens. As she rightly points out this can be a self-fulfilling prophecy. This is a further extension and reinforcement of the perceptions of disability

embedded in the medical model of disability, which serves to individualise disability (place the blame for problems encountered squarely upon the individual and their impairment), thereby obscuring its social and economic determinants. Middleton's explanation for such an approach is based more in the arena of political economy and power than social construction. She claims that:

> "societal expectation is that we should compete, which means getting on at the expense of others. This means creating and maintaining hierarchical structures based on power and on status..... People, organisations, and races do not disadvantage others simply out of fear and ignorance, but are positively motivated to discriminate because it is thought to be advantageous"
>
> (Middleton, 1999; p. 69)

This kind of ideological position, referred to by Middleton, plays a major part in determining the financial and social positions of people with disabilities by restricting opportunities for paid employment and regular social interaction.

In contrast to Middleton's argument, Gregory (1997) feels that part of these problems faced by people with disabilities come from a fear of those who are different. He argues that by defining, people label those who are different, and make them into 'the other'; then they feel able to (justifiably) subject them to more rational control. He claims that the roles of creating 'others', and of then following up that act or creation by holding and exerting political power, is coupled with an obscuring or disguising of what is happening. This creates an inability to 'see' or gain reflective awareness. In Gregory's view, the central issue is power, and the central question is why the rest of us let individuals get away with their definitions and their acts of defining. He claims we know better, and that

we could act more appropriately if only we could free ourselves of blinkers and culturally imposed views that support the vested interests of the rich and the powerful.

The Social Model of Disability and its Application to Sport.

According to Coakley (1998), sport is a form of cultural practice created by groups of people in order to help find ways to live with each other and at the same time make their lives more fulfilling and meaningful. Coakley claims that, generally, social constructionists are interested in sports 'as social arenas in which existing social relations are reaffirmed and reproduced or challenged and changed' (Coakley, 1998; p. 426). One such author is George H. Sage who is quoted by DePauw (2000) as claiming:

> "Sports and physical education are practices, which are socially constructed within the culture in which they exist, and any adequate account of them must be grounded in an understanding of power, privilege, and dominance within society"
>
> (Sage, 1993 cited in DePauw, 2000; p. 358)

However, as sport is a social construction of dominant groups within society it is, therefore, a creation of and for able-bodied people, which gives priority to certain types of human movement (Barton, 1993). According to Middleton (1999) sport is a highly prized activity within society, in which success is well rewarded and applauded. She claims that 'a high value is placed on physical perfection measured in terms of speed, strength, endurance, grace, style and the ability to fight' (Middleton, 1999; p. 65) and that disability represents the opposite in that it is conceptualised as unhealthy. Middleton claims that a child with an abnormality symbolises the failure of medical science and that disability is associated with 'poverty, poor health, inadequate education and imperfect science' (Middleton, 1999). She sums this up by stating that 'sports stars carry our

dreams while disabled people carry our fears' (Middleton, 1999). Attaining a positive self-identity, according to Guthrie (1999; p. 369), in a culture that maintains perfectionist body-beauty ideals is challenging for most people, let alone those whose bodies are least aligned with such ideals. Barton (1993; p. 47) concurs with this and claims that 'what is important as far as the question of body-image and disabled people is concerned is their powerful personal awareness that they do not, in various ways, match up to the physical ideals able-bodied society sets'.

Individuals with disabilities wishing to take part in some kind of sporting activity at any level have first to overcome a complex inter-connection of a variety of socially constructed concepts, as identified earlier (e.g. the way they are positioned within society in terms of sport, normality, body image), the effects of which can be lessened or increased by other social constructions such as gender, age, race, sexual orientation and material factors. In this sense, theoretically, a young, white, middle-class, heterosexual male should have less problems to overcome in trying to become involved in sport than an older, black, lesbian female on benefits, as society is constructed in such a way to benefit the collective attributes of the former. According to Middleton (1999), there have been very few disability related studies in this country that have approached the problem of societal barriers to the inclusion in sports and leisure activities for people with disabilities from a social constructionist perspective. This is also a view held by Devine (1997), who claims that the few who have, have tended to focus on individual rather than societal solutions to these barriers, and goes on to cite Funk (1987) who argues that

service provision in sport and leisure is, more often than not, designed upon the premise that people with disabilities will not be users of these services:

> "studies that examine how the person with a disability might make personal adjustments to 'fit in' to a leisure service ignore how leisure services continue to be designed on the assumption that people with disabilities will not be consumers of these services"
>
> (Funk, 1987 cited in Devine, 1997; p.5)

The implication of this appears to be that rather than looking at the possible reasons why people with disabilities do not take a more active part in sporting activities, an automatic assumption is made that the reason for their non-participation lies within themselves and their impairments.

It is my intention then to take a social construction approach to an investigation of the sporting lives of members of the British Paralympic track and field team. I shall be examining the themes that emerged from their interviews, regarding their experiences, from the time they took up sport until the current day. To achieve this aim, I chose to analyse my data within a framework of the social model of disability in order to try and highlight and explain the relevance of the perceptions of disability embedded in the medical model discourse to the themes that emerged through my research. In addition, I hope to highlight some of the ways these perceptions of disability are recreated, reinforced and maintained within British society, thus maintaining the oppressed position of people with disabilities. As indicated in the previous chapter it was my intention to adopt an emancipatory framework for my research as suggested for non-disabled researchers carrying out research in the field of disability and outlined by Stone and

Priestly (1996). I shall now, therefore, outline this framework and show how it is relevant to my own research.

An Emancipatory Research Paradigm.

According to Linton (1998) what the social science approach to disability studies is missing is what he calls 'an epistemology of inclusion'. He claims that there does not exist a broad-based body of knowledge or an intellectual rationale for the incorporation of people with disabilities as full and equal members of society. Stone and Priestley (1996; p. 706), however, put forward a six-point list of principles for what they term an 'emancipatory research paradigm' for non-disabled researchers within the field of disability studies. It is my intention to try and adopt this approach to my own research and so I will list each of Stone and Priestley's principles and comment upon their relevance to an emancipatory approach to research, as well as my own study:

1. The adoption of a social model of disablement as the epistemological basis for research production (Stone and Priestley, 1996; p.706)

Drake (1997; p. 644) claims that it is 'appropriate for non-disabled researchers, through research and investigation, to expose the disabling aspects of society, its policies and practices'. In defence of this first principle Stone and Priestley state that:

> "In particular, where disability is defined in social and material terms, the focus of disability research will have less to do with the ability of disabled people to 'cope with' or 'adapt to' their situation and more to do with the identification and removal of disabling physical and social barriers. Thus, when researchers in the 1990's still fail to locate their analysis within the epistemological framework of the social model, their research cannot but be deemed oppressive."
>
> (Stone & Priestley, 1996; p. 702)

Stone and Priestley would appear, therefore, to be inferring that a failure to adopt the social model would put the researcher in the position of failing to expose the real root causes for the barriers experienced by people with disabilities. In this sense, they could then be open to accusations of making a name for themselves by presenting an authentic representation of what life is like for people with disabilities whilst doing nothing to alleviate the situation or expose the causes of it. By this it is meant that the researcher may gain personally from the research whilst doing nothing to change the situation for the group of people with a disability under investigation. This kind of research fails to fundamentally alter the social relations within the research production and, in this sense the research could then be deemed 'oppressive' and/ or 'exploitative' for the disabled group under investigation. As stated in the introduction it is my aim to try and highlight the problems and opportunities encountered by British Paralympic track and field athletes as they progressed in their sport, as many of the former could be deemed to be a direct result of societal policies and practices. Several national governing bodies of sport in Britain, such as athletics and swimming, are trying to operate an inclusive system for the management of their elite non-disabled and disability squads and things are improving slowly for athletes with a disability in terms of greater recognition, more media coverage and improved financial provision for disability sport. However, the inclusion of the disability squads within the governing body for able-bodied sport does not necessarily equate to equal treatment of the two groups within a particular sport. The actuality, as outlined by Linton (1998), can be quite different:

> "The continuum approach – the idea that there should be no distinction between disabled and non-disabled people – doesn't wash when you observe the specific treatment of disabled people in society. Therefore, articulating the ways that disabled people are a minority group is a

> strategic endeavour to focus on the social construction of disability and the treatment of the named minority group."
>
> (Linton, 1998; p. 536)

Therefore, by contrasting the treatment of the elite disability athletics squad with the way UK Athletics treats its non-disabled elite athletes is one way in which to show how athletes with disabilities are affected by societal attitudes towards disability in general and sport for the disabled in particular.

2. The surrender of claims to objectivity through overt political commitment to the struggles of disabled people for self-emancipation. (Stone and Priestley, 1996; p.706)

Stone and Priestley argue that the claims to the necessity for objectivity made by many researchers, particularly when researching a new social movement, are counter productive and that 'in redefining social relations, new social movements have *de facto* redefined many of the mores of social research' (Stone and Priestley, 1996; p. 702). Linton (1998) also attempts to highlight this problem and how it can in fact exacerbate the problems of people with disabilities:

> "The overwhelming majority of scholarship on disability, either utilises or implies the third person plural: 'they' do this, 'they' are like that, 'they' need such and such. This contributes to the objectification of disabled people and contributes to the experience of alienation disabled people so often report."
>
> (Linton, 1998; p. 531)

It is clear that this kind of approach outlined by Linton does little to further the cause of people with disabilities and also does not sit well with an inclusive approach to research into people with disabilities. However, this does mean that a non-disabled researcher carrying out research in the field of disability studies needs to be extra vigilant when reporting their findings because, as Drake (1997) points out:

> "It would be inappropriate for non-disabled people to speak *on behalf* of disabled people. To do so would constitute an absurd contradiction in terms."
>
> (Drake, 1997; p. 643)

By making the disabled group under investigation participants in the investigation rather than the 'objects' of the research, as is the case with the positivist approach, the group under investigation is far more likely to feel part of the research process. In emancipatory research this is taken even further by trying to make them active participants in the research process and so attempting to lessen greatly the sense of alienation reported by Linton above. In terms of my own research I attempted to fulfil this principle by allowing, as much as possible, the answers of each participant within the interview process to guide the direction in which the interview went and, therefore, the issues that emerged from the interviews. Also by adopting the research approach recommended by the disability research community, and by endeavouring to follow its principles in a correct and transparent way, I hope that I have clearly demonstrated my commitment to the struggle of people with disabilities for self-emancipation.

3. The willingness only to undertake research where it will be of practical benefit to the self-empowerment of disabled people and/ or the removal of disabling barriers (Stone and Priestley, 1996; p.706).

As outlined in principle one (above) research that does not fulfil principle three does not fit within the framework of emancipatory research and would be viewed by many in the field of disability studies as oppressive to those being studied. The key aim of the emancipatory research paradigm is to highlight the causes for, and make steps towards the lessening of, the oppressive social and structural barriers experienced by people with disabilities by either directly assisting in their removal, empowering those who experience them with the knowledge and wherewithal to fight for their removal

themselves or possibly a combination of both. By attempting to use the interview process as a form of practical and cognitive emancipation for each of the research participants, and by attempting to highlight some of the ways that the problems faced by athletes with disabilities are related to oppressive practices within society, I hope that my own research will, indeed, be of practical benefit to the self-empowerment of people with disabilities in general and athletes with disabilities in particular.

4. The evolution of control over research production to ensure full accountability to disabled people and their organisations (Stone and Priestley, 1996; p.706).

Stone and Priestley (1996) claim that the only true kind of emancipatory research in disability research is when the participants in the research themselves have total control over the research process. However, they are quick to point out the numerous difficulties inherent in this approach and state that the aim should be to include the research participants in the research process as much as is possible. They term this kind of research process a participatory research paradigm and claim that, if done properly, the results can be just as useful. They also claim that:

> "the decision to adopt the epistemology generated by the disability movement is viewed as taking the first step in devolving control to the disability movement – control of the macro-research agenda."
>
> (Stone and Priestley, 1996: p. 712)

Further, Oliver and Barnes (1997) claim that there have been oppositional forces pulling against the trend for the kind of research where people with disabilities are objectified, have no say in the research process and gain little or nothing from its outcomes:

> "The most important has been from disabled people themselves, insisting not only that they have a voice in such research, but also that it contributes to their liberation."
>
> (Oliver and Barnes, 1997; p. 811)

By involving the group with disabilities under investigation more fully within the research process the hope was that these participants would feel far less alienated from the research process and, therefore, feel encouraged to participate more fully, hopefully leading to more credible or authentic findings. By attempting to involve the participants in this research at all stages in the research process, trying to make them feel as comfortable as possible, especially throughout the interview process, and by making it clear that I considered them to be the experts in their own lives as people and athletes with disabilities, I hope I was able to go some way towards achieving a participatory research process that was a positive experience for all involved.

5. Giving voice to the personal as political whilst endeavouring to collectivise the political commonality of individual experiences (Stone and Priestley, 1996; p.706).

In discussing the importance of individual experiences of disability within society, Stone and Priestley (1996; p.705) take care to point out the equal importance of 'the collective nature of disablement as a form of social oppression'. By this they mean that by using the social model of disability to highlight the collective results of social and structural barriers upon people with disabilities in general, it is also important to highlight individual experiences of disability within society. As pointed out earlier, all people are individuals, with different characteristics and traits, and different social and structural barriers will be perceived and experienced slightly differently. Therefore, by taking a social theoretical approach (i.e. the social model) to disability research and using images of individual disadvantage (i.e. examples of the effects of a particular social or structural barrier on different individuals) to highlight this oppression, emancipatory research can challenge and, hopefully, overcome some of the oppressive social barriers for people with

disabilities within society. In terms of my own research I have attempted to highlight individual examples of how the kinds of problems that emerged from my research had been experienced by the participants, and where there was a difference in the way these had been experienced, particularly between disability groupings, to highlight this also.

6. The willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of disabled people (Stone and Priestley, 1996; p.706).

Despite the fact that Stone and Priestley (1996; p. 706)) claim that 'emancipatory research is often considered synonymous with the use of qualitative data' they go on to state that such an association is not without problems as 'there can be no simple causal relation between the use of qualitative data and the removal of disabling barriers'. Indeed, they go on to claim that 'it is likely that the identification of disabling barriers may be greatly assisted by the use of quantitative research designs' and cite Abberley (1992) who argues that:

> "if a social model of disability is to be incorporated into disability research then large scale and detailed empirical work needs to be done on the material conditions of disablement, and he concludes that a plurality of approach and method is required to satisfy the need for both macro- and micro-level understanding of the oppression of disabled people and their needs."
>
> (Abberley, 1992, cited in Stone and Priestley, 1996; p. 705)

Indeed, if Punch's (1998; p. 4) definition of quantitative research as 'empirical research where the data are in the form of numbers' is applied, it is very difficult not to include some form of quantitative data within a qualitative study. Simply by counting the number of subjects participating in the research process leads to a quantitative piece of data. It is not just important to know how individuals with disabilities are affected by a particular disabling barrier, but also how many are affected and why. Although my own research

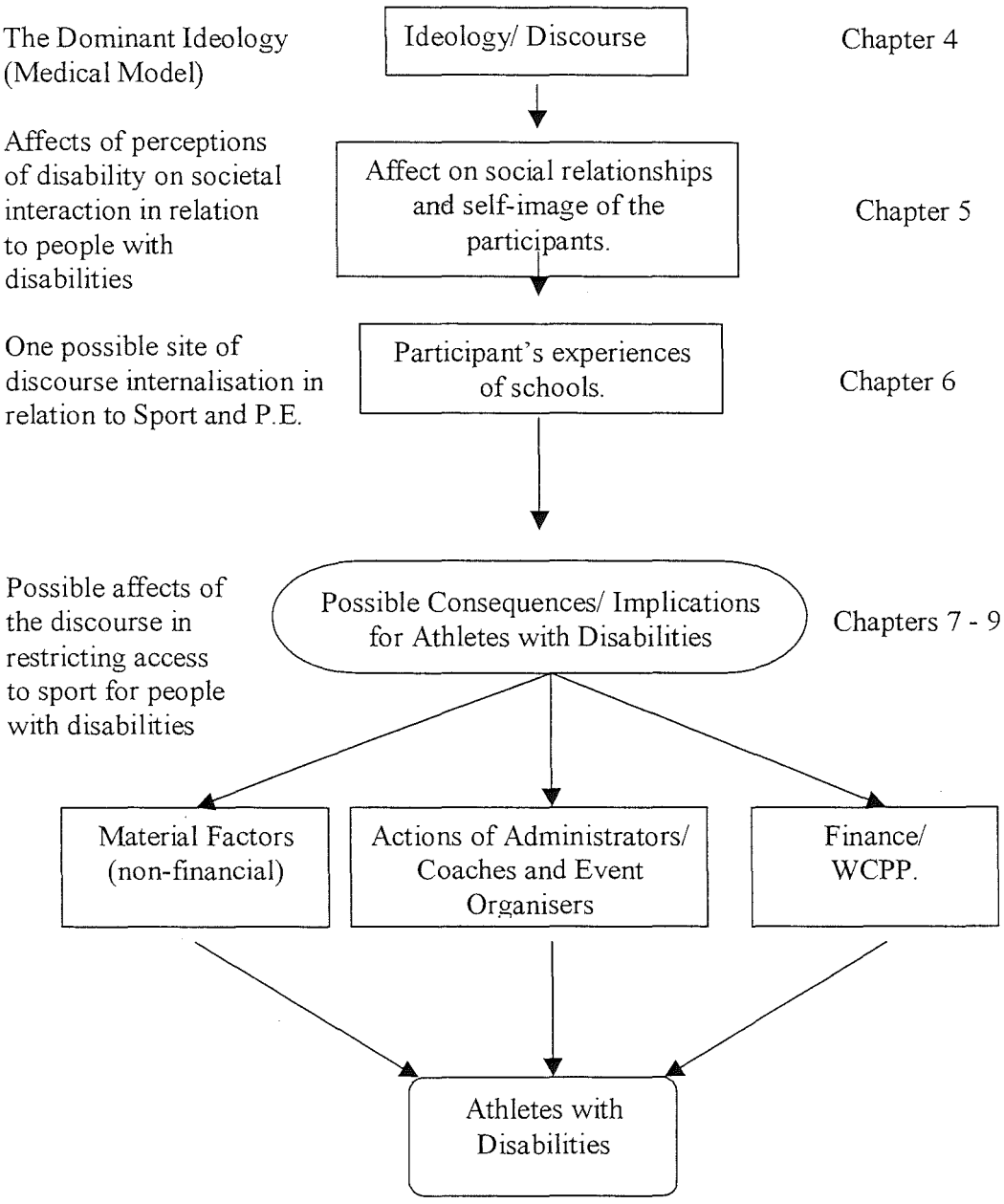
and reporting is based heavily upon qualitative data I have also used some quantitative data, mainly in the form of tables, in order to highlight a particular point where I felt it was necessary.

Although this appears to be a very rigorous research agenda it is my hope that, overall, the consistent application of these six principles will lead to an effective use of the emancipatory approach to disability research and in doing so provide credible results that are of benefit to all those involved in the particular piece of research being undertaken, as well as, perhaps, contributing to disability sport.

Outline of the Following Chapters.

In the following chapters, the findings are discussed in terms of the themes that emerged from my interviews with the participants and which helped structure the remainder of this thesis. The overall structure of this part of the thesis is outlined in the flow chart below (see figure 5). Chapter five outlines some of the effects that perceptions of disability in general, and disability sport in particular, can have on social interactions in relation to people with disabilities by highlighting examples of how these perceptions have affected the relationship of the participants in this research with family members, friends and members of the general public. It also discusses the possible affects of these interactions on the self-image of people with disabilities and concludes with a discussion of the role of the media in creating and reinforcing perceptions of disability within a society. Chapter six introduces a possible site where these perceptions might be internalised by

Fig. 5. Flow chart depicting the structure of chapters 4 - 9 and set within a framework of the social model of disability.



members of society, particularly with respect to sport and physical education and looks at the role of schools and teachers as potential mediators or reinforcers of the kinds of perceptions and social interactions outlined in the previous chapter. The final three

chapters of the findings highlight some of the specific consequences or implications of these perceptions on the ability of people with disabilities to find out about and take up a particular sporting activity and then, should they have the requisite talent and good fortune, progress to the very highest levels. Chapter seven discusses the affects of perceptions of disability and disability sport on the interaction of athletes with disabilities with key figures in the organisation of sport (coaches, administrators and event organisers). Chapter eight highlights a number of the material factors (excluding finance) that have arisen as important issues from the participants in this research (for example awareness, transport, time, physical access and the rules and format of (able-bodied) sport) and discusses the role played by perceptions of disability in making these factors an issue for people with disabilities. Finally, chapter nine discusses the important role of finance. It goes on to discuss the implications of the perceptions of disability and disability sport on the qualification criteria for, and money received from, World Class Performance Plans and the various effects the introduction of these plans have had for athletes with disabilities that qualify for them. Overall the aim of this section is to highlight the highly complex and diverse ways in which perceptions of disability and disability sport can affect the possibilities for people with disabilities to become involved in and progress in their chosen sport.

Chapter 5. Perceptions of Disability and their Effects.

Several authors have written on the subject of barriers to participation in sport for people with disabilities (for example, Henderson and Bedini, 1997; Kew, 1997; Haywood, 1995). However, very few authors have approached this topic from a social model of disability perspective (Devine, 1997). It is my intention with this chapter then to explore how perceptions of disability within British society affect social interactions in relation to people with disabilities and the role these perceptions play in the formation of the self-perceptions of people with disabilities. In order to do this, I will attempt to highlight these affects through individual examples of how these perceptions have manifested themselves for individual members of the Great Britain Paralympic track and field squad, who are participants in this research. I also look at the role played by the media in creating or reinforcing societal perceptions with regard to disability. The overall aim is to highlight how societal perceptions of disability manifest themselves in social interaction, and the affects that this can have on self-perceptions for people with disabilities. This will provide the reader with a reference point for the later discussions of the possible implications and/ or consequences of societal perceptions of disability as an influence in restricting access to sport for athletes with disabilities.

I begin with a discussion of how perceptions of disability, predominantly based in the medical model discourse, can manifest themselves in the way people interact in relation to people with disabilities. I then turn the discussion to the more specific issue of the involvement of people with disabilities in sport and look at how societal perceptions of disability can directly conflict with people's socially constructed perceptions of what

sport is, especially in relation to ability and body image. In the second part of this chapter I discuss how the experiences of people with disabilities in these social interactions can impact upon their own self-perceptions in relation to issues such as self-confidence, independence and their own body image. All of these issues interact with each other and may play a major part in dictating how active a role an individual with a disability is willing to try and play in the society in which they live. I also discuss the idea that no one is immune to the kinds of perceptions regarding disability that are embodied in the medical model discourse. Even though people with disabilities may have regularly been subjected to negative perceptions in regard to their own disabilities, it does not necessarily mean that they will not exhibit the same socially constructed perceptions towards people with more severe or different disabilities to their own. Therefore, people with disabilities can still be 'disablist' towards people with a greater degree of disability or a different impairment to themselves. This is a clear indication of the power of such socially constructed discourses and underlines the difficulties faced by anyone involved in the process of trying to undermine such negative perceptions within society. Finally I look at the perceived importance, by the participants in this research, of the role played by the media in promoting both disability sport and the abilities of people with disabilities in general. I discuss whether the media, and particularly television, actually do this or whether, in fact, media coverage is a site of re-creation and reinforcement of many of the negative attitudes towards disability that flow from the medical model discourse.

The Impact of Negative Perceptions of Disability on Social Interaction in Relation to People with Disabilities.

As described in the previous chapter, the persistence of the negative perceptions of disability embedded in the medical model discourse within British society is based upon a number of factors; for example the power of the medical profession to define the discourse for disability, the legitimation of this discourse by other groups and institutions within society, economic arguments, fear of difference and lack of understanding and the use of societal 'norms', combined with a marginalisation by members of society of any person or group that does not conform to those 'norms'. Some, or all, of these factors may interact to inform an individual's perceptions of people with disabilities and, as such, may form the basis for how they act towards a person with a disability and what they might say when discussing people with disabilities. Perhaps this is most clearly illustrated in the actions of people towards an individual, who has for a large number of years been considered a fit, healthy, able-bodied member of society, but due to an accident or disease becomes 'disabled'. Changes in the way people act towards, or interact with, such an individual give a clear indication of a difference in perception of the social status of that individual who has a newly acquired disability. As Hogan (1999) clearly points out:

> "Acquired disability signifies a massive change in a person's social position and constitutes a personal crisis for the individual. Identity as a social phenomenon becomes apparent as individuals are perceived by themselves and others as different."
>
> (Hogan, 1999; p. 80)

By using examples of reactions to the acquired disabilities of my participants, in those people they have known for many years or are closely related to, I shall illustrate not that there is a difference in the way people treat people whose disabilities are congenital or acquired, but that the mere presence of a perceived disability in that individual can

completely change the way they are treated by those around them. For example Ina, Richard and Danny were all considered to be able-bodied for approximately the first two decades of their lives, at which point they acquired varying degrees of 'disability' due to car accidents. Following their accidents, all noted marked changes in the way their friends and family acted towards or interacted with them. Their newly acquired disabilities affected the time taken to do certain tasks and the methods used to complete them. Despite this they were still, to all intents and purposes, the same people. However, many of their family and friends treated them as though they had suddenly become incapable of completing even the simplest of tasks on their own. Indeed, The Disability Daily (1998, in Donnellan, 1998) claims that it is a myth that being disabled is easier if you are born that way and so do not know any different, because it is the way that other people react to impairment (and a lack of facilities for disabled people) that makes things difficult for people with disabilities, irrespective of whether they are acquired or congenital. From the perspectives of these participants I will show that people do in fact act towards or interact differently with people with disabilities, even when the individual with a disability is still the same person they have known for many years, but is just unable to do things quite as quickly or maybe in quite the same way as previously.

This difference in perception about the abilities of an individual with a recently acquired disability is well illustrated in the reactions of Ina's parents and twin sister following her car accident. Following intensive therapy after her accident, Ina was still able to walk, but not as quickly or in the same manner as before. She still retained all her other faculties as

before, but in the eyes of her family it seemed to her that her social identity had changed markedly:

> "You know they've never got over it and they're never going to. They just want to do everything for me. They'll drop everything to come and help me and that just really bugs me, but I can't say anything, because it would just really hurt their feelings. My sister, she couldn't get over it, because we're twins. So in the end she went to Australia back packing and she went round the world for a year and we didn't phone each other.
>
> (Ina)

Ina's parents desire to do everything for her appears to indicate that due to her acquired disability her parents now feel that she is no longer capable of doing all the things she did for herself previously. This is despite the fact that she still has full use of both her arms and can still walk, albeit not like everyone else. By way of a partial explanation of this complex issue Hargreaves (2000; p. 185) states that people with disabilities 'are looked upon, identified, judged and represented primarily through their bodies, which are perceived in popular consciousness to be imperfect, incomplete and inadequate.' As a result of this those closest to someone with a disability, apparently driven by a desire to help them live as 'normal' a life as possible and a misguided perception that they are now somehow incapable of doing anything for themselves, can change the whole nature of a formerly close relationship. Hargreaves (2000) explains this perception of inability, within Western societies at least, upon the emphasis placed within these societies upon the desire to achieve 'mastery and perfection' over, and of, nature and our own bodies and how the disabled body is incompatible with this ideal. Ina's accident, as we can see, also had a devastating effect on her relationship with her twin sister, for the first year at least, and appears to demonstrate the effect that a lack of understanding of the implications of a particular disability can have on a previously close relationship.

The reaction of friends to a sudden acquired disability can be equally problematic as Danny pointed out:

> "a lot of them found it very difficult, obviously, to come to terms with it. More so than me. And they found it hard to be around me, friends that I'd had for years."
>
> (Danny)

The fact that many of Danny's long term friends found it hard to be around him following his accident appears to be in line with Hogan's (1999) contention (quoted earlier) that an acquired disability signifies a massive change in social status in the eyes of those around them. It is likely that a general lack of understanding of disability and the issues surrounding it were to blame for the difficulty of Danny's friends in accepting his disability, for as Chris so concisely put it:

> "They have very little knowledge of people with a disability and instead the attitude is basically if I leave it alone and don't touch them and don't get involved then it's not my problem kind of thing."
>
> (Chris)

Similarly, Bob stated:

> "people have known you as a sighted person then all of a sudden they see you as a blind person, you get treated differently or you perceive that you're treated differently. I mean, generally, I find even now that some sighted people have a problem with talking to a blind person."
>
> (Bob)

The reaction of Danny's friends to his acquired impairment (the loss of his right arm just below the shoulder) clearly demonstrates the effect that a lack of understanding and a fear of the difference of anyone who does not conform to societal norms of able-bodiedness can have. Danny is still fully ambulatory with all his visual and intellectual faculties intact. He simply has one arm less than the majority of people.

Family and friends appear to have allowed the disability to dominate their perceptions of the person with a disability. It would appear then from the quote above by Hogan (1999; see page 135), and the perceptions of the participants, that the disability itself can become the dominant social identity in the perceptions of even the closest of friends and family members. I will now extend this idea further in order to highlight its effect on perceptions regarding sport and the involvement of people with disabilities in sport.

Sport and Disability.

Devine (1997) claims that society has a prescribed set of standards by which we are all measured and when someone's biological make-up or function fails to meet these standards they are 'assumed to be inferior and are subject to a decrease in inclusion in society' (Devine, 1997; p. 4). This is equally true for many aspects of life, but in the realm of sport, where one of the key aims is to distinguish between different levels of biological make-up and function through tests of physical strength, speed and endurance, this is especially true. In many ways sport is designed to highlight and revere extremes of bodily physical perfection and, under these circumstances, it is possible to see why, for some people, the idea of elite sport for people with disabilities, and in some cases any sport at all, is an anathema. Mastro et al (1988) claim that part of the reason for this is that 'there is no culturally recognised need for competition and sports beyond therapeutic programs' (Mastro et al, 1988; p. 81), which in itself has its roots in the schism between the socially constructed discourse of what sport is and the perceptions of disability embedded in the medical model discourse. By this I am referring to the view of sport as a means of highlighting bodily perfection and the perceptions embedded in the medical

model discourse that views disability as a major form of biological imperfection. The outcome of such a situation for potential athletes with a disability is that their dreams and aspirations can be met with scorn or derision, even by those close to them:

> "I was going out with a girl then (1982), she was older than me, and we went to see Chariots of Fire and I said that'll be me one day and she just laughed at me. 'Yeh, right! I don't think so, kind of thing."
>
> (Bob)

It is clear from Bob's account that the idea that someone with a disability (in this case blindness) could achieve great things in a sport such as running was totally at odds with the girl's own perceptions of sport and disability. However, this attitude does not just relate to elite sport as Ina found out when a colleague at work was recounting his recent skiing holiday:

> "I remember one guy went skiing once and he was talking all about this great skiing holiday he'd been on and I said did they have any disabled skiing facilities? And he sort of looked at me and said 'No?!' Sort of, what a stupid question to ask! And I've never forgotten that."
>
> (Ina)

These reflections appear to suggest that physical activity, particularly strenuous physical activity, is not something that people with disabilities are capable of taking part in. Even when they do, it is seen more as a form of physical rehabilitation rather than something done for an ulterior reason or for its own sake. This very same attitude leads many parents to be very reticent to allow their children to take part in potentially beneficial physical activity (both in terms of socialisation as well as physical well-being) for fear that they might get hurt or are incapable of doing the activity (Thierfeld and Gibbons, 1986). Richard claims to have come across this many times in his searches for new potential athletes to coach because 'parents are a bit unhappy to let their kids go, you know, do something independently, something that physically may be potentially

dangerous to them'. This perceived incompatibility between the demands of sport and the capabilities of people with disabilities plays a key role in keeping many people with disabilities of all ages out of sport. In a recent survey of children with disabilities, aged between six and sixteen, Sport England found that nineteen percent of all those surveyed said that they did not take part in any sport due to inhibition or discrimination by the general public (Sport England, 2001; p. 42). In light of this research I will now turn to a discussion of some of the effects of the perceptions with regard to sport and disability discussed above on the self-perceptions of people with disabilities.

The Socially Constructed 'Reality' of Disability and Sport and Some of its Effects upon the Self-Perceptions of People with Disabilities.

In this section I will discuss some of the effects that the experiences of the participants in this research, gained during their social interactions, have had on their own self-perceptions in terms of self-confidence, self-image and independence. I will also discuss how these self-perceptions might affect their involvement in sport.

Self-Confidence and Self-Image.

When constantly confronted with negative perceptions about their abilities to carry out tasks that most people take for granted, and also bombarded with images of 'physical perfection' that most of the general public could not live up to, it is little wonder that many people with disabilities suffer from low self-esteem (Hargreaves, 2000). Seymour (1989) sums this up when she states:

> "the body in which I live is visible to others, it is the object of social attention. I learn about my body from the impressions I see my body make

> on other people. These interactions with others provide critical visual data for my self-knowledge."
>
> (Seymour, 1989 cited in Hargreaves, 2000; p. 185)

This socially imposed feeling of worthlessness and low self-esteem brought on by the reaction of others to obvious physical difference can have very strong and long-term effects on people with disabilities. Ina stated that for the first two years following her accident she felt unable to leave the house, due to fear of ridicule, because she felt that everyone was staring at her and the way she walked. Although, in spinal injury terms, Ina's accident resulted in a relatively low level of disability and she was still able to walk following the accident, her depression and lack of self-confidence may have been compounded by the fact that she was a young, 21 year-old woman, in a society where women are primarily judged in terms of their looks and appearance or, as Tiemann (1999) puts it:

> "In a society where people are systematically taught to hate and fear old age and disability and equate them with "ugliness", everybody strives for "prettiness" and youth. In this society it is especially difficult and stressful for women with physical disabilities to meet these demands. They are perceived in Western-European and North-American society as being inadequate, unable to totally fulfil culturally defined norms and role expectations, especially concerning physical attractiveness, physical activity, motherhood, employment and sexual partnership."
>
> (Tiemann, 1999; p.1-2)

In line with this, Hargreaves (2000) claims that the influence of dominant images of gender cause many disabled women to 'choose not to participate in sport because, in common with many able-bodied women, they are influenced more by commodified anti-athletic stereotypes of femininity' (Hargreaves, 2000; p. 186 – 187). This perceived fear of failure and low sense of self-worth can act as a strong deterrent, for many people (and

especially women) with disabilities, to becoming involved in sport. This is especially true when you consider the fact that placing themselves in a sporting context is very likely to exacerbate the visibility of the very physical differences that lead to these feelings and perceptions in the first place.

Dependency

The idea, perpetuated through the perceptions of disability embedded in the medical model discourse, that people with disabilities are incapable of doing things for themselves clashes with the need of human beings to feel a sense of independence within their own lives. Therefore, those individual's with disabilities who do require help to perform certain tasks within their daily lives can be made to feel a burden by the actions (conscious or unconscious) of family, friends and carers. This, combined with the loss of any feeling of independency or control over their lives, can lead many of these individuals to feel that they have become a burden upon society and this feeling is probably compounded by the idea of non-productivity discussed in the previous chapter (see page 118). This perception of being a burden and feeling of guilt for being unable to do the same things as everyone else are what can cause many people with disabilities to stop asking for help altogether. That people with disabilities do perceive themselves to be a burden may have its origins in the fact that many societies, particularly western industrialised societies, are constructed on the Darwinian premise of 'survival of the fittest' (Barnes, 1994; p.19), where any request for help or assistance is perceived as a sign of weakness. Any requests for help, or 'acts of charity' as they may be perceived by

some, can lead to a major lowering of self-esteem or even depression as the following quote by Andy demonstrates:

> "I ring up my parents almost every day and say can you do this for me? And whether they mean to do it or not when you're constantly asking people to do things for you, you get the (heavy sigh) what? And they don't even know they're doing it and then you stop asking and then you get hard on yourself and you get depressed, because things that you really would like doing, you're saying well there's no one to do it so I won't ask them."
>
> (Andy)

This perceived failure to live up to their role as an independent member of society is often blamed, within the medical model discourse, on the individual's impairment. However, as Morris (1996; p. 10) points out 'impairment does not *necessarily* create dependency and poor quality of life; rather it is lack of control over the physical help needed which takes away people's independence'. Therefore, the combined assumption that the problem lies within the individual and their impairment (Felske, 1994; p.182) and that everyone, especially adults, should be able to look after themselves and their own needs within a society based upon competition (Middleton, 1999; p. 69) can lead people with disabilities into the false belief that they are a burden upon society and that they are to blame for their situation. By leading individuals with disabilities into this kind of self-belief, however, it can help ensure that they do not make too many demands upon society, particularly ones that have economic impacts for society as a whole (Barnes, 1994; p.220-221).

Self-Perception and Sport.

Kew (1997) attempts to explain the relatively low number of people with disabilities who take part in sport in terms of a lack of previous opportunity and experience 'at critical

learning periods in childhood' (Kew, 1997; p. 112), leading to a low self-assessment of their own abilities. This in turn translates into a fear of failure or ridicule, which causes potential sportsmen and women with disabilities to shy away from or avoid completely any form of sport or leisure activity that may place them in this potential position of perceived failure or ridicule. This appears to support the idea that part of the reason why many people with disabilities do not become involved in sport is based in their own self-perceptions, learnt through numerous interactions with able-bodied members of society and leading to low self-confidence and negative self-images with regard to the capabilities of their own bodies. Indeed, in the Sport England survey of children with disabilities seventeen percent of the respondents cited their own disability as the major reason preventing them from doing any sport (Sport England, 2001; p. 42).

However, this explanation of Kew's can only really be applied to those individuals with congenital disabilities or those who acquired them at a very young age. Three of the participants in this research spent a large proportion of their childhood as able-bodied members of society, taking part in able-bodied sporting activities, and yet still exhibited the same fear of failure when it came to taking part in sport for people with disabilities. In fact, before her accident, Ina was of the opinion that sport was only for able-bodied people:

INA I used to think that able-bodied people could do sport, but it's silly when disabled people can do sport.

IB Why?

INA I don't know. I just thought it was stupid.

As someone who was able-bodied for the first two decades of her life, Ina is clearly demonstrating the commonly held view that disability equates to inability and as such people with disabilities are unable to take part in sport. Part of the reason for this is the socially constructed nature of sport as an able-bodied conception, with rules and regulations designed to accommodate the needs and capabilities of the able-bodied population. Overall this appears to highlight the powerful and pervasive nature of the perceptions of disability embedded in the medical model discourse. This research would suggest that this can cause people with disabilities to believe what the rest of society is telling them about their own abilities and, as such, defining their roles within that society in a way that suits the needs of those that uphold and reinforce the medical model perspective i.e. keep them in an inferior position. With respect to sport the socially constructed format and rules of sport make sport, in terms of the medical model notion of disability, almost a no go area for people with disabilities as the notions of each are put across as polar opposites. There is, therefore, a perceived incompatibility between the ideology of physicality in sport and the medical model view of the physical abilities of people with disabilities. However, by persisting in their involvement in their chosen sport and reaching the elite level, the participants in this research have resisted and challenged these views and in doing so highlight the flawed nature of the taken for granted assumptions behind such perceptions. Nevertheless, the power and the reach of the perceptions of disability embedded in medical model notion of disability are both strong and extend far as I will now discuss.

Negative Perceptions of Disability and their Influence Upon People with Disabilities.

It could be assumed that negative perceptions with regard to disability are only relevant to able-bodied individuals when dealing with or discussing people with disabilities. However, the power and reach of the perceptions of disability embedded in the medical model discourse are such that they can inform people with disabilities' discourses regarding people with different or more severe impairments in much the same way as they do for the able-bodied community. Just because people with a disability are subjected to one or some of the socially constructed 'isms' (e.g. disablism, sexism, racism) it does not mean that they are immune from using disablist discourse. The following quote from Ina comes from a discussion regarding the type and severity of disability and people's perceptions:

> Ina I think it gives a bad impression when you see these people that, like the one's doing boccia[3]. I think that's just such an embarrassment and you know when we went out there and came back then people were saying oh we're not on the same plane as the boccia lot.
>
> IB But those are CP's (cerebral palsied athletes), not intellectually disabled.
>
> Ina No, but it's still intellectually or mentally disabled isn't it?
>
> IB I'm not sure they are, the CP's (cerebral palsied athletes). It's just that they don't have the control of the muscles.
>
> Ina Yes, but it's people like that that give the rest of us a bad name and impression and they seem to class us all together and they only see the really bad ones generally.

It appears then that Ina is displaying a discriminatory or disablist viewpoint of a group of people more severely disabled than herself. Arguably there is a tendency within society to

[3] A sport on the Paralympic programme played by athletes with cerebral palsy and similar in nature to the French game of boules or petanque.

label all people with disabilities as 'disabled' and attribute the same 'meaning' (usually that of the person with greatest level of impairment) to people with all types of impairment. This then could be why Ina fears being associated with this group. However, in reality the quote from Ina clearly demonstrates a lack of understanding of what it means to have cerebral palsy and also a discriminatory attitude towards their right to be taking part in their chosen sporting activity and being part of the same team as Ina and the others she refers to. In this case, this does not demonstrate the more usual case of able-bodied perceptions regarding disability potentially deterring a potential athlete with a disability from becoming involved in a sport, but another, albeit relatively less, disabled individual displaying the same kind of views about another group of individuals with a disability. This kind of occurrence has also been reported by Hunt (1966 cited in Sherrill, 1986[a]; p. 23-24) who stated that 'people with less stigmatized disabilities are often quite prejudiced against individuals who are more stigmatized.' This then plays a part in reinforcing and recreating negative perceptions of disability and their continued use within society.

An interesting theme that emerged from my interviews was the apparent lack of awareness amongst the participants of the effects that societal perceptions of disability could potentially have on their lives. It is to this that I would, therefore, like to now turn my attention.

Lack of Awareness Amongst People with Disabilities.

As part of the interview process, each of the participants in this research was given three wishes, which they felt, if granted, could improve the situation for disability sport within

this country and/or encourage more people with disabilities to take up sport. The answers I received to this question ranged from purely individual desires such as 'a better finishing kick' (Steve) and 'a new start' technique (Deborah) to changes in the structure of disability sport within this country (Richard) and changes in the way funding is allocated (Andy). Many of the suggestions were practical ones, such as sending someone into all the schools to assist with new talent identification (Chris), disability sports awareness days (Lloyd) and disability specific sports development officers (Mark). However, what was really pertinent in their answers was that not one of the participants directly stated that what was needed was a change in the perceptions of society as a whole towards the issue of disability. Several of the participants suggested things that might indirectly assist in this process, such as more media coverage in order to increase awareness of what they can do in the sporting arena (Andy) and sending Paralympic athletes into schools to give talks (Danny, Kenny). Overall the answers I received to this question suggested to me that there were varying levels of awareness amongst the participants in this research about what the root cause of many of the problems they encounter on a daily basis is. It could be argued that maybe the wording of the question I put to them is at fault, but I would argue that if the participants in this research were truly cognisant of the mechanisms that result in many of the problems they face, then there would have been a far greater emphasis upon changing 'attitudes' towards disability within society amongst their answers. However, this apparent lack of awareness amongst the interviewees is consistent with Lukes' third dimension of power outlined in chapter four (see page 111). In addition Drake (1999) claims:

> "there are many examples where disabled people, and more especially carers, unthinkingly accept the medical model and thus strive for individual rather than environmental change."
>
> (Drake, 1999; p. 17)

The answers I received, and described at the beginning of this section, appear to bare testament to this claim of Drake's. This said, however, it is interesting to note the faith placed by many of the participants in this research in the perceived ability of the media to change societal views regarding disability sport, and the abilities of people with disabilities, in a positive manner. Many of the participants mourned the perceived lack of media coverage of disability sport and felt that greater coverage in the media would both change perceptions of their abilities as sportspeople, as well as encourage more people with disabilities to take up sport. There may well be some truth in this idea, but it is my perception that actually it is unlikely to be the amount of coverage that makes a major difference (although it may make some), but the type of coverage given. I would, therefore, like to turn my attention to the subject of media coverage of disability sport, and also people with disabilities in general, in order to show that as well as promoting positive attitudes to disability it is equally possible for the media to recreate and reinforce the negative perceptions of disability that appear to underlie so many of the problems described by the participants in this research.

Media Coverage of Disability Sport.

Several of the participants claim that media coverage of the Paralympic Games has slowly improved and increased over the last twenty-five years, although still nowhere near the levels of coverage received by major able-bodied events such as the Olympics or the football World Cup. Bob, the only participant in this research to have competed as

long ago as 1980, claims the coverage in those early days bordered on the offensive to people with disabilities:

> Bob they were very low key and I know that BBC had a 45 minute programme on them (1984, New York) and it was very..I was going to say derogatory, derisive, but they were just demeaning really.
>
> INT In what sense?
>
> Bob In an oh look at these disabled people aren't they marvellous that they're getting out there and doing something and it was the same after Seoul with Cliff Morgan. Patronising I think is probably the best description.

By failing to look on the performances of these early Paralympic athletes as athletic, and depicting them as objects of pity, this kind of patronising coverage reinforced the message that athletes with disability and, therefore, people with disabilities in general, were incapable of doing anything worthy of recognition in their own right. This again can be potentially very off putting for anyone with a disability considering taking up sport. Although this kind of language may no longer be used to portray athletes from the Paralympic Games, or disability sport in general, it should still be noted that the views behind such language use may still be present within the media. This may be indicated, for example, in the differences in time spent covering disability and able-bodied sport. Schantz and Gilbert (2001) claim that media coverage of the Paralympics is an indicator of public representations of, and attitudes toward, sport for persons with disabilities. If this claim has any validity it should be evident in the coverage and portrayal of athletes with disabilities, and people with disabilities in general, by the media within Great Britain. It is reasonable to suppose that the relative amount of air time given to able-bodied and disability sport events gives some indication as to how these events are

differently valued by the programmers. One possible example of this is the amount of airtime that the Paralympic Games receives on television in comparison to the Olympics. According to Richard the difference in airtime given by the BBC to the Sydney Olympic and Paralympic Games is indicative of discrimination against disability sport:

> "There was 540[4] hours available of Olympic showing time on TV and there was ten? Ten or twelve of the Paralympics? That's the sort of discrimination that's going on."
>
> (Richard)

Richard is not the only one to hold this kind of view about the discrepancy in coverage given by the BBC to the Sydney Olympic and Paralympic Games. The BBC gave viewers the opportunity on its website, under the heading 'Has the Sydney Paralympics been a success?' to air their views about the BBC coverage of the Sydney Paralympic Games. Typical of the numerous responses they received is the following:

> "I am so disappointed to find the coverage limited to less than an hour per evening, on at a time when most people are still travelling home from work, and dismissed to BBC2, unlike the Olympics which had a prime time evening slot on BBC1 as well as constant live coverage."
>
> (Carole Neale, England cited on BBC Sport Website)

Media coverage given to an event suggests the 'value' placed on it by programmers. Programmers cover an event for a variety of reasons, be it financial, perceived interest to the viewing public or sponsors or simply newsworthiness. If the BBC provides more airtime to Olympic Sport then it appears that it perceives it to have far greater 'value' than its Paralympic counterpart. Since sport is a creation of and for able-bodied people, which gives priority to certain types of human movement (Barton, 1993) disability sport does not, apparently, provide images that fit within the norms that delineate sporting

[4] A BBC press release on the BBC Sport website dated 1-9-00 confirms the fact that the BBC intended to broadcast over 500 hours of coverage from the Olympic Games.

images within British society. This lack of exposure has numerous knock-on effects. It limits the visibility of disability sport within Great Britain, therefore, lessening the possibility of non-participating people with disabilities becoming aware of it or inspired to take part themselves. Since young people with disabilities, who are interested in sport, have limited role models with a disability to inspire them they may, therefore, be forced to turn to able-bodied sportspersons as role models. There is a possibility, therefore, that they model themselves and their sporting lives on an able-bodied conception of sport based on (masculine, able-bodied) physical strength and performance. Consequently they may perceive their own performances as inferior.

The lack of media coverage is implicated in the lack of recognition of the capabilities of athletes with a disability. According to most of the participants in this research, the interest from the media is very fleeting and dies away completely within two to three weeks of the Paralympic closing ceremony. Bob feels that part of the reason for this is that the media in Britain 'are so wrapped up in flippin football and everything happening inside and out of it, that it takes them a while to notice anything else'. When, in 1998, the World Disability Athletics Championships were held in Great Britain, Danny's perception was that the media reaction was less than inspiring:

> "I don't think it was ever shown. I don't think it was ever televised or anything really. It was atrocious."
>
> (Danny)

By failing completely to give any coverage to these championships the media effectively reinforced the message that disability sport, even at world championship level, is neither interesting nor worthy of attention. Lloyd became a double world champion at this event,

at the age of fifteen, in his very first international event, but according to him even this avoided the attention of all but his local newspaper. It is hard to conceive that if he had achieved this feat at the able-bodied World Championships that he would not have achieved national recognition in the media and as such gives a further indication of the low regard in which the media hold disability sport and the performances of athletes with disabilities. Whether this lack of coverage is based on a perceived lack of commercial viability, which really should not be an issue in a government funded organisation like the BBC, or on prejudice and lack of understanding amongst those in power is difficult to assess. This lack of understanding was clearly highlighted by the embarrassing situation that arose at the BBC Sports Personality of the Year Awards, following the Sydney Olympic and Paralympic Games, when Tanni Grey - Thompson, a wheelchair Paralympic athlete who had won four gold medals in Sydney, won third place and was unable to go up to collect her award as no ramp had been put in place, only steps. Even though it was known that Tanni was in the final five nominees a long time prior to the event, following her superb performances in Sydney, it appears that those responsible for putting on the programme either assumed that there was no way she was going to win anything or just failed to take into consideration the needs of a person with a disability when planning the show. Either way it demonstrates a complete lack of awareness of the needs of people with a disability by those responsible for the show, even though the BBC are responsible for broadcasting the Paralympic Games. Lloyd suggests, however, that this embarrassing situation may have had a positive outcome:

INT Obviously that's (referring to Tanni Grey - Thompson's award) a positive move for disability sport, but it was also a bit of a fiasco.

Lloyd I was sitting next to her. That was an absolute balls up by the BBC.

INT Why do you think that is? I mean they cover the Paralympics.

Lloyd Because they weren't expecting Tanni to win it is the short answer to that. They weren't expecting Tanni to win it and that was just awful TV. Just having to come down and give it to her, it was not good at all. There have been serious repercussions of that though. Tanni was on Points of View a couple of weeks ago and that's come up in the papers.

Incidents such as these are a clear indication and reinforcement of the 'outsider' or marginalised status of people and athletes with disabilities within the able-bodied community. The incident did receive some attention within the national media (for example The Daily Telegraph, 11-12-2000; See Appendix 8), which could potentially help raise awareness of issues such as this. However, it is unlikely that this coverage, which consisted of a small article in the 'Sports Round-Up' section, had anything to do with increasing awareness of the situation of people with disabilities within this country. It is more likely that the fact it got reported at all highlights the sensationalist and often negative nature of the media in this country in that an item is often only newsworthy if it shows someone or something up in a bad light.

The Media and its Representation of Disability in General.

The lack of understanding towards, and coverage of, disability issues is not limited to just disability sport however, but to disability generally. Haralambos and Holborn (2000) point out as a possible reason for this general lack of understanding and awareness that the people who hold senior positions in media organisations are mostly middle-class, and usually older than their subordinates, and in addition to this people with disabilities are highly under-represented within such organisations. This leads to the situation whereby

the dominant groups within society (usually white, middle class, able-bodied males) hold the key positions within organisations and institutions that are key in influencing the perceptions of those within the rest of society. This can lead to the situation whereby representations of people with disabilities shown on television are all defined by people with little or no knowledge of what it is like to be disabled. Cumberbatch and Negrine (1992, cited in Haralambos & Holborn, 2000; p. 956) cite ten ways in which people with disabilities are represented on television:

1. Disability or handicap as an emblem of evil.
2. The disabled as monsters.
3. Disability as a loss of one's humanity.
4. Disability as total dependency and lack of self-determination.
5. The image of the disabled as a maladjusted person.
6. Disability with compensation or substitute gift (for example, the blind having compensatory powers).
7. Disability leading to courageousness or achievement.
8. Disability and sexuality: as sexual menace, deviancy, danger stemming from loss of control.
9. Disability as an object of fun or pity
10. The disabled as an object of charity.

Cumberbatch and Negrine (1992) highlight that people with disabilities are rarely portrayed in a positive or constructive light. They claim that when people with disabilities do appear on screen their role and actions are far more likely to be determined by the nature of their disability and they are far less likely to appear as a person who just happens to have a disability. These portrayals of people with disabilities on television, therefore, continue to reinforce the perception of disability as deficit. The blanket label of 'disabled' is applied and the ability – inability continuum is broken. This is a situation Ina appears very aware of:

> "the physically disabled, there's nothing wrong with our brains, and we've got things that we can do that they probably can't do, you know skills and that kind of thing. But unless they actually see more disabled people being

> successful at various roles then it's hard to get it across that disabled people are just as able and equal to able-bodied people."
>
> (Ina)

Ina's use of the terms 'we' and 'they', meaning people with disabilities and able-bodied individuals, suggests a sense of disenfranchisement from the rest of society and gives an indication of the role that societal perceptions of people with disabilities play in the creation of this by setting people with disabilities up as different or inferior to the rest of society, based upon biology. However, it is not only the type of media representation that affects people's attitudes, but also the amount of coverage people with a disability receive. The Broadcasting Standards Commission (1999 cited in Haralambos and Holborn, 2000; p. 956) showed that people with disabilities appeared in seven percent of their sample of television programmes and accounted for 0.7 percent of all those who spoke. Reiser and Mason (1990 cited in Barnes, 1994; p. 198) suggest that this general absence of people with disabilities from television, coupled with the traditional linking of disability and medicine, reinforces the idea that people with disabilities are incapable of participating fully in everyday life, while at the same time feeding the notion that they should be shut away and segregated.

Concluding Remarks.

In conclusion then it is clear that the perceptions of disability embedded in the medical model discourse play a major part in structuring the perceptions that people hold and the ways in which they interact in relation to people with disabilities. As a result disability often becomes the dominant feature of their social identity as perceived by those around them. As a consequence of these views, and experiences of social interaction, disability,

for people with disabilities, can also become the dominant feature of their own self-perception and self-image. Therefore, because disability is seen as a negative and connected to incapability, all of the above mentioned factors may combine to inhibit involvement in sporting activities. In what is a highly complex process people with disabilities themselves can also be susceptible to internalising the same negative views about disability and applying them to other people with different or more severe impairments than themselves. With regard to media coverage of disability and disability sport, it would appear that simply increasing the amount of coverage athletes with a disability receive in the media is unlikely, by itself, to bring about major wholesale changes in societal perceptions of disability. Indeed, for many it may simply reinforce negative internalised views based in the medical model of disability. For media coverage to have any real major positive effects in this area, it is not only the amount of coverage that needs to improve, but also the content of that coverage and the underlying perceptions upon which it is formulated. Although it could be argued that some coverage is better than no coverage at all, if that coverage is only going to reinforce negative perceptions of disability, it has to be questioned as to whether it is actually doing more harm than good.

Having discussed how perceptions about disability affect social relations I feel it would now be pertinent to discuss one particular site where these views may be learnt and further internalised, especially with regard to sport and physical education in relation to people with disabilities, namely schools.

Chapter 6. The Role of Schools in Constructing the 'Reality' of Sport and Physical Education in Relation to People with Disabilities.

The aim of this chapter is to highlight and discuss a possible site in which the perceptions embedded in the medical model discourse, particularly with reference to sport and physical education in relation to people with disabilities, may be learnt and internalised by people within British society, that is schools. Simeonsson et al (2001) contend that schools constitute a primary environment and important reference point for the education and socialisation of children and youth. Part of this socialisation process within schools will inevitably involve the internalisation of representations and discourses of a myriad of subjects including disability. Perceptions passed onto children by parents and other key figures in children's lives affect the ways in which those children perceive and interact with other groups within society. Children spend a very large proportion of their lives up to the age of sixteen in school being exposed to a huge variety of images and assumptions, many of which they may continue to carry with them throughout their adult lives. This chapter investigates the differing experiences of the special and mainstream schooling systems. It discusses the effect the ethos, underpinning the way those members of staff within an individual school operate towards people with disabilities, as perceived by the participants in this research, can have on their self-confidence. As a result of this it discusses the likelihood of young people with disabilities becoming involved in sporting activity outside school hours or in later life. It also looks at the role of teachers in this process of forming the levels of self-confidence children with disabilities attain with respect to sport and physical education. Finally there is a discussion of the effect the move away from special school education towards mainstream schooling has had on the problem of location and identification of new talent that might form the basis for future

British Paralympic teams. Although there has been some research carried out in the area of physical education (Barton, 1993), school type and their effects on children with disabilities (Taub & Greer, 2000) and the role of the teacher in determining the quality of experiences of children with disabilities within the physical education class (Thomas & Green, 1994), most of this work (with the exception Barton), like much previous work, has concentrated on how the child with the disability could adapt to better fit in, rather than the class activity being adapted to suit all members of the class. There has been some work on the effect of mainstreaming on children with disabilities, but little has highlighted the effect this process has on talent identification of future sportspeople with a disability. This chapter, therefore, investigates the effects of the perceptions of disability embedded in the medical model discourse, in situations where they manifest themselves within an educational context, on the socialisation of young people with disabilities into sport and physical education. It also tries to show how these perceptions can act to deter some people with disabilities from, or limit their opportunities for, becoming involved in sport out of school hours or during their adult lives.

The chapter begins by giving a brief overview of when each of the participants in my research went to school and the type of schooling they received (i.e. special or mainstream). This is to enable the reader to place in context cited comments from the participants. For example, some of the participants attended school before the social model of disability had been fully theorised and were, therefore, educated at a time when the perceptions embedded in the medical model discourse were taken for granted and rarely challenged. The potential affects of attitudes towards physical education within the

two different types of schooling (mainstream and special) on children with disabilities and the perceived affects by the participants in this research are considered. This is followed by a discussion of the effects physical education teachers can have on the perceptions and actions of both able-bodied and children with disabilities.

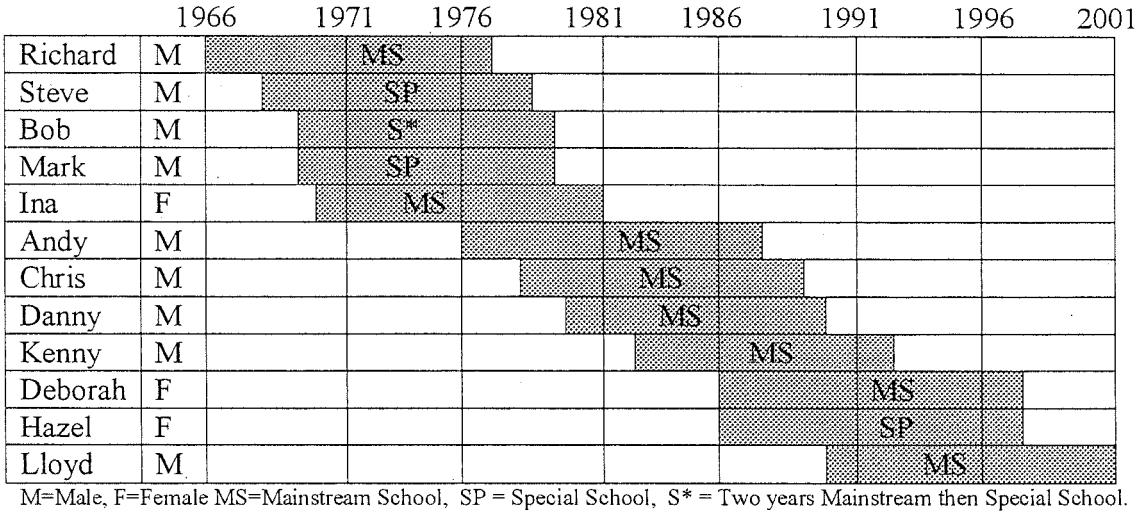
A Special School or Mainstream Education for Children with Disabilities?

The issue of whether children with disabilities should attend a mainstream school or benefit more in a special school specifically designed to cater for their needs has been an on-going debate since the nineteen seventies. The Warnock Report, issued in 1978, made recommendations regarding the inclusion of special educational needs elements in all teacher training courses (Thomas & Green, 1994), although apparently these recommendations did not begin to be adopted by institutions involved in the process until around 1984. The benefits, or otherwise, of this integration process not only into mainstream schools, but more particularly into non-classroom situations involving physical activity have been the subject of much debate (Lienart et al, 2001; Taub & Greer, 2000; Bailey, 1997; Lavay, 1987). Taub & Greer, (2000) claim that interview responses from twenty-eight male college students with physical and sensory disabilities indicate that physical activity is a significant normalising experience for children with physical disabilities. They suggest that through mainstreaming, some of the stereotypical assumptions about people with disabilities and their ability, or otherwise, to take part in activities such as sport may be challenged. They claim that physical activity legitimates their social identity as children and strengthens social ties, thus giving the children the perception that they are similar to other children. Simeonsson et al's (2001) recent

research, comparing two matched groups of children with disabilities in a regular educational environment and in a self-contained, special education classroom, revealed that students with disabilities in the regular education environment experienced more social interactions with able-bodied peers and had larger social networks compared to their counterparts in the self-contained setting. Increased opportunities for social interaction were cited as a potential causal factor.

Of the twelve athletes taking part in this study, five (Andy, Chris, Deborah, Lloyd & Kenny) attend or attended a mainstream school. This group includes four with cerebral palsy, one of whom is a wheelchair user (Deborah) and one with a visual impairment (Andy). Lloyd is still currently attending a mainstream school. Three others, Danny, Ina and Richard also attended mainstream schools. However, for all of these three the onset of their disability occurred in their late teens or early twenties and so they would all have been considered able-bodied during their school years. Of the remaining four athletes, Hazel, Mark and Steve spent all of their school years in special schools. Only Bob experienced both environments having spent two years in a mainstream school before transferring to a school for the visually impaired. However, it is perhaps also pertinent to note the period when each of the athletes was undergoing the bulk of their schooling i.e. between the ages of five and sixteen years of age. Figure 6 (below) shows that, of those participants who attended special schools, three of the four had all finished their schooling by the time the recommendations of the Warnock Report had been published. It is important, therefore, to bear in mind the period each of the participants attended their respective schools when discussing their experiences. It is also relevant to locate myself

within this diagram in order that my own views on and experiences of mainstream schooling can be put into context, if I am to include them in this analysis. This is because the period in time I attended school, the type of education I received and my experiences whilst there clearly informed my views and perceptions of the subject. To this end I would place myself in almost the same chronological schooling position as Ina although starting and finishing one year earlier.



M=Male, F=Female MS=Mainstream School, SP = Special School, S* = Two years Mainstream then Special School.
Fig. 6. School attendance between the age of 5 and 16 and type of school attended.

Special Schools.

Although some authors suggest there are great benefits to placing a child with a disability into mainstream education (Simeonsson et al, 2001; Taub & Greer, 2000), Lavay (1987) using the medical model term 'handicapped' favoured by the teaching profession at the time, claims that not all students with disabilities should be automatically mainstreamed and that a factor that is all too often overlooked are the needs of the actual student to be mainstreamed. This is a comment that Hazel's mother would agree with strongly for, as she pointed out:

> "For some people it's good, but not everybody fits into mainstream, because they only look at one disability whereas Hazel with having cerebral palsy she's got a physical disability. She's also got a learning disability and she's got a short-term memory loss and they wouldn't take all that into consideration. She'd never have survived in mainstream schools. I mean for some people yes, but they have to have a safety net."
>
> (Hazel's Mum)

Despite the push by the educational establishment to get children with disabilities into mainstream schooling following the Warnock report, it would appear that, according to her mother, Hazel, with her multiple impairments, had the opportunity to attend the type of school best suited to her needs. However, for Steve whose schooling began back in the nineteen sixties, when many of the perceptions regarding disability that are embedded in the medical model discourse were prominent within the field of education, mainstream schooling was not even an option. He was sent to a day school for severely disabled people, where there was very little in the way of physical activity and he was provided with a door to door taxi service by the local education authority to take him from his home in Bath to the school in Bristol and back every day. There appears to be little evidence that this type of schooling was the most appropriate for Steve. When asked about the justification for the local authority's insistence that he attended a special school Steve claimed that:

> "I would, as they quoted, struggle immensely with my education and it would be preferable to put me in a special school, but as time has now shown that was detrimental to my education rather than an improvement."
>
> (Steve)

Chris, who attended a mainstream school only after a real struggle by his parents, began his school career around the time the Warnock Report was being published. He also appears to suggest that attendance at a mainstream school gives children with disabilities

a distinct advantage over those that attend special schools, although he does not state in what ways:

> "I think my mum and dad fought really hard to get me to go to normal mainstream school and I think I really do owe my mum and dad a lot for that, looking back at it now, because the difference between people with disabilities who have been in the mainstream and people that have gone via the special school route, the void is massive."
>
> (Chris)

I will return to some of the possible reasons why Steve and Chris might hold such a poor opinion of the special school system shortly. Firstly however I feel it is important to point out that not everybody who has been through the special school system feels that it has or would have let them down. Mark, who attended Exhall Grange School in Warwickshire, which caters for both visual impairments and physical disabilities, talks with great fondness of his time there. At his school, physical activity and especially sport, which he states everyone had to take some part in, played a major part in the school timetable and for him appears to have aided his advancement toward elite athletics:

> "I think if I'd gone to an able-bodied school..I think I would have been..I don't think I'd have got into athletics like I did today, but I think I just enjoyed it so much."
>
> (Mark)

Murdie (1993) claims that one of the benefits of special schools is that due to similar impairments no one is 'special' and there is a great feeling of comradeship and a desire within pupils to prove themselves. However, one of the criticisms of special schools is that isolation and restriction of children with disabilities from their able-bodied peers may inhibit socialisation due to the decrease in social opportunities (Taub & Greer, 2000; p. 395). This is something of which Steve has personal experience. When asked how he felt

about not being able to attend the local junior school with all the friends he had made in his local area in his early years he replied:

> "I think that's been the only thing which I have against my background simply because I was not able to join my friends. Obviously once I was at school my education was very poor, my possibility as I've just quoted of taking part in activities were very limited. We were put in a bubble. We were nurse maided and to come home in the evening I also had a problem because I lost contact with all the people in the first few years of my life that I built up locally and then I was unfortunately ostracised and I lost contact with them."
>
> (Steve)

As highlighted above, despite both attending special schools, Steve and Mark expressed marked differences in opinions and perceptions of the special school system. Steve attended a school where it appears the perceptions embedded in the medical model of disability ethos played a major role in determining the extent to which the children there were able to extend themselves. As he points out in the quote above, the children were unable to extend themselves physically or intellectually due to the disempowering actions of those in charge. However, in another part of the country Mark, who has a comparable level of disability to Steve, was encouraged to take part in all manner of sports and activities. The differences in these two approaches to physical education can have a major effect on children for as Taub and Greer (2000) point out, variations in the social context lead to differential outcomes. The physical and social barriers, such as the attitude of those at Steve's school in Bristol, mean that children with disabilities "often experience decreased fitness levels, reduced cardio respiratory endurance and interpersonal isolation" (Taub & Greer, 2000; p.396) through lack of opportunity to engage in organised and competitive sports. In Mark's case, however, the school actively encouraged sports and other physical activities leading to a different outcome, which

Mark perceives to have been highly beneficial to the health and fitness of all the children present at the school:

> "If I compare it to nowadays..when I see a lot of the kids now, I think most, nearly all them kids at school were fit. Even the kids who didn't want to run, I think they had to run, even if was just run a mile once a week, but I think it got everybody involved... All I can remember is, I bet you seventy percent of that school were actively involved in sport."
>
> (Mark)

Hazel also attended a school where there was an emphasis on physical activity. Indeed there were actually three of its alumni present in the Great Britain team in Sydney, and she and her mother had nothing but praise for the school.

Oliver (1996) feels that special schools provide a system that fails the child with a disability, both educationally and socially, and fails to equip them sufficiently for adult life. He feels that 'by producing educationally and socially disabled adults in this way, the special educational system perpetuates the misguided assumption that disabled people are somehow inadequate, and thus legitimates discrimination in all other areas of their lives' (Oliver, 1996; p. 64). Although there is much evidence to support Oliver's view the differing experiences and perceptions of the participants in this research suggest that there are two critical factors when assessing the likelihood of a child with a disability having a positive experience when attending a special school. These are the school's teachers and the school policy with regard to their perception of the needs of a child with a disability.

Mainstream Schools.

As pointed out earlier Chris's parents fought hard to get him into mainstream schooling and Chris is also quite adamant that the difference between what happens to a person who goes through special and mainstream schooling methods is 'massive'. When asked to explain this Chris stated:

> "I think just the types of jobs they've got. I've got a degree, things like that. It's meant that I'm more a kind of in a stereotypical normal type of adult now, instead of being somebody with a disability who's working in a dead end job somewhere or working in some charity because they can't get a job in mainstream work."
>
> (Chris)

The use of the word 'they' by Chris is quite interesting, as well as his need to describe himself as a 'stereotypical normal type of adult'. It is as though he wishes to distance himself from any possible connections with a special school education and those that have received it (and possibly by implication from disability itself) and that by having attended a mainstream school and having engaged in common childhood activities he had been given the opportunity to demonstrate that he was not just a child with a disability. This appears to demonstrate the perceived stigma that is attached to being anything other than a 'normal' individual. This is reflected in the findings of Taub and Greer (2000; p.405) who claim that legitimation of people with disabilities' social identity as children, through interaction with, and acceptance by, able-bodied children, facilitates feelings of being "normal". Chris also felt that the whole process of going through mainstream schooling made him a stronger person:

> "I think that you're a lot physically stronger to go through normal school anyway. You're not protected and when you're out in the playground there's eight hundred other kids out in the playground, so you're going to

> get knocked down. You've got to get up and you've got to....and I just did a lot of sport at school."
>
> (Chris)

Chris' comment about doing a lot of sport at school is a common theme amongst all of the male participants who attended mainstream schools. Danny and Richard, who were both able-bodied whilst at school, were involved in most sports on a competitive level and also shared a passion for rugby with Lloyd, who even with cerebral palsy was good enough to represent both Suffolk and the Eastern Counties. Chris joined in with all games and physical education (P.E.) activities with the exception of trampolining and Kenny enjoyed athletics at school. Andy, who was blind in one eye for most of his school career, claims he actually hid his disability at school and managed to play both football and rugby for the county as well as, at the age of fourteen, being ranked thirteenth in the country for the four hundred metres. However, it would appear that Andy was more worried about not being allowed to play his sport (he was banned from playing rugby when his visual impairment came to light) than the stigma attached to having a disability, because as he says 'I used to tell the teachers that I was blind in one eye and they said no, you've got a lazy eye. Yeh, real lazy!' Of the two female participants who attended mainstream schooling Ina, who was able-bodied whilst at school, enjoyed trampolining and gymnastics, but only really took part in sport during games and P.E. lessons, apart from the occasional spot of recreational tennis and swimming. Deborah on the other hand, who uses a wheelchair to get around, did no real sport or physical activity during her time at school because she claims that her teachers didn't know what to do with her:

> "In the end they just used to shove me in the weights gym with a couple of mates."
>
> (Deborah)

This possibly highlights the greater difficulty of integrating someone in a wheelchair into a mainstream physical education class, as opposed to those children with disabilities who are ambulatory. I will return to this issue in greater detail in the next section when I discuss the role of the teacher in the integration process.

Life for children with disabilities in mainstream schools is not without problems for as Taub and Greer point out the beneficial outcomes of the perceived normalisation through physical activity 'coexist with disempowering experiences' (Taub & Greer, 2000; p.409). One such experience is that of bullying, which the following quote from Kenny clearly demonstrates:

IB	And how did the other children there treat you?
Kenny	They'd take the mick out of you, because you were disabled and because I was born with cerebral palsy they'd call you spazz and stuff like that.
IB	How did that make you feel?
Kenny	A bit down, because I mean it's not my fault. I was born like this.

Other participants in this research, such as Bob and Deborah, also experienced bullying that may have been due to their being different to the rest of their classmates. All of these cases of bullying demonstrate the stigma attached to, and the problems of being, 'different' from the rest of your peers. It would appear, therefore, that participation in a predominantly able-bodied P.E. class is potentially a somewhat paradoxical situation for a child with a disability. On the one hand, by taking part in such a class they are highlighting the very physical differences that can evoke the kind of bullying described above. However, it is also an opportunity to prove to their able-bodied peers that they are

capable of performing the same physical tasks as them. Indeed, it should be noted that not all of the participants reported having any such problems. Lloyd, Andy and Chris all reported no problems related to difficulties with peers or teachers during their time at school. Whether this was due to the schools they were at, the attitudes of the teachers and pupils at those schools towards disability or the personalities of these three participants is impossible to say. But one thing the three have in common is that they took part in able-bodied sport with varying degrees of success. Two of the benefits of physical activity identified by the children with disabilities in Taub and Greer's work, that they felt legitimated or validated their social identities as children, were 'perceptions of competence and feelings of self-enhancement' (Taub & Greer, 2000; p.400). Like the children in Taub and Greer's work, the evidence suggests that several of the participants in this research felt they had benefited from being involved in sport:

> "from the third and fourth year it (life) picked up. I was winning trophies, I was doing sport and I was team captain of the juniors in '93 and '92."
>
> (Kenny)

Kenny's success in sport appears to have lead to an increased acceptance of his abilities by his peers and gave him a sense of self-confidence. It would appear then that by being successful at sport and showing competence in physical activity that children with disabilities are able to somehow reconnect the continuum of ability and inability described by Shearer (1981) and described earlier in chapter four (see page 117). As such they are able to background their disability to a certain extent, thus preventing the description of their disability becoming a description of them as people. Someone who plays a key role in enabling children with disabilities to gain the perceptions of competence and feelings of self-enhancement described by Taub and Greer above is the

teacher, and the physical education teacher in particular. I would, therefore, like to turn my attention to the role of the teacher in the integration process.

The Role of Teachers in the Integration Process.

Thomas and Green (1994) contend, as pointed out above, that negative attitudes towards people with disabilities are still prevalent amongst those involved in their welfare. They also suggest that apparently unchanging attitudes of physical education teachers towards people with disabilities are hindering developments in provision 'by acting as some kind of 'de facto' brake on integration' (Thomas and Green, 1994; p.26). These findings come a full ten years after the recommendations of the Warnock Report (1978) for the inclusion of special educational needs elements into all teacher training courses began to be adopted in 1984 by those institutions responsible for this task. Thomas and Green go on to state that:

> "Physical education teachers, perhaps above all others, lean heavily upon assumptions. Assumptions about what 'normal' individuals can be expected to do, usually based upon their own sporting experiences. They, like most of us, hold stereotypical views about the nature of sport and also, more invidiously, about the nature of disability."
>
> (Thomas & Green, 1994; p.27)

They suggest that although most trainee physical education teachers do now receive special educational needs training whilst at university or college, the training is still based within the perceptions of disability embedded in the medical model discourse and so does nothing to change the under-lying attitudes towards disability of teachers or providers. As they point out, even the government blue print for the future of physical education within our schools, the National Curriculum for Physical Education for ages 5 to 16 (Department

of Education and Science, 1991), whilst pointing out the need to avoid labelling children as problems, still defines disability in terms of 'a loss or reduction of physical activity' (Thomas & Green, 1994; p.28). One of the results of this, reported in an article by Lienart et al (2001), is that 'teachers expressed concerns that they were inadequately prepared to teach effectively in integrated classes and that "schools provided little support"' (Lienart et al, 2001; p.2). Moreover, Taub and Greer (2000; p.396) claim that 'physical education teachers frequently exhibit minimal interest in teaching children with physical disabilities and often hold stereotypical perceptions about their abilities'. The consequences of this can be clearly seen in the following comments from Richard, as well as the one quoted earlier from Deborah on page 169:

> "Within the main school system at the moment they're not encouraged to do sport, because they've got no one there who can actually help them do sport. In fact as far as I'm aware they're encouraged not to, because of legal implications of insurances and what have you. So that would mean PE teachers and what have you going on specialised coaching courses to actually be able to incorporate disabled people in sport, if you understand what I mean, where I'm coming from? I mean a couple of juniors that I've been involved with have been told they can't do it because teachers don't know what to do with them."
>
> (Richard)

These views were also reflected in the comments of Andy and Hazel's mum who both felt that children with disabilities were prevented from taking part in sport and physical education alongside their able-bodied peers due to the lack of understanding and low opinion of children with disabilities physical capabilities by P.E. teachers. By denying children with disabilities the opportunity to join in physical activities with their able-bodied peers teachers are not only restricting or inhibiting the socialisation process due to decreased social opportunities, but are in fact compounding the problems for them in a number of ways. Firstly by preventing children with disabilities from taking part in

physical activities with their able-bodied peers teachers may be unwittingly continuing the propagation of negative perceptions of disability by reinforcing the stereotypes of people with disabilities' inabilities to do the things everybody else can, within the minds of the able-bodied children in the class. As Taub and Greer point out:

> "Being excluded from typical childhood play, children with physical disabilities may have their status as children questioned. Instead of a child with a disability being viewed as just another child, the child's disability can become the master status or salient social identity."
>
> (Taub & Greer, 2000; p.396)

Not only that, but by excluding children with disabilities from 'the socially valued arena of sport and physical activity' (Nixon, 1984, 1989 in Blinde and Taub, 1999; p.183) the feeling of exclusion from their peers can lead to feelings of isolation, which Anderson and Clark (1982, cited in Taub and Greer, 2000; p.396) claim 'is a critical factor in explaining why less than half of children with physical disabilities play indoor and outdoor games at school'. Isolation can also lead to negative perceptions and views about their competence as social actors becoming internalised (Blinde & Taub, 1999), leading to low self-confidence and self-esteem, as well as decreased perceptions of their own movement capabilities.

It is clear then that physical education teachers who hold negative perceptions of the capabilities of children with disabilities and make no attempt to integrate them with their able-bodied peers can have a devastating affect on all parts of that individual's life and the way they are viewed by others, for as Lavay points out 'recent research indicates a positive attitude of the regular physical educator teacher toward the handicapped (sic) student(s) being mainstreamed may be the most critical factor towards success' (Lavay,

1987; p.14). Not all teachers of the participants in this research, however, held negative attitudes towards children with disabilities. Whether due to their training or some other life experience(s) that enabled them to reject some or all of the perceptions of disability contained in the medical model discourse, or possibly because they had been insulated in some way from this discourse, some teachers do make a positive attempt to include children with disabilities within able-bodied P.E. classes. This fact is exemplified by Chris:

IB How did your PE teachers react to you?

Chris I don't know. I think they were pretty good really. I think very much their opinion was that I did everything unless I said otherwise, which was really good really, because I did.

The positive effects of an inclusive approach such as that experienced by Chris cannot only be experienced by the child with a disability, but also by all of the teachers and pupils at a particular school. Bailey (1997) concurs with this view in her discussion of the integration of a child with cerebral palsy and a wheelchair user into her school in the West Midlands:

> "David has brought so much to our school. He has made us think and appreciate the needs, whether they are physical or not, of every child. He comes alive in the physical setting. To deprive him of this would be to deprive him of part of his education."
>
> (Bailey, 1997; p.18)

It would appear then that the attitudes or perceptions of teachers towards disability play a pivotal role in whether or not a child with a disability's experience at school is a positive one and that physical activities and sport, if handled properly, can have a highly beneficial effect for all concerned. Thomas and Green suggest that 'it is the social construction model' of disability that needs taking on board by the physical education

profession, particularly at the level of teacher-education (Thomas & Green, 1994; p.28). However, Andy appears to think that the need amongst teachers is a little more specific in that they need to gain a better understanding of just what people with disabilities are capable of and be more positive in the way they perceive those abilities:

> "Erm, I think it's a job for teachers and education in general. They need to be aware of what disabled people can do in sport. They shouldn't treat them any differently really. They've just got the differences to...there's no way a totally blind person at school could join in with a football match, there's no way they could join in with a rugby match, erm, there's nothing to stop them doing weight training, there's nothing to stop them, you know, getting someone to do some guiding with them and doing running. The society's somewhat polarised in so much as some people think that these are athletes and they can do amazing things and others are ahh! Look at these nice people doing a little bit of jogging and a little bit of sport and I think there's that sort of perception amongst teachers as well. Some would think well just because you're disabled you can get out there and you can do it. You see what the Noel Thatcher's of this world do, Tanni Grey etc. Others say ahh do you want to go for a little jog around the field like Noel Thatcher does!"
>
> (Andy)

However, Thomas and Green (1994) do suggest that just teaching the trainee teachers the fundamental principles of the social model will do little to change their attitudes or perceptions. They argue that the only way to create an understanding is for the trainee teachers to work alongside people with disabilities and witness first hand what they can really do, for as they point out 'just knowing somebody with a disability does not necessarily lead to a different attitude. It appears to be working together that leads to attitudinal change' (Thomas & Green, 1994; p.29). These comments appear to be in keeping with those of Andy, above. The above-mentioned lack of understanding and negative perceptions of children with disabilities by physical education teachers not only has ramifications for the individual children with disabilities, but also, potentially, for the

future of disability sport. It is to this problem, therefore, that I would now like to turn my attention.

Teachers, Talent Identification and Mainstream Schools.

The level of understanding of, and perception of, disability sport by physical education teachers within mainstream schools, combined with a move towards increased mainstreaming of children with disabilities, has actually lead to new problems arising in the identification of new potential athletes with disabilities. This is a point raised by several of the athletes in this research. According to Mark, the task of identifying new potential athletes with disabilities has actually been made more difficult following the introduction of mainstreaming for children with disabilities:

> "My experience over the last 14, 15 years and I suppose more so now because there are more integrated schools so there's less special schools now and it makes me wonder if that's why there has been such a big gap, because there's no....I mean the athletes they took - I think there was nine visually impaired athletes that went to Sydney – only one member of that team is a new member from 1992. All those other eight athletes competed in 1992 and '96. So, there's only one person. So what's happened..I don't think anything has happened really in the last ten years."
>
> (Mark)

The above comments by Mark are mirrored by Angela Weller at British Blind Sport, who feels that the move from special education to mainstream, although advantageous in many respects, has had a relatively negative effect on sporting opportunities for people with disabilities. As reasons for this she cites factors such as lack of time, training and resources for teachers, physical education being squeezed from the curriculum and the problems of integrating children with disabilities into an able-bodied sporting lesson carried out in a limited time span (Weller, personal communication, 1999).

It appears then that the problems caused by the move towards integration into mainstream schooling and the failure of teachers to integrate children with disabilities into mainstream physical education lessons has repercussions, which extend beyond just the affects on the individual child with a disability. It can actually extend right the way up to international level as reflected in the comments of Mark, above, which I will return to shortly. Richard, who helps coach young athletes with disabilities in his local area, raised one of the problems caused by the move towards integration into mainstream schooling:

> "That's caused a problem of identifying areas where you can get hold of disabled people to ask them if they're interested in doing any sport, because they are out in mainstream, whereas when they were in institutions or what have you, you could go to there and say we're starting up a club. Have you got anybody interested in doing anything?"
>
> (Richard)

It is difficult to determine from the findings whether this perceived 'invisibility' of children with disabilities within mainstream schooling is a good thing or not. If it means that discovering any problems they may be having becomes even more difficult then it can only be perceived as a bad thing, but if it simply means that they are being accepted as just another child within the group then it can only be seen as a positive step. Whichever it is, however, it does have a repercussion on new talent identification for, as Mark points out, the move into mainstream education and physical activity has other hidden effects on the identification of new talent and the way children with disabilities view themselves as athletes:

> "You might be a fantastic athlete - you might be a young lad that can run 12 seconds as a blind athlete, be the best in the UK say at age 15 or whatever, but where would you be in mainstream school? You'd just be an average sprinter. And I think you get left behind a bit then – you know what I mean?"
>
> (Mark)

The confidence gained from being the best in your school can make the difference between an individual, disabled or otherwise, making the decision to pursue a sport on more than a recreational level. If an athlete with a disability has no reference point, other than able-bodied athletes, to compare themselves against and teachers are not aware of what constitutes a good performance in disability sport then potential athletes can be lost to the sport simply because they are unaware of their own potential. All it takes is someone with some knowledge within a school about what constitutes a good performance for a particular disability group for this problem to be lessened. However, unless actively involved in disability sport many people are not even aware of the classification systems used within it and as a result potential young athletes have no real reference points with which to compare their own performances. This again underlines the importance of physical education teachers in mainstream schools having a knowledge of and interest in disability sport. Without this many potential new recruits to disability sport could well be lost.

Possible Impacts of Mainstream Schooling on Elite Disability Sport.

I would like now to return to the initial quotation by Mark (see page 177) regarding the fact that since 1992 there has only been one new addition to the Great Britain Paralympic visually impaired athletics squad. Of the nine visually impaired track and field athletes representing Great Britain in Sydney only one was under thirty years of age. The same is also true of the wheelchair team of whom, from the eight athletes present in Sydney, only one was under thirty years of age and she did not compete due to illness. A comparison of the average ages of the five disability groups in the track and field team in Sydney, as

well as a comparison of the overall track and field team with that of the able-bodied Olympic track and field team is given in figure 7 (below).

A comparison of the differences in the average ages of the visually impaired (34 years) and wheelchair (38 years) squads with the other disability groupings, where the average age is well below thirty, raises the question of why more young athletes in these two groups are not making it to the top in the sport. It may be that at school the two groups of children with a disability that are, potentially, the most difficult to integrate into able-bodied physical activity lessons are those with visual impairments and those in wheelchairs. Many of the children in the other three disability groupings, although maybe not as quick and mobile as their able-bodied peers, are still able to integrate into a variety of physical activities with minimal or often no adaptations to the activity by the teacher concerned. These children, therefore, get the maximum number of possible opportunities

	Men			Women			Team		
	No.	Age Range	Average Age	No.	Age Range	Average Age	No.	Age Range	Average Age
ALA	4	18-38	27	1	-	26	5	18-38	27
CP	14	17-35	24	7	21-52	28	21	17-53	25
ID	4	19-31	25	0	-	-	4	19-31	25
VI	8	26-40	34	1	-	30	9	26-40	34
W	4	32-49	40	4	21-53	35	8	21-53	38
Team	34	17-49	29	13	21-53	30	47	17-53	29
Olympic Squad	45	21-43	27	30	21-42	28	75	21-43	27

ALA=Amputee & Les Autres, CP=Cerebral Palsy, ID=Intellectual Disability, VI=Visual Impairment, W= Wheelchair, Team=Whole Great Britain Paralympic Track and Field Squad, Olympic Squad=Able-bodied Track and Field Squad.

Fig 7. A comparison of the average ages of the Great Britain Paralympic track and field team in Sydney by disability grouping and with the able-bodied Olympic track and field team in Sydney.

to undergo the normalisation process discussed above and as such get the maximum potential benefits. For the visually impaired and those in wheelchairs, however, a totally different approach to physical activity is necessary by teachers if they are to get the same opportunities and it is these children, therefore, who are more likely to be the ones left to read a book or 'shoved in the weights room with a couple of mates' as Deborah was. The consequence of this as outlined by Angela Weller at British Blind Sport is that:

> "There is only a relatively small group of athletes below the level of the elite waiting to replace them. Therefore, the level of ability of replacements is limited."
>
> (Weller, personal communication, 1999)

One final factor of interest that schooling may have a bearing upon and is highlighted in figure seven, above, is the relative percentage of women taking part in sport. Female athletes with disabilities only made up 27.7% of the Paralympic track and field team, whereas able-bodied female athletes made up 40% of the Olympic track and field team in Sydney. There is a large body of research already regarding the participation of able-bodied women in sport (for example, Clarke & Humberstone, 1997; Birrell & Cole, 1994; Hargreaves, 1994, Wells, 1991), but relatively little has been written about the participation of women with disabilities within sport. However, it is likely that factors such as low self-confidence and self-esteem brought on partly by the body conscious nature of our society, especially with regard to women (See Hargreaves, 2000; p. 187), and transport problems (See Barnes, 1991; p.186) etc are likely to have a big effect on the decision of a woman with a disability to take up sport or not.

Concluding Remarks.

In conclusion then it is clear that a positive experience of physical education and physical activities within either a special or mainstream school environment can have a strong empowering effect on many aspects of a child with a disability's life and perhaps even more so if it occurs within a mainstream school environment. However, the outcome of this experience is likely to be in the hands of the teacher tasked with overseeing the integration process. In order that teachers are best equipped to carry out this task their training needs to be informed by the social model of disability and involve working alongside people with disabilities in order to increase their understanding of the abilities and needs of individuals with disabilities. Not only do the experiences of physical education within school have a long-term effect on the participation, or otherwise, of individuals with disabilities in sport in later life, but they could also possibly affect the competitive strength of future Great Britain teams in the field of disability sport. This is particularly true of the visually impaired and wheelchair squads, as individuals within these two groupings are, potentially, the hardest to integrate into an able-bodied P.E. class.

In the next chapter I will discuss the ways in which the perceptions and knowledge of key personnel involved in the running of sport, towards and about disability sport, can have a major impact on the success, or otherwise, of any athlete with a disability that aims to take part in any level of sport.

Chapter 7. Key Personnel and Their Significance in the Running of Disability Sport.

The aim of this chapter is to discuss the ways in which the perceptions and knowledge of individuals, such as coaches or organisations such as UK Athletics, towards and about disability sport, can have a major impact on the success, or otherwise, of any athlete with a disability who aims to take part in any level of sport, but particularly at the highest levels. The chapter begins with an analysis of the problems faced by the interviewees in finding a coach who is willing to take them on and has the necessary knowledge and understanding of the implications of disability upon physical ability. There then follows a brief overview of the current structure of disability sport in this country. The next section introduces the issue of the differences between the approaches to athletes with disabilities of national disability sports organisations (NDSO), whose basic aim is usually to provide sporting opportunities to a particular disability grouping, and national governing bodies (NGB) of sport who are responsible for a particular able-bodied sport at all levels and many of which have become responsible for the disability side of their sport at the elite level. The affects on athletes with disabilities, who have progressed sufficiently far in their sport to have reached the elite level, of being looked after by a body used to operating in the highly commercialised world that able-bodied sport has become are discussed. The affects on the national governing body and its staff of suddenly becoming responsible for an area of sport of which they have no real knowledge are also considered. The overall picture that arises from this discussion, based around UK Athletics, appears to be that the root cause of many of the problems and issues raised by the participants in this research are as a direct result of the lack of knowledge about disability, or indifference towards disability sport, of many of those tasked with its

development and organisation. In the final section the consequences of the attitudes of an organisation tasked with organising an event such as the Paralympic Games on those competing are discussed.

Coaches.

Holmes (1997) claims, whilst discussing the problems faced by people with disabilities in getting into sport, at whatever level, that 'the most formidable of these barriers has been the shortage of sports coaches capable or willing to run integrated groups' (Holmes, 1997; p.30). This view is clearly shared by Richard who says in respect of gaining access to coaching:

> First of all information or where to go to get coaching or what to do. That was the first problem.
>
> (Richard)

If any athlete is to make it to the very top it is generally accepted by those involved in sport that a good knowledgeable coach is a key element of this process. However, finding one willing, or able, to take on an athlete with a disability has proved problematic for many of the participants in this research. Part of this problem maybe due to a lack of knowledge of how to train an athlete with a disability or possibly just an indifference towards them, as Hazel and her mother discovered when they first went in search of a coach for Hazel. They did not receive the response they were hoping for:

> Hazel's Mum Because we live in Sunderland, we went to Sunderland and the coach said there's the track. Run round it. That was her idea of coaching a disabled athlete. So then we went to...
>
> IB Was that just because she didn't have any knowledge of coaching athletes with a disability?

Hazel's Mum It could have been. I don't know. I didn't have much patience with her after that. You know, she just said there's the track. Run round it

It is difficult to ascertain whether the coach just had no interest in coaching Hazel or whether her actions were simply due to a lack of knowledge. Many of the participants in this research felt that, with a lot of coaches, there appears to be a fear, born from a lack of understanding, of the implications of disability, which prevents them from accepting potential athletes with a disability into their training groups, as the comments of Kenny, below, appear to show:

IB Did you have many problems finding one (a coach)?

Kenny At first, yes.

IB What sort of reactions did you get?

Kenny They didn't want to know me.

IB Did they say why?

Kenny I don't know, because they had able-bodied athletes there and the coaches didn't know anything about coaching disabled sport.

However, in contrast to this, Richard feels that a lot of coaches are generally just not interested in coaching athletes with disabilities, although he also pointed out that there are those who attempt to impose their coaching ideas despite not having any idea of the implications of a particular impairment on sport ability:

"We've had some coaches coming up and saying why aren't you doing that, which is fine, but when they come up and say you should be doing that then I turn round and say well I can't do this and they start arguing. Then I've got no time for someone like that because they ain't got a clue what they're talking about"

(Richard)

This perceived negative attitude of coaches towards athletes with disabilities can force some athletes, especially in the less technical events to 'go it alone'. This is exemplified by Steve and Mark, both visually impaired marathon runners, who spent very large proportions of their athletic careers without any regular coach to advise them. This actually led to both of them making mistakes in their training and approach to the marathon that could have cost them dearly due to lack of knowledge and advice:

Steve I did need to lose it (weight), but I went through a stage where for a number of years I was basically eating an apple a day. I was eating an apple and a cheese roll a day for probably three or four years.

IB And nothing else?

Steve Basically nothing else, no. Seriously and a bottle of water and a cup of tea maybe! That's where I lost an awful lot of weight and by the time I got to Seoul in '88 err,.... I was about 8 stones at the time.

Mark I got a bit carried away.

IB Do you think that's one of the pitfalls of not having a coach?

Mark Probably was at the time. I'd say so. I went from doing an average of ninety miles a week.....I probably went from June, July, August running a hundred and thirty miles a week, a hundred and forty miles a week. I ran brilliant for two, three months and all of a sudden, come September, all of a sudden my body said.....and I was working full time..and my body just said....I was just knackered!

It would appear then that not only do athletes with a disability have difficulty finding a coach, but that because they perceive these difficulties to be a lack of interest on behalf of the coaches, or a lack of understanding of the implications of disability, then some tend to avoid trying to find a coach at all. Athletes may decide to shun the advice of a coach altogether and make decisions, based on incomplete or non-existent knowledge of

training methods, which could actually do them more harm than good. Perhaps this issue of coaches is best summed up by Chris with the following quote about how his coach, and the large group of able-bodied throwers he trains with, reacted to him when he first started, which clearly encapsulates the positive effects a little time and communication can achieve:

> I don't know at first. I think they were wary, because you're not sure what to do are you? If you fall over what do they do? Do they interfere or not? And I think that initially it was a learning curve for them, as it was for me because I'd not trained in a big group, so it's very much on both sides. It's just about time and people getting used to knowing what you can do and what you can't do and when I fall over nine times out of ten I don't hurt myself so it's funny. It's a silly thing and I wasn't watching what I was doing and they need to get used to that kind of thing, but I think once they'd got used to me being around it was fine. We got on really well.
>
> (Chris)

Although the quote refers to both his coach and the able-bodied members of his training group it does highlight the fact that with a little time and patience many of the problems highlighted in this section can be overcome. Overall it would appear that the problems of finding a coach reported by Holmes (1997), and backed up by the comments of the athletes in this research, stem from a lack of understanding of the implications of disability on sport ability, which can lead to a fear of the implications of taking on a potential athlete with a disability. This can lead to a severe reticence to become involved in coaching an athlete with a disability. In addition there is a perception by some of the participants that some coaches are simply not interested in coaching athletes with a disability, possibly because they perceive disability sport to be inferior to able-bodied sport, or even not sport at all. This can make it very difficult for a new potential athlete with a disability to find a coach willing and able to take them on. In addition the

knowledge that many coaches are reticent to become involved, or are indifferent to their needs, may cause some athletes with a disability to avoid looking for a coach altogether. However, as the comments of Chris above show, with a little time and patience, combined with good communication, these potential fears can prove to be completely unfounded. I would now like to turn my attention to a discussion of the perceptions of the research participants regarding the attitudes of, and actions towards people with disabilities of, the administrators and officials responsible for organising disability sport.

Administrators and Officials.

In Great Britain the structure of disability athletics is such that below elite level (those athletes with disabilities on the world class performance plan) the responsibility of identifying and developing new talent falls squarely upon the shoulders of the individual national disability sports organisations (NDSO) (for example, CP Sport). In certain circumstances the NDSO also still have some responsibility for the elite athletes at events such as disability specific international events. According to Andy, as athletes progress towards the higher levels within the sport of athletics the problems encountered become less to do with factors such as finance (although this still plays a key part), transport, physical accessibility and time available to do things, all of which are discussed in greater detail in the next two chapters, and more to do with the actions of the administrators and officials responsible for organising the sport at the top levels. However, several of the athletes, such as Andy and Mark, feel that there is a perceived marked difference between the way the administrators and officials working for the NDSO treat them from the way they get treated by many of those working for UK Athletics. Both felt that NDSO were a

lot more 'inclusive' in their treatment of athletes with disabilities. Mark also felt that he ran far better when representing British Blind Sport (BBS) teams because the whole atmosphere was 'more friendly and more relaxed', all of which appears to give an indication of the importance of administrators and officials having an understanding of the implications of disability in general and its affects on athletes with disabilities in particular. What follows then is a discussion of the perceived implications of the handing over of responsibility for elite disability athletics in Great Britain to the able-bodied national governing body (UK Athletics) from the perspective of some of those athletes with disabilities for whom they are now responsible. However, this is not a discussion regarding the actual change of structure of disability athletics in this country, but a discussion about the effects of a change in the personnel responsible for the new structure at the elite level. The basic perception of the participants in this research regarding the change in administrative personnel that occurs when they reach the elite level, is that there is a major difference in attitudes and perceptions between the two sets of personnel towards them. They feel that they start out in a structure where the personnel have a deep understanding of their needs and a great desire to do everything they can to help them achieve their goals. However, upon reaching the elite level they enter a structure where they perceive the personnel to have very little understanding of their needs and whose priorities are more focussed upon the able-bodied athletes they are responsible for. This perceived indifference and lack of understanding of their needs is seen to have numerous implications upon the sporting lives of the participants in this research, some of which are highlighted below.

The interview data suggests that the expectations of the participants of what would happen when UK Athletics took over responsibility for elite disability athletics within Great Britain were far different from the reality of what actually happened. It appears that the participants expected that they would be fully included or incorporated, along with the able-bodied athletes, in all policies and programmes operated by UK Athletics. However, the reality, from their perception at least, appears to be far different. According to Chris:

> "I don't really think UK Athletics have taken over really. I think they've bolted us on, I think is a better description of it."
>
> (Chris)

Chris feels that rather than being incorporated into UK Athletics on an inclusive basis, as the majority of athletes with disabilities would like, the disability squad has actually been formed into a kind of 'subsidiary company' of UK Athletics that merely reports to its parent company occasionally, but is, to all intents and purposes, left to its own devices. Contrasting the treatment of the elite disability athletics squad with the way UK Athletics treats its able-bodied elite athletes is one way in which to show how athletes with disabilities are affected by societal perceptions of disability in general and sport for the disabled in particular. By highlighting the ways in which the able-bodied athletics squad appears to be treated in a better or more favourable way than the disability squad it becomes possible to infer that one group is given a greater priority than the other. One possible reason for this situation might be that UK Athletics personnel maybe more imbued with the disablist discourses embodied within the medical model of disability than the individuals who worked with the athletes with disabilities in the earlier stages of their careers. This, in turn, maybe due to a greater experience and understanding of the

implications of disability in general, as well as in a sporting context, by those individuals who work solely within disability sport at a grass roots level. Most of the participants in this research remain optimistic about the future of disability athletics within UK Athletics. However, Mark's current perception of UK Athletics is that the elite disability athletics squad is not valued anywhere near as much as the able-bodied squad and Bob went as far as to claim that, on the whole, UK Athletics are 'simply not interested in the(ir) disability athletics squad'. As an example of this he cited an athlete of the year dinner he attended organised by UK Athletics, at which he claims:

> "They showed video highlights of what this person had done, that person, the national championships, Europa Cup, junior internationals, obviously the Olympics and no footage apart from a slide, with six photos on, of the Paralympics."
>
> (Bob)

Although UK Athletics is supposed to represent all elite athletes (with disabilities and able-bodied), this dearth of representation of disability athletics within its annual dinner appears to hint at a prioritisation towards able-bodied athletics. It could be argued that this was merely an isolated incident, but I myself witnessed a similar situation at a recent UK Athletics annual conference (Nov. 2001), which was advertised as an opportunity for everyone involved in athletics within this country to discuss 'the future development of athletics within Great Britain'. In actuality it should have read the future development of 'able-bodied' athletics within Great Britain. Despite lasting two days, there was no mention of disability athletics anywhere in the conference agenda (See Appendix 9) or the material handed out, nor did the conference application form ask any questions of applicants regarding accessibility issues they might have as a result of attendance. Maybe this last point is not so surprising, as it turned out that the conference itself was held in a

setting that would have been completely inaccessible for a very large number of people with disabilities. Ironically, the guest speaker for the conference dinner, which was not included in the conference fee, was Mike Brace, the Chairman of the British Paralympic Association and a former Paralympian. Despite all this, on a number of posters around the conference auditorium, as well as the rest of the venue, were pictures of British Paralympic medallists from Sydney alongside pictures of their able-bodied counterparts on the same poster. It appeared, therefore, that UK Athletics were willing to take some credit for the success of these athletes, but were not willing, or did not feel it necessary, to include them, or any discussion of them, in the future of their sport in this country. Situations such as these give an indication of the value placed on disability athletics by UK Athletics and from the above it would appear that their priorities lie firmly with the able-bodied athletes of this country.

It could be argued that the reason UK Athletics exists (as with its predecessors - British Athletics Federation, British Amateur Athletics Board, Amateur Athletics Association) is to develop and promote able-bodied athletics in this country and that the responsibility for disability athletics is a relatively new, as well as an extra, task that needs to be dealt with. It could also be argued that the lack of inclusion of the disability squad, perceived by the participants in this research, is a result of a lack of understanding of the needs of athletes with disabilities. However, the perceived treatment of many of the participants in this research by many of the administrators and officials, ranging from complete disinterest to outright hostility, appears to tell another story. Several of the participants, including Mark, feel that they get 'treated like children'. Indeed, as the following quote

from Kenny clearly demonstrates, despite being mature adults, as well as elite athletes, their treatment by some administrators would appear to indicate that they are considered otherwise:

> Kenny They think we're disabled and they tell us things, but they speak over us instead of speaking to us on their level.
>
> IB Is there any other ways you get treated differently to the able-bodied athletes?
>
> Kenny Like babies!
>
> IB You get treated like babies? You feel that?
>
> Kenny That's what I feel. Know some athletes do. They treat us like kids, you know.

Kenny's comments appear to indicate that he feels that these officials and administrators talk down to him purely on the basis that he is disabled. It would appear then that these administrators are speaking and acting from within the perceptions of disability embedded in the medical model discourse. In particular they appear to be displaying the common belief within the medical model discourse that anyone with a physical disability must also be intellectually disabled and, therefore, need to be spoken to like children in order to make themselves understood. This is highly indicative of a lack of understanding of disability amongst the individuals that Kenny is referring to. Danny claimed also to have been spoken to in the same kind of condescending way and went on to discuss how such treatment can actually have the effect of reinforcing the feelings of inferiority, due to their impairments, felt by many people with disabilities:

> "one Paralympic athlete turned round to me just before we went to Sydney at one of the training weekends and he said, you know what Dan, he said, this is the only time I feel disabled when I come to these bloody training weekends."
>
> (Danny)

This is a clear indication of the powerful effects the actions towards, and perceptions of, people with disabilities of people they meet can have on the self-perceptions of people and athletes with disabilities. In clearly pinpointing a lack of understanding of the implications of varying levels and types of disability amongst some individuals within UK Athletics Danny went on to state that 'we've got certain categories that need that kind of attention, but what they have to realise is that some of us don't or ninety percent of us don't.' By this he was referring to the needs of the more severely disabled members of the squad who might need greater care and attention than most, but as is a common outcome of the perceptions of disability embedded in the medical model discourse, he felt that all athletes were 'tarred with the same brush' – usually that of the most severely disabled member of the squad. In making this point he was not attempting to be derogatory to the more severely disabled members of the squad, but simply to highlight the fact that they are all individuals with different levels of needs, but that many of the able-bodied administrators and officials treated them all the same way as if they had the same needs, usually those of the most severely disabled. In doing so, this made many of the less severely disabled athletes feel very restricted and gave the perception that they were being treated like children. This again highlights a lack of understanding of the implications of the various disabilities, and levels of disabilities involved, by those responsible for managing them.

This kind of lack of understanding of the implications of disability for individual members of the disability athletics squad has further practical ramifications. Indeed, Richard claims that 'You've got people in there (UK Athletics) that haven't got a clue

what they are doing when it comes to working with disabled people'. Both Chris and Deborah, as an example of this, recounted the tale of a warm weather training trip to Portugal organised by UK Athletics for members of the squad:

> "we organised warm weather training through UK Athletics last year and they sent us to Portugal with two electric wheelchairs in a hotel that had steps."
>
> (Chris)

In addition to this Deborah claimed that all of the streets around the hotel were made of cobblestones and the bus was not wheelchair accessible, which made getting around, for anyone with mobility problems, very difficult. Also Andy, who is completely blind, received a sum of money in his lottery allowance for warm weather training, but was unable to go because UK Athletics had made no allowance for his guide, without whom it is impossible for him to run. All of these are indicative of a lack of understanding of the implications of disability for individual members of the disability athletics squad by administrators and officials within UK Athletics. Richard claims that 'I keep on sending letters and a de-brief of what happened and put quite clearly 'this is not conducive to doing an elite performance.'' However, Richard also claims that he has never once received a reply to any of these letters.

Despite all of the above, most of the participants in this research remain fairly optimistic for the future of disability athletics within UK Athletics with claims that, even after five years, UK Athletics are 'still finding their feet'. Bob, along with several others, felt that in David Moorcroft, the Chief Executive of UK Athletics and Zara Hyde Peters, the able-bodied endurance director, they had two people within UK Athletics who were 'open-minded' and were 'prepared to embrace' disability athletics. With the rest they felt that

there was a need for far greater understanding of the implications of disability as well as a greater understanding of, and respect for, the sport of disability athletics, if UK Athletics were going to come anywhere near the preferred situation for the athletes with disabilities of a fully integrated sport within this country. In the final section of this chapter I turn my attention to the research participant's perceptions of the approach taken to disability sport by those individuals responsible for putting on events such as the Paralympic Games and how these research participants perceive these events to be a barometer for the way disability, and disability sport, is viewed by these organisers, especially in relation to able-bodied sport.

Event Organisers.

As with able-bodied athletes and the Olympic Games, to win a gold medal at the Paralympic Games is considered by athletes with disabilities to be the pinnacle of sporting achievement. The Paralympic Games is now the largest sporting event for athletes with disabilities in the world, with nearly four thousand athletes having taken part in Sydney in 2000. With the athletes attaching such importance to the Paralympic Games, the way they are organised naturally comes under intense scrutiny by the athletes, and increasingly by the world's media, and the way they are organised is perceived, by many of the participants in this research, to be a kind of barometer for the importance of disability sport on the world stage. However, the organisation of the Paralympic Games is not only perceived by the participants in this research to be a reflection of the importance of disability sport on the world stage, but also a reflection of the way disability in general, and disability sport in particular, is viewed within the host nation. In this section I will,

therefore, highlight some of the perceptions of the participants in this research with regard to events that have happened at previous Paralympic Games, how these events affected them and how they are related to the way disability in general, and disability sport in particular, is viewed by those tasked with organising the Games at which the highlighted events occurred.

Bob first took part in a Paralympic Games as far back as 1980, when he competed in Goalball in Arnhem, The Netherlands. He has, therefore, witnessed great changes in the organisation of the Paralympic Games over the last twenty years. He describes those early Paralympic Games (1980, 1984) as 'pretty tin pot' and 'more like a British league (athletics) meeting'. It could be argued that the growth and development of the Paralympic Games, which is clearly reflected in figure one (see pages 25-26), could be cited as a reflection of the growing importance attached to disability sport on a world stage. In the view of most of the participants in this research the real change occurred when in 1988 the Paralympic Games were held in Seoul, South Korea and were organised for the first time by the same organising committee that was responsible for the Olympic Games. In Seoul, and Barcelona four years later, the athletes had access, for the first time, to many of the same services and facilities that had been laid on a few weeks previously for their able-bodied counterparts attending the Olympic Games. The Olympic Games are the biggest and most prestigious sporting event in the world and by clearly linking it with the Paralympic Games in this way, in Mark's view, this kind of treatment made them feel 'valued or respected as athletes'. The response of the spectators in Seoul and Barcelona was also a new, and highly welcomed, feature for many of the athletes.

According to Bob, prior to Seoul, 'you're lucky if you got twenty-five people', whereas in both Seoul and Barcelona the stadiums were often full due to the promotional strategies of the organisers and, from the perception of the participants, a genuine interest in disability sport from those attending:

> "There were loads of people in the stands because they actually let the local or the disabled children from all over Spain I think they let them go in there for nothing. Free admission, so it was always full up and they used to come and get you to sign autographs on these pan things that they'd got"
>
> (Ina)

According to Mark, following on from Seoul and Barcelona, the mood of the squad was very high and 'everybody was thinking this is the next step up now...to Atlanta.' However, for many of the participants Atlanta was perceived to be a huge step backwards for the Paralympic movement. Bob claims 'Atlanta was rubbish', as did the majority of the participants in this research. Nearly all of them had several tales of disaster to tell about nearly every aspect of the organisation of the Games including the village (rooms, state of repair following the Olympics, lack of services, general accessibility), the food, the transport, lack of interest from the press, empty stadiums during competition etc. Many of the services that had been present for their Olympic counterparts had been removed. Bob feels that the Paralympics were merely an 'after-thought' and that the reason for this was that they were 'not commercially viable' in that they would not make a profit. These feelings appear to be born out in the comments from Chris:

> "the attitude of Atlanta was that they were going to make the Paralympics as small and as quick as possible so they could get through it, get rid of it and get it sorted so they could turn the stadium into a baseball stadium as fast as possible and knock the other one down and build a car park. That was the whole attitude out there and I think the day we arrived in Atlanta

> they were ripping the track up, so they had to put the outside two lanes back down".
>
> (Chris)

And also Mark who took part in the very last event of the Atlanta Paralympic Games – the marathon:

> "I remember after, when we finished the marathon and I remember a lad turning around to me – we were waiting for our medals – there was nobody there, waiting for our medals and they'd actually, because it was the last event, the diggers were waiting to come on the track – to dig the track up".
>
> (Mark)

When asked how their experiences in Atlanta had made them feel the answers I received were, with few exceptions, highly negative - 'heart breaking' (Chris), 'very disappointed' (Bob) and according to Mark, describing his perceptions of the general feelings of the squad, 'I think most of us wanted to go home'. Such perceptions can have done little to aid these athletes in their final preparations to compete in events they had been training hard for many years for. As Chris pointed out 'there was just no way you could kind of perform' indicating that the organisation of the event was clearly having an adverse affect on the athletes' performances. As well as the financial and economic reasons alluded to by Bob and Chris, above, Andy felt that a large part of the reason for the perceived poor organisation of the Atlanta Paralympic Games, especially in relation to the Olympic Games held a few weeks earlier, was the general attitude of the American people towards disability:

> "Well, maybe it's the American...you've got to be a winner in America and if you're disabled you're automatically a loser. They apparently struggled, really struggled for money out there. Disabled athletes are classed as second-class athletes, because they are disabled"
>
> (Andy)

Andy clearly associates the poor organisation of the Paralympic Games with the perceptions of the American people towards disability, who, according to Andy, appear to perceive disability as a negative and use the argument of social Darwinism (Barnes, 1994; p.19) as a basis for not providing an equal level of provision of services. What this does, however, clearly indicate is that the perceptions of the individuals working for an organising committee, and responsible for putting on a Paralympic Games, towards disability and disability sport can have major implications for the way that Games is organised. Also, how a particular games is perceived by those athletes taking part will be taken as a reflection of the importance of disability sport amongst the games organisers and the host nation. This is especially true if they perceive that the athletes at the Olympic Games, put on a few weeks prior to the Paralympic Games, had been far better treated and looked after in terms of facilities, accommodation and general treatment whilst attending the Games.

In contrast to Atlanta, the Sydney Paralympic Games were perceived by the athletes as an overwhelming success. Typical of these is the following by Lloyd:

> "Tell you what I think Sydney should have the Olympics[5] for the rest of its life. It was really superb. I'd love it to go out there, I really would"
>
> (Lloyd)

A large part of this perception by those athletes present may well be due to the stated aim of the organising committee in Sydney, who were responsible for both the Olympic and Paralympic Games (unlike Atlanta where they had separate committees for each Games),

[5] The majority of the participants in this research often refer to the Paralympics simply as the 'Olympics'. It is clear that either they do not differentiate between the two or that it is an attempt to subconsciously integrate themselves with their able-bodied counterparts, as many of them would like to see.

to not differentiate in anyway in the provision of services to the athletes at either Games. In this way athletes with disabilities were treated in just the way they have often stated they desire - as elite athletes (who just happen to have an impairment).

Concluding Remarks.

In conclusion then it is clear that the actions towards, and perceptions regarding people with disabilities, of those individuals and groups responsible for organising and preparing athletes to take part in disability sport can greatly affect the experience, and even the performance, of those that take part in it. At every stage in the preparation process of an athlete with a disability, as they work their way toward whatever goal they have set themselves, which is usually a Paralympic medal for those with the requisite talent, they are dependant upon the actions of others (coaches, administrators, event organisers) to make that process as smooth as possible. It is clear from the above that the perceptions of disability, and disability sport, which appear to flow from the medical model discourse, play a part in affecting the actions of these individuals and, therefore, can adversely affect the experiences and performance of athletes with disabilities.

In the next chapter I will highlight some of the material (non-financial) factors that can act as barriers to people with disabilities in general, and athletes with disabilities in particular, especially when trying to become involved in and progress in their chosen sport.

Chapter 8 - Material Factors (Non – Financial)

This chapter introduces the material (non-financial) factors that are often faced by people with disabilities in general and athletes with disabilities in particular, as perceived by the participants in this research. This includes factors such as problems of transport, time necessary and available to do things, physical accessibility and the rules of able-bodied sport, which disability sport appears to have to follow if athletes with disabilities are to be accepted as athletes in the same way as their able-bodied counterparts. The aim of this chapter then is to try and outline the issues that emerged from this research and how they impact on people with disabilities wishing to take part in sport. I will attempt to highlight these barriers with reference to individual examples of how these issues manifested themselves for individual members of the Great Britain Paralympic track and field squad.

I begin this chapter by introducing evidence to support the fact that material factors can severely limit opportunities for people with disabilities to take part in sporting activities outside of their own homes. This is followed by a discussion of each of the factors outlined above (transport, time, accessibility, rules and format of (able-bodied) sport) and how they impact on people with disabilities' opportunities to take part in sport. I discuss the problems of transport, which is often connected to a sense of dependency on others (as discussed in chapter five), especially where there is no accessible transport system available. Next follows a discussion of the issues of time and pace, and how able-bodied expectations of performance in terms of time taken to complete a set task often directly affects the ability of a person with a disability to cope within the able-bodied world. This is followed by a discussion of how issues of accessibility to specific buildings are dealt

with in light of policies such as the DDA (1995). Finally I discuss how the rules and format of sport, in line with able-bodied concepts of performance and physicality, can themselves severely impact on the chances for people with disabilities to become involved in sport

Material Limitations to Involvement in Sport.

Transport

The following quote by Steve clearly encapsulates many of the problems faced by people with disabilities with regard to transport problems:

> "Where I live, it's not a very good bus route, so to go to the main area to get to the nerve centre like, for example, the bus station, to get your connection to go to Nottingham, to Birmingham, to Newcastle, that was a problem in itself and then of course beyond that you have to pay a large fare because it was a long way."
>
> (Steve)

In order to get the training and competition necessary for him to improve it is clear that Steve, as well as many of the others in this research, had to travel extensively with all its concomitant implications on time and money as well as the difficulties involved. Barnes (1991; p. 186) cites a succession of studies (Barnes, 1990; GLAD, 1988; Oliver et al., 1988; Rowe, 1973), which appear to show that a major factor in the opportunities for a person with a disability to take part in activities outside their own homes is access to a car belonging to their family or a friend. This dependency upon the goodwill and availability of family and friends for transportation or even on local specialised transport systems has several repercussions for people with disabilities. These include a decrease in independence and that any leisure activities often have to be arranged around those times when transport is available. If transport availability does not happen to coincide with the

times when coaching is available, or when team mates train, then the chances of an individual, however keen or talented, achieving their optimal performance level will be severely restricted. Cavet (1998; p.98) claims that 'there is substantial evidence that disabled young people have more limited opportunities for leisure activities outside their own homes than non-disabled people of the same age'. Barnes (1991; p. 187) cites the GLAD report (1988; p. 3), which claims that those people with disabilities who are dependent on specialised transport systems such as local authority provision 'participated in the fewest leisure activities outside the home'. Part of the reason for this appears to be explained by a report in BOADICEA (1997, cited by Cavet, 1998; p.99), which pointed out that 'Bus companies in London will buy 500 new vehicles this year, but none will be wheelchair accessible'. This kind of attitude by bus companies towards accessible transport appears to display the same kind of assumption cited in the quotation by Funk (1997) in chapter four (see page 122), namely that the service has been designed on the assumption that people with disabilities will not be users of the service. Unfortunately all this kind of assumption achieves is the perpetuation of the perception by people with disabilities that public transport is only there to serve the needs of the able-bodied members of society. Consequently for those people with disabilities without access to a vehicle belonging to a family member or friend they will either be dependent on specialised services such as Dial-A-Ride or taxis (if they are willing and able to transport people with wheelchairs) or alternatively will be stranded in their homes. Even where there is a vehicle available belonging to a family member or friend this may not be a useful or convenient solution as discussed above.

In addition to the lack of available accessible transport local authorities, forced to raise revenue by whatever means possible in the face of cut backs, may be forced to hire out accessible vehicles to groups of non-disabled individuals who may make use of adapted equipment in ways other than that for which it was designed. Such was the case with Deborah who, along with other wheelchair users, was prevented from using a bus due to the thoughtless actions of others:

Deb Yes. I'd probably still be stuck at those little sports days if it weren't for them (her parents) or I might be stuck at home, because that club actually can't take wheelchairs at the moment due to the fact that they can't get the bus.

INT You mean the local bus you can't get on?

Deb Yeh, the integrated transport system – the tail ramps (used to get wheelchairs on and off) have been getting damaged.

INT Damaged by what – hooligans or..?

Deb Erm, people who hire the bus and put beach buggies on it.

Therefore, it would appear from Deborah that the thoughtless actions of others, using the tail ramps of the bus to load something onto it that the tail ramps were not designed to withstand might well have trapped numerous people in wheelchairs, who relied on the bus to get them around, in their own homes unless they were able to find someone willing to drive them. People like Richard did not have the benefit of an integrated transport system. He was often unable to train until he was able to get his own vehicle through the motorbility scheme. The effect of this new found freedom was immediate:

> "last year I picked up a van with a tail lift in through motorbility that took me five years to get hold of, which I was pretty annoyed about. It means that when I want to go training I can get in there, go down to the training track, arrange with the sports centre people to help me."
>
> (Richard)

Although, as Richard states, it took him five years to get this vehicle, the effect of this new found freedom enabled him to train where he wanted, when he wanted, reduced his sense of dependency on others and so gave him one less barrier to overcome, or thing to worry about, in his quest to reach the top in his chosen sport, as well as in the rest of his everyday life.

Time/ Pace.

As both Richard and Ina pointed out, just doing things, such as getting dressed or changing, can take a lot longer than for able-bodied individuals, for as Richard exclaimed:

> I still don't have time! I've got even less time now with the training I do. Just doing things, it takes so long just doing things.
>
> (Richard)

Lack of time, the time of day and the time it takes to do things all played a part for Ina in arranging her training regime and in partly explaining why she stopped training at Crawley Athletic Club and began training more at home:

> "I prefer to train in the mornings always. I hate training in the evenings. I haven't got any energy left then and erm, but I just felt, because when I went down there I'd have to take my frame down there and chain it all down... Also I didn't like going down there and taking all my stuff. It was hassle, so I just didn't keep it up."
>
> (Ina)

It appears then that time in itself can act as a kind of material restriction to some people being able to take part in a particular activity, especially at a time, place and pace that best suits their needs. Wendell (1996; p. 38) claims 'pace is a major aspect of expectations of performance; non-disabled people often take pace so much for granted that they feel and express impatience with the slower pace at which some people with

disabilities need to operate'. She also claims that the dominant group within society work on the 'unacknowledged assumption that everyone is healthy, non-disabled, young, but adult, shaped according to cultural ideals, and, often, male' (Wendell, 1996; p. 39). The result of this is that the pace of life has a dual effect on disability in that the greater the pace of life the more likely a person with a disability will be unable to cope or keep up and the less likely they are to be able to live up to expectations of performance, particularly in the area of work, but this could equally well be related to training and training schedules.

Physical Accessibility.

Even if problems of time and transport can be overcome, or are not an issue, further problems of accessibility can arise once an athlete with a disability has arrived at their destination. Much has been written about problems of accessibility for people with disabilities as outlined in the literature review. However, interestingly the athletes I interviewed perceived themselves to have had very little in the way of physical accessibility issues or problems during their sporting careers despite three of them being wheelchair users and two of them being totally blind. It is possible that they have simply forgotten about or put out of their minds problems they have had in the past. As current elite athletes they need to concentrate on the present and maintain a positive and optimistic outlook in order to train and race in the best frame of mind. They, therefore, may not wish to dwell on negative experiences from the past that might upset their positive frame of mind. Alternatively it is possible that I may simply have interviewed twelve individuals who have made it to the top in their sport and may just have simply

been lucky enough to live near facilities that were adapted for their needs. A further alternative is that they were partially insulated from such problems by help from family, friends or staff members, whose assistance may have made access less troublesome. By only interviewing twelve athletes with disabilities who have made it to the top in their chosen sport my research would not, by its very nature, reveal those athletes who had failed to reach this level or had been forced out of the sport altogether by accessibility issues. Whatever the real reason for the perceived lack of problems amongst the participants it appears that they, at least, have been able to resist or challenge successfully many of the accessibility issues so often reported by others.

Things in this area are slowly changing, although far from perfect. An example of this was the installation of a new lift at the Birmingham Alexander Stadium, home of Birchfield Harriers Athletics Club, and where Deborah trains with several other athletes with disabilities. The new lift holds three people in wheelchairs or one racing chair and an athlete in a day chair and was supposed to have been completed in time for the World Disability Athletics Championships in around September 1998. However, it was not actually completed until about two years later! It should also be borne in mind that it is all well and good to put this kind of accessibility feature into a facility, but it also needs to be accessible itself, otherwise it loses many of the benefits of it being there in the first place. This was a point raised by Ina with regard to a lift for wheelchairs installed at her local leisure centre in Crawley:

> "I mean Crawley Leisure Centre is not the best, not the most accessible place. I mean they put this stupid lift in where you actually have to go and

> ask them to unlock this door thing and then the wheelchair goes in and then a lift goes up and it's really stupid."
>
> (Ina)

Although those in charge of operating Crawley Leisure Centre appear to have fulfilled the building regulations and accessibility issues raised by the DDA, they still appear to have no clear understanding of the reasons why people with disabilities have campaigned so hard for equality of accessibility to public buildings. By having to go and ask for the door to the lift to be unlocked a person with a disability is still being made to stand out from other visitors to the centre. In addition this practice continues to make them reliant on the help of members of the centre's staff in order to simply gain access to the facility. The legislation is, therefore, on occasions implemented within the letter of the law, but does little or nothing to change the underlying assumptions or perceptions that made it necessary to introduce the legislation in the first place.

The Rules of (Able-bodied) Sport.

Sport is an activity that has historically been invented by able-bodied societies for the able-bodied members of that society. It was often a test of physicality in terms of strength, speed and endurance and was an opportunity for individuals or groups to display superior physicality over another individual or group. By definition, therefore, people with disabilities do not fit into this definition of sport as their impaired bodies automatically make them, under this definition of sport, inferior to able-bodied participants. It is interesting to note that the majority of the problems or issues raised by the research participants in this area appear to be disability specific and highlight the technical nature and complexity of a sport such as track and field athletics when trying to

apply it to a wide variety and severity of disabilities without trying to fundamentally change the aim and format of a specific event or discipline. It could be questioned why changes to the aim and format of specific events are not made in order to better suit the needs and nature of the disabilities of those taking part, but that would then beg the question of whether the adapted event could still be classified as a track and field athletics event within the narrow and internalised parameters laid down by the rest of society for the sport of athletics. If non-disabled people are to be able to recognise the capabilities of people with disabilities through athletic events then it would seem necessary that they are able to directly compare the performances of athletes with disabilities with their able-bodied counterparts. However, there are a number of implications for athletes with disabilities that arise from trying to stick as closely as possible to the rules and format used by their able-bodied counterparts for a particular sporting activity.

An Example of a Disability Specific Implication: Guide Runners for Blind Athletes.

Disability specific problems may not necessarily be specific to just those athletes with disabilities taking part in track and field athletics and many of the issues raised here may well be pertinent to many other sports. I will begin with examples put forward by the four visually impaired and blind athletes who took part in this study. For the two totally blind runners, one a sprinter, the other a middle and long distance runner, they are totally reliant on a sighted guide in order for them to both train and compete. This in itself raises numerous problems. Just finding and retaining a guide runner can be a huge task for as Andy points out 'It's a big commitment. It's a really big commitment' especially when he

is training eight or nine times a week in winter. Andy claims he has actually had about fifteen guides throughout his athletic career, although this number may not seem quite so large when you bear in mind that he tries to use a variety of guides throughout the week:

> "You've got to spread it about... You know I get someone different to take me to work, someone to take me for runs on the sea front, somebody to do a track session, somebody to do another track session, somebody to take me out on the hills on a weekend, you know. If you think anybody that's going to be fast enough to run with me has got to be low elevens (seconds), which means they've got to be good standard athletes..."
>
> (Andy)

Part of the reason Andy tries to use a variety of guides is in order to lessen the burden on them as they have lives of their own to lead. However, if you include the fact that Andy is now an international athlete and, therefore, the guide needs to be fast enough to keep up with him it is easy to see why finding and retaining guides can be a difficult and time consuming task and has caused both Andy and Bob many headaches in their quests to find guides of the right calibre and commitment. This is especially true if you consider that in a town with a population of twenty seven thousand people Andy considers that there are only two people there fast enough to guide him. In fact during the season 1990 – 91 Bob's training was badly affected, and became very spasmodic, as he searched in vain for new guides. As Bob pointed out, it is not always simply the burden of commitment that forces guides to give up:

> "The vet I mentioned, Vic Smith, he'd had a lot of injuries. Another guide who'd guided me in '89, he'd gone to University, so it made things extremely difficult for me. I went to Australia for the first time in the winter of '89 – '90 and through going there my guide met his future wife and so he emigrated there, so that's another one by the way.."
>
> (Bob)

Although the two partially sighted athletes in this research, Mark and Steve, do not have the same problem of finding guides to assist them with training and competing this does not necessarily mean that training is any easier. The onset of darkness, particularly in winter, makes training on their own impossible and also a pretty frightening task, as the two quotes below clearly demonstrate, especially when you consider they are both marathon runners and so have to run for thousands of miles a year just in training:

> My eyesight isn't very good, but every winter I've got to be..to be quite honest with you Ian I'm shit scared, but I've man-managed it. I've been able to contribute to my own efforts.
>
> (Steve)

> I did struggle, because I had to go out, a lot of the training was on Tuesday and Thursday evening's. Fine in the summer, but in the winter I couldn't see anything, but once they got used to me and knew, because obviously they'd never incurred anybody with you know.. who's partially sighted. So, after a while they got used to me. They used to help me out. I mean running in a pack and if there were any bollards coming up they say, you know, there's bollards, but err I've always been self- conscious running in the dark. I don't even like running in the dark now.
>
> (Mark)

An obvious consequence of this, unless you have running partners like Mark's, is that the time available for training becomes limited, especially in winter and especially in an event as training intensive as the marathon, and if the athlete has to work and maybe has a family also, then things become very difficult indeed. Another consequence of this problem is that partially sighted athletes tend to have to stick to the same routes for their training runs. By staying on routes they know, with even surfaces and as few obstructions as possible, they are able to minimise the potential for accidents and injuries. However, the most careful of athletes, even in broad day light, can make errors of judgement as Steve found out when he was hit by a motor bike crossing a road whilst out on a

seventeen mile run and ended up fracturing his pelvis in two places. Steve feared the worst:

> "I didn't know much about injuries, but I thought that's the end of me running. That's the end of me walking – seriously and I thought oh dear, I'm alive so I've got to be thankful for something. I've got to be thankful."
>
> (Steve)

This accident kept Steve immobilised in bed for almost six months and out of running for over a year. However, what this section really appears to highlight is the complexity of the situation. As pointed out by Imrie (1997) and Birkenbach (1990) (cited earlier in chapter four) these issues outlined above appear to be located in the juncture between disablement as a medical and functional problem and the social responses to it. Although it could be argued that athletes with disabilities are forced to adhere to the rules and format of able-bodied sport in order to gain acceptance as elite athletes within the wider society, short of carrying out all training and races on a treadmill, there will always be a point at which the actual impairment will have some impact upon participation.

Availability of Adapted Sports Equipment.

Even in a developed nation like Great Britain whilst the sport of disability athletics was, and possibly still is, in its infancy on an international basis, it is not just the cost of adapted equipment (which is discussed in chapter nine) that can prove problematic to an athlete with a disability. When Chris first changed from a standing to a sitting throwing position in 1995 and needed a throwing frame it turned out to be no easy matter. When asked if it had been a difficult task getting a throwing frame he responded:

> "It was really, because my coach has not got the skill, there's no books, there's no manuals, you have to go and find someone that's even got the faintest idea of what they're doing."
>
> (Chris)

He eventually had one made by another coach for him, which had to be altered several times. Richard also claims he made his own throwing frame in his garage with the aid of his brother. Whether this is indicative of the relative infancy of the sport of disability athletics, a lack of commercial viability or interest or just indicates a gap in a new market that is yet to be filled is difficult to assess. However, what it does highlight is the fact that although Chris needs a throwing frame to be able to take part in his preferred discipline of the discus actually finding one to suit his needs was no easy task and as such is yet another example of problems faced by some athletes with disabilities wishing to take part in sport.

The above issue actually highlights two important factors in the success of the participants in this research, which appear to recur throughout my interviews with them. The first is their determination to overcome obstacles, such as the lack of necessary adapted equipment or some of the financial issues raised in the next chapter. Despite these problems arising they have all shown determination and ingenuity in overcoming them, such as Richard making his own throwing frame when cost or availability made finding one elsewhere too difficult. The second factor that follows on from Richard deciding to make his own throwing frame is the help and support he received from his brother in completing the task. Help, support and encouragement from various family members and friends appears to be an important success factor and a recurring theme

from many of the athletes in overcoming many of the problems they have faced in their rise to the elite level.

Availability of Competition at the Correct Level.

Another problem that appears to vary according to type and severity of disability is the availability and quality of competition open to athletes with a disability. Some athletes have relatively little problems finding regular competition of the right level for them as their disabilities are such that they are able to compete in able-bodied track and field meetings, which have a relatively good structure in Great Britain. Ambulatory amputee athletes such as Danny, CP athletes such as Lloyd and all of the four visually impaired athletes I interviewed were able to compete, and just as importantly train, with able-bodied athletes:

> "I mean that is one of the lucky things about the amputee. We can just go and run at any kind of event. You have to be careful. You have to pick the level you go at. I mean I've thought about moving to another club, but there's no point, because I'll go to a higher level club and I won't get the races and I'll be out classed. I know running in division three at Thurrock I come up against, generally I can be in the top three."
>
> (Danny)

The only accommodation that is necessary for Andy is that he gets two lanes, so that his guide can run with him.

Part of the problem is the relatively low number of athletes with disabilities taking part in disability athletics (with many of the factors outlined in this thesis being the reason why), which is further compounded by the athletes having to be split up into functional classification groupings in order to try and ensure fair competition. Partly as a result of

this, combined with the fact that disability athletics below elite level in Great Britain is organised by the individual disability sports organisations, who often rely on charitable funding to keep going, there is relatively little organised competition for athletes with disabilities who are unable to take part in able-bodied competition. This was made quite clear by Ina:

> "Competitions are few and far between and when you go to one you usually see all the people you know and possibly a few new ones, but not always. Quite often there aren't any new ones...To get to these competitions generally you're talking about people that train regularly and the only people that train regularly are really the ones that go to our training weekends."
>
> (Ina)

Another reason why athletes such as Chris are unable to compete in a completely integrated fashion, as the likes of Andy and Danny do, is that often the equipment they use for competition is different in weight to those used by able-bodied athletes. Chris, who normally throws a 1 kg discus and a 600g javelin in competition, pointed out the fact that he would actually benefit very little from taking part in local able-bodied athletics meetings because 'an 800 gram javelin's not too bad, but a 2kg discus is just like too much, so there wasn't really any benefit of me doing that'. However the lack of competitions of the right level for Chris itself brought with it other problems:

> "It was difficult finding competition. I was limited to probably four competitions a year, five competitions a year, but I think you get used to that. It's very hard as an athlete to have that few a number of competitions, because you're trying to peak in something that you could miss, because you can't go and sneak another competition in at the end of the year and peak for that, so you could have years when you've not improved at all, but it's just purely that I missed my peak and it's something that you and your coach have got to understand when you're trying to peak."
>
> (Chris)

All of these problems outlined above clearly demonstrate the complexity of the issues involved in disability sport, as well as the interactive nature of the problems and issues. If you add to these the usual everyday problems of all athletes such as injury and illness that all athletes risk when they are pushing their bodies to their limits in the pursuit of excellence, then the true dedication to their sport and determination to succeed of all athletes with a disability taking part in sport becomes clear for all to see.

Concluding Remarks.

In conclusion then it is clear that the issues listed above all play key roles, to a greater or lesser degree, dependant upon individual circumstances, in affecting the ability of an individual with a disability to take up and progress within a particular sport. These factors also inter-relate with each other in various and complex ways. It should also be noted that able-bodied perceptions and attitudes play a key role in the impact that each of these factors have on an individual with a disability. However, the very fact that the participants in this research have reached the levels they have shows that with determination, support from family members and friends and no small amount of luck, it is possible to overcome or get around many of the problems these factors can potentially pose.

In chapter nine I will turn my attention to an issue that, for many of the participants in this research, is the crux of many of the problems faced by athletes with disabilities at all levels – that of finance.

Chapter 9 - Financial Issues.

In this chapter, I discuss the issue of financial limitations to participation in sport for people with disabilities, with particular reference to my study group. I look at the implications of these issues on the opportunities to take part in sport and discuss some of the financial costs involved. I also look at some of the other implications for people with disabilities as a consequence of living on low incomes and who wish to take part in sport such as that of self-esteem and the effect of having to apply to charities for funding. Finally I discuss how something as simple as geographical location can have a significant effect on the possibilities for athletes with disabilities on low incomes to receive funding and how this might be related to differing attitudes towards disability.

In the second section I look at some of the effects that the introduction of World Class Performance Funding (also known as lottery subsistence grants) has had on athletes with disabilities, as perceived by the participants in this research. Although they perceive it to have had a positive effect upon their self-esteem, they also feel that its introduction has brought with it a series of new problems, which are outlined and discussed. Finally differences in the way the system is operated in relation to athletes with disabilities and their able-bodied counterparts are discussed in terms of who holds the power, the fears that arise within those on, or wishing to be on, lottery funding and the perceived discriminatory practices in the way the system is operated.

Getting Started in Sport

Bob and Steve, quoted below, were both employed in what would be classified as middle class jobs (Administrator for Lloyds Bank and Administrator for the Benefits Agency respectively). However, for Bob and Steve getting involved in sport was not cheap and time for training etc had to be fitted into the rest of their daily lives as best they could:

> "Oh god yeh! I had to fit sport in around everything else. I had to commute to work. I had to work from nine to five and then travel home, go training and all that was self-financed."
>
> (Bob)

When you consider that Bob trains and races over all distances from 1500 metres on the track to the marathon and as a blind athlete is reliant on a guide to help him train (the ramifications of which were discussed further in chapter 8) it becomes clear that the factors of finance, time and dependency all played a key role in his ability to train at a level and intensity sufficient for him to develop to the highest possible levels in his chosen sport. Steve, also a visually impaired marathon runner, gave an indication of the kinds of impacts economic constraints can have on someone on a low income.

> "Oh, certainly at the time yeh. I mean everything that I did, everything that I produced was out of my own pocket, because by then obviously you were doing so much running you were having shoes which were falling off your feet."
>
> (Steve)

A pair of training shoes of sufficient quality to train for a marathon generally cost somewhere between eighty and one hundred pounds. In addition, a marathon runner generally requires several pairs of these shoes, plus a pair of lightweight racing shoes. This gives a clear indication of the costs involved in shoes alone. The fact that Steve might have to wear these shoes to the point where they are literally 'falling off his feet' indicates just one of the impacts of having to live on a relatively low income. Chris tried

to put an actual financial figure on what it was costing him and his parents for him to take part in sport in those early days when he was getting started:

> "Yeh, I mean it was only I think, I mean I paid, ah... it's difficult to put a figure on, but I think you're probably talking, it was four or five thousand pounds per year really."
>
> (Chris)

These figures are in line with those quoted by Hazel's mum for the cost of Hazel's involvement in the sport of track and field athletics, which she estimated at between four and six thousand pounds per year. Both she and her husband would consider themselves to be a working class couple for whom four to six thousand pounds a year is a considerable sum. Hazel's mum admits that it has been hard, especially since they also have a son whose interests also have to be taken care of.

However, it could clearly be argued that this is no different for an able-bodied athlete starting out in their chosen sport. Where the differences do appear to lie, with regard to finance, are in the fact that unemployment rates amongst people with a disability are at least two and a half times more than for non-disabled people (Sharkey, 1996) and that 'those who were in employment earned, on average, only 80% of the salaries of their able-bodied peers' (Kew, 1997; p. 114), as well as 'three quarters of people with disabilities having to rely on state benefits as their main source of income' (Hunt, 1993, cited in Kew, 1997; p. 114). If you then factor in the added costs of items such as any necessary adapted equipment or care arrangements, it is easy to see why the majority of people with a disability consider themselves to be in an inferior and disadvantaged financial position in relation to their able-bodied counterparts. Items such as prostheses for amputees, racing wheelchairs for track athletes and throwing frames for field athletes

can cost several thousand pounds and, if they are to provide optimum assistance to the individual athlete, must all be made to their own individual specifications. This kind of made to measure technology can be very expensive. According to Sports Illustrated (1995; p. 69) 'the sleek three wheeled racing chairs made by Top End can cost almost $4,000, a prosthesis including a Flex-Foot might go for $10,000' and this is before the athlete even considers training and competition costs. The cost of taking part in a chosen sporting activity can, therefore, bring a great financial burden to an individual or their family.

As discussed earlier, the issue of transportation plays a key role in people with disabilities' ability to get around, whether in a family member or friend's car or on public transport. However, as well as the issue of access to transportation there is also a financial implication. When Hazel started training with the CP Sport squad she had to travel from her home in Sunderland to Nottingham. Initially the squad weekends took place every three months, but subsequently rose to at least once a month. As the quotes 'I'm not rich' and 'I had to work hard' by Hazel's mum show, this did place a burden upon family finances. Hazel's mum feels that if it was not for parents making sacrifices, both financially and in terms of time, then many more potential athletes with disabilities would be lost to sport. As it is, she feels many potential athletes with disabilities are prevented from getting involved due to the potential financial implications:

Hazel's Mum If it wasn't for us giving our time and our money and if the parents are not committed to do that or they can't afford to do that, it just can't happen.

IB Do you think we lose a lot of talent that way?

> Hazel's Mum I think there's probably a lot more talent out there and if there was help money-wise they would probably pick it up, you know.

The implication of these comments appears to be that a combination of parental disinterest or fear of the child being unable to cope with the rigours of sport and a lack of the relevant finance necessary to take part in sport is keeping many potential athletes with disabilities out of sport altogether. For those determined enough to try and overcome these problems, finding the necessary funding can often be a difficult task, which often has a negative effect upon the individual's self-esteem as I will show.

Charitable Handouts, Dependency and Self-Esteem

One way in which athletes with disabilities try and raise money for training, competing or purchasing specialist equipment is through trying to obtain sponsorship or charitable donations from companies, the general public or charitable bodies and foundations. For instance Deborah and her parents sent out hundreds of letters to local companies, and also sold scratch cards in the local pub, in order to try and raise money to buy a racing chair. Obtaining money was never easy as Mark found out when he tried to raise money for trips to race abroad:

> I had a couple of little sponsors. You know – asking people for money. That was always hard work, writing you know, twenty letters. Getting one reply. If I was lucky each year I might get two hundred pounds towards a trip.
>
> (Mark)

However, there are several negative aspects to having to rely on methods such as this in order to get enough money to progress in your sport. The constant refusals, if indeed a reply is sent at all, maybe extremely demoralising at a time when the athlete needs to be

focused and up beat in order to train and perform at his or her best. Also, according to Andy, having to live in this way can badly affect an individual's feelings of self-worth and independence:

> "you had to write to charities who were also funding people who wanted some ramps put on their house because they were in a wheelchair or they were setting up a business and wanted a grant. You were competing against other worthy causes, so I felt like a bit of a beggar really"
>
> (Andy)

This is, again, a demonstration of how the creation of dependency, in this case on charitable handouts, may have a negative impact on an individual's feelings of self-worth. It is only because of their commitment to their sport, and the difference between their own financial situations and the demands of that sport, that these individuals are forced to be dependent on other sources of income such as this. For a tetraplegic athlete like Richard, who generally takes longer to do things that most people take for granted, taking up the pentathlon, with its five events, meant more training and more equipment. Therefore, having to raise money through sponsorship was even more of a burden, because it used up already very valuable time:

> "How does it feel? It was something that needed to be done. I'd rather not have done it, because it took a lot of time and effort to do that and I wasn't able to concentrate on training and competing, but you can't do one without the other."
>
> (Richard)

This quote clearly reinforces the links between the ability to secure the necessary finance and the ability to take part in the chosen activity, as well as the dependency this link creates, especially for people with disabilities and those on low incomes, upon external avenues of funding, including those from charitable sources. Furthermore, it appears that where you live can have a big effect on available opportunities for sponsorship and other

assistance. Chris, who lives near Nottingham, exemplifies this. CP Sport, whose offices are based in Nottingham, have built up a very strong relationship with Nottingham City and County Council's over the years through events such as the Robin Hood Games and this has lead to both councils taking a keen interest in disability sport. The benefits of this for Chris were that he would receive an annual £500 grant from the County Council in order to help with training costs, they would often send him small cash bonuses if he won a medal somewhere and they even organised trips abroad to compete. Chris is quite adamant that he owes a great deal to them, but what the quote below also highlights is the importance of this funding, as perceived by Chris, and the level to which he felt dependent upon it:

> "Yeh. I mean I think if I'd been anywhere but where I am I think it would have been unlikely that I would have won my gold medal in Sydney. It's as serious as that really, because I don't think I would necessarily have got into athletics, because there wasn't....it was quite haphazard how I got into athletics, but I do think that it's very much that the people in Nottingham and the support that the County Council gives that has kept me in the sport."
>
> (Chris)

This quote from Chris clearly underlines what a crucial success factor being able to tap into sources of funding can be for athletes with disabilities, and especially those on low incomes. It has to be said that, for elite athletes with a disability at least, many of these problems have been greatly lessened by the introduction of World Class Performance funding, the implications of which are discussed in the next section. However, this does little if anything to assist those individuals with disabilities starting out in a particular sport, especially as not nearly as much money goes into the development of disability sport as it does for able-bodied sport. Having discussed the financial issues that the participants in this research raised, and that are pertinent to athletes with disabilities

wishing to take up a sport, I now turn my attention to the effects that the introduction of World Class Performance Funding has had upon the athletes in my study that have been talented, determined and fortunate enough to make it to the elite level.

World Class Performance Funding (also known as Lottery Subsistence Grants).

Able-bodied athletes began receiving lottery funding in April 1997, whereas athletes with disabilities did not begin to receive their funding until May 1998 (UK Sport, 2000[b]). As indicated in the literature review, lottery subsistence grants are split into three categories – A, B and C, with those on A banding receiving the most (see page 45). Of the twelve athletes taking part in this study, eleven claim to be on A banding and one on B banding. The tables below (See fig. 8 & fig. 9)[6], however show the effects of the means testing that occurs when lottery awards are made:

Total annual income (Lottery)	Zero	Zero - £5,000	£5,001- £10,000	£10,001- £15,000	£15,001- £20,000
Number of athletes	1	0	4	6	1

Fig. 8. Total annual income from the lottery for participants in this research.

The A banded athlete who receives zero lottery funding works full time and has a good job that earns in excess of £25,000 per annum. Such an athlete, therefore, receives no money from the lottery. Of the four athletes receiving between £5,001 and £10,000 from the lottery two are young, single, full time students, one is a B banded athlete and the fourth is married with a wife that works. The average A banded lottery subsistence grant for these participants, therefore, appears to be between £10,001 and £15,000. Overall the UK Sports Council claims that in a recent survey 32% of athletes with disabilities

[6] In order to maintain confidentiality regarding the individual finances of each of the athletes in my study individuals discussed in this chapter have been kept anonymous with regard to the specifics of their individual financial situations.

received in excess of £10,000 in lottery funding (UK Sport, 2000[a]). The table below shows the total annual income for the participants in this research from all sources:

Total annual income (All sources)	£5,001-£10,000	£10,001-£15,000	£15,000-£20,000	£20,001-£25,000	£25,000+
Number of athletes	3	3	2	3	1

Fig. 9. Total annual income from all sources for participants in this research

From this it can be seen that half of the athletes with a disability who participated in this study have a total annual income of less than £15,000 per year, with a quarter having an income of less than £10,000 per year. Of the three athletes earning over £20,000 per year one of them works full time as well as receiving lottery subsistence and the other two receive over £6,000 in state benefits on top of their lottery award. The issue of state benefits and lottery awards has caused a few problems for some of the athletes and I will return to this matter shortly. Firstly I would like to look at some of the benefits of the lottery system as perceived by the participants in this research.

Perceived Benefits of World Class Performance Funding

Although some of the athletes are not totally satisfied with the way lottery money is allocated within their sport all were in agreement that lottery subsistence grants are a great improvement over the ad hoc methods of funding and fundraising that was necessary previously for athletes to survive, both from a financial perspective and from the point of view of their own self-esteem, as Andy pointed out:

> "I think with the lottery we can all.....I feel like a worthful person now in so much as I'm funded because of what I do and I do it well and that's why I get the funding"
>
> (Andy)

As well as increasing self-esteem and providing a constant steady income it has enabled many of the athletes to access extra services or make access to essential services much easier and less of a burden:

> "I started seeing a chiropractitioner and he very much became part of my team. He was an expensive part of my team, but he was the first person to work with me that I'd actually paid to work with me."
>
> (Chris)

> "The lottery funding has been unbelievable. I do go to Bath. I use the facilities at Bath. I've used the physiological testing there....It's been really, really helpful. It's opened all these new doors, which I think are all part and parcel of being an elite sportsperson and I think you need those to develop yourself."
>
> (Steve)

These comments were mirrored by many others including Bob who found accessing guides far easier, due both to the fact that he could pay them and afford to get taxis to visit them, and Mark who was able to give up work altogether and become a full-time athlete. All of these comments appear to indicate that lottery funding has been of great benefit to all of those athletes good enough and fortunate enough to receive it. However, the introduction of World Class Performance Funding has also brought with it a series of new problems for the athletes to deal with.

Perceived Problems and Pressures Stemming from World Class Performance Funding

As indicated above World Class Performance Funding is not without its problems or its detractors. Indeed, according to a UK Sports Council Survey of athletes who had left the World Class Performance Programme, athletes with disabilities (33%) were three times as likely to have negative views about World Class Performance Funding than their able-

bodied counterparts (11%) (UK Sport, 2000[b]). Although removing some of the financial worries faced by athletes prior to the introduction of lottery funding some of these pressures have been replaced by other worries:

> "I've got to do the performances that are going to get me lottery funding... the second race went really bad and it was just like oh my god I'm not going to get any lottery funding... the pressure of thinking you've got to perform all the time, which isn't good for you as an athlete. You need to relax and run."
>
> (Andy)

Andy, therefore, fears that the pressure to perform in order to maintain his lottery funding is detrimental to his training and racing due to the increased fear that his funding might be withdrawn following one bad performance.

Several of the athletes commented on the fact that following the World Championships in Birmingham in 1998 there were around one hundred athletes with a disability on lottery funding, but at the beginning of 2000 around fifty of these athletes were axed from funding, almost over night, and only those athletes considered of medal potential for the Sydney Paralympic Games were kept on. According to Hazel's mother several of these athletes were forced to give up the sport as a direct result of having this funding taken away from them. Indeed this uncertainty over continued lottery funding has had several knock-on effects. One of these is that an athlete who would like to become a full time athlete has had to think very hard before doing so. Indeed some, especially those who are in jobs already or who are slightly older, decided not to take the risk of giving up their jobs given the uncertainty of continued lottery funding and the difficulties people with disabilities face in finding a job in the first place. One such athlete, who is A banded and who declined to take part fully in my research stated:

> "I am 32 years old. I like the job I have and would not like to lose it. I will not be winning medals at the Paralympics forever."
>
> (Anon)[7]

This comment, whilst showing a certain amount of realism regarding the athlete's ability to maintain their elite status over time, also highlights the huge differences in the rewards many able-bodied sportsman and women can expect for winning an Olympic gold medal, compared with an athlete with a disability who wins a gold medal at the Paralympic Games. An able-bodied Olympic gold medallist is likely to earn sufficient from endorsements and personal appearances that they would be able to live comfortably for the rest of their lives. A Paralympic gold medallist, in contrast, would be unlikely to gain a fraction of these rewards. Again, this is a reflection of the regard with which society holds able-bodied sport compared to disability sport.

There are two other points raised by the athletes that are worthy of mention. The first is the problems the introduction of lottery funding has caused for some of the athletes with regard to benefits. Many individuals with disabilities receive benefits such as the Disability Living Allowance or Incapacity Benefit and for some of the athletes the award of a lottery grant has caused problems with regard to exactly how much they are entitled to get from the lottery:

> "I think it was more of a problem for them to come off certain benefits and go onto lottery. I know there was loads of problems and as it happened I got, I actually got caught in that circle of funding and claiming"
>
> (Mark)

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[7] This athlete with a disability has not been named as they declined to take part in my study, but did reply to my initial invitation to take part with a few comments – one of which is quoted above.

> "We had a bit of a thing a year and a half ago, because when the lottery first came out we didn't know how it would affect benefits. Now my next door neighbour works in fraud for Social Security, so I took the forms in and I said look this is what she gets, this is what they want to give her, how's it going to affect her and she didn't know. So she took it into her boss and he didn't know, so he gave it to somebody else. He said well it shouldn't affect anything. It's not means tested anyway, so fine we were alright for six months, then we got a letter to say oh we're dropping her lottery money by £4000 a year, because she gets £8.50 something income support a week."
>
> (Hazel's Mum)

From this it can be seen that there appears to be a major lack of communication between those who administer the lottery and the benefit systems respectively. Although indicative of the complexity of introducing a system of awards that impact on such a wide number of areas of a person's life, instances such as Hazel's where she lost £4000 in lottery funding for the sake of getting around £440 in income support, on the grounds that 'she's entitled to the income support so she must have it' (Hazel's Mum) indicate further weaknesses in a system that need to be identified and ironed out.

In addition to the extra pressures, as perceived by the participants in this research, that the introduction of World Class Performance funding has had on them as individual athletes, several of the participants voiced concern over the way the system was operated, especially with regard to possible discrimination between the able-bodied and disability athletics squads. It is to these issues, therefore, that I will now turn my attention.

Fear, Power and Possible Discrimination within the Lottery System

Perhaps the most important aspect of the way lottery funding is operated, in terms of this research at least, is with respect to the differences in the way athletes with disabilities and

their able-bodied counterparts are treated. According to both Lloyd and Hazel's mum some of the able-bodied athletes are paid considerably more:

> "I know figures before when I trained at UWIC. You had people like Darren Campbell and Catherine Merry. I know exactly what they get for their lottery funding and from what I get there's quite a large difference."
>
> (Lloyd)

Hazel's Mum	Well it would be good if we were on an even keel to what able-athletes get.
IB	And what sort of differences are we talking about? Percentage-wise.
Hazel's Mum	Probably about £20,000 a year I would have thought.

However, although Hazel's mum did make it clear that this was not a generalisation, but only for one particular athlete she had heard about, it does not discount the possibility that many other top able-bodied athletes, as Lloyd also appears to perceive, are also on considerably more money than those in the disability athletics squad. Ironically, the majority of the Paralympic athletes I interviewed believed that their able-bodied counterparts, on the same banding, get exactly the same funding as they do. This is partly due to one of the lottery regulations, which fixes the maximum amount an athlete, able-bodied or with a disability, can be paid for living expenses. However, lottery funding is split into two sections, living expenses and training expenses, and there is no limit to the amount an athlete can be paid for training expenses. This amount is fixed for each individual athlete by UK Athletics depending upon their banding. The usual procedure should be that all athletes on lottery funding are sent a form in which they set out their proposed needs for training expenses for the coming year including such items as kit,

travel, accommodation etc. However, according to Andy, the procedure with those in the disability athletics squad was somewhat different:

> "Whereas ours is... it's supposed to be the application form says, you know, put down what your needs are and based on the information given we will work out your entitlement, but when the application form came out to us that was already stapled onto it. It was you will get £200 for trainers, you will get £210 for spikes, you will get..."
>
> (Andy)

Many athletes with disabilities actually have far greater expenses to incur than their able-bodied counterparts if they are to be able to train to their full potential. Some individuals need round the clock care and attention, some need specialist sports equipment or adapted transport, all of which cost money over and above what they would need were they an able-bodied athlete. Therefore, the fact that they are actually paid less than their able-bodied counterparts appears to indicate that either UK Athletics do not rate disability athletics anywhere near as highly as able-bodied athletics or that there is a severe lack of understanding of what the needs of athletes with disabilities are. In reality the reason for this discrepancy in funding is probably a combination of the two, for as pointed out in chapter seven, Andy receives a weekly allowance to pay his guide to train and race with him, but when he got his warm weather training allowance to enable him to go abroad and train in a better climate UK Athletics had allowed nothing for him to take his guide with him, which actually meant he was unable to go. Andy, who has a law degree, is currently in the middle of a Ph.D. investigating the legality of lottery payments within the remit of public law and also the Disability Discrimination Act (DDA). He feels that a large part of the reason for these discrepancies between what able-bodied athletes and athletes with disabilities get paid is due to the balance of power between the two groups:

> "I do get the impression that generally throughout administrators of sport they're (able-bodied athletes) maybe treated as... it's probably to do with the power inequality, that they've (able-bodied athletes) got the power, we haven't and especially our performance director, he treats us like he's a school teacher and we're his naughty children. I think there's a lot of that – condescending approach to disabled athletes, whereas the power is probably more with the (able-bodied) athletes, you know. You don't give us this and we'll go to the press and look what's going to happen."
>
> (Andy)

This kind of approach, whereby the message to athletes with disabilities is that they should be grateful for what they get appears to be accepted by most of the athletes, especially considering their financial position pre-lottery, as the comments of Lloyd appear to show:

> "Well if you see the amount of golds we got compared to what they (able-bodied athletes) did it just shows what a bit of funding does do. I mean we can't grumble, because compared to what we... in Atlanta we got nothing. This showed the difference of what funding does do as it showed with the Olympic team, so we can't really say anything about it, but it just shows the difference they... the perception of what they get compared to what we get."
>
> (Lloyd)

However, the comments of Andy (above) appear to indicate that even amongst those who run the sport of athletics in this country there is a feeling that able-bodied athletics is more important and so more worthy of higher funding. This kind of attitude is not solely contained within UK Athletics, nor even this country as the current court case between the United States Olympic Committee (USOC), one of the richest NOC's in the world and also responsible for its countries Paralympic athletes, and one of its own staff, Mark Shepherd. Mark, himself a wheelchair user, is suing USOC regarding the discriminatory treatment of its Paralympic athletes in relation to those able-bodied athletes it is responsible for (Wolff, 2000). Currently United States Paralympic athletes do not even

come within the USOC definition of an elite athlete, which in turn bars them from receiving many of the services afforded to their able-bodied counterparts by USOC (Byzek, 1999). Apparently this is simply to preserve the funding they do have available for the able-bodied squads, which once again appears to indicate a perception that able-bodied sport is more worthy or more important than disability sport. Perhaps the same argument could be made against UK Athletics in that they give bigger training allowances to the able-bodied squad, because they perceive their performances on the world stage to be more important than the disability athletics squad.

It is extremely difficult to gain any concrete information regarding lottery funding and levels of payment within this country. However, the following comments by Andy indicate it is not just the amount of money that is different for athletes with disabilities, but also the qualification criteria for lottery funding themselves:

> "it looks like you've got to be top three, ten and twenty in the world for able-bodied and medallist potential at Europeans and Commonwealths as well. For us it's worlds, Paralympics, top six in the world you've got to get to get any funding whatsoever."
>
> (Andy)

Andy also raised the question as to whether this was a form of discrimination due to the imposition of extra terms and conditions which could be construed as less favourable treatment. This raises two interesting debates. The first raised by Andy is the difference between quantity and quality of medals. As quoted in the introduction to this thesis the UK Sports Council states on its website that one of its aims is:

> By the year 2020, the UK should have:
>
> 2. Consistently finished in the top five overall in the Olympic medals table by winning a minimum of 45 medals **and top 3 overall in the**

Paralympics from the 2008 Games onwards and staged the Summer Olympics and Paralympics and finished:

2.1. 3rd overall in the Olympics, by winning a minimum of 50 medals

2.2. **2nd overall in the Paralympics, by winning x medals**.

(UK Sport Website, 1997)

and, as Andy rightly points out, there is no mention of the 'quality' of the medals to be won, just the quantity:

> "The system is all about medals so what does it matter if there's only three people in the world that compete? If you win a bronze medal, a bronze medal is a bronze medal regardless of how many people are in it."
>
> (Andy)

There does appear then to be an element of double standards contained within the funding of athletes with disabilities that appears to be based on the premise that a Paralympic medal is not as worthy or important as an Olympic medal, regardless of the fact that the Paralympic athlete may have trained just as hard and for just as long as the Olympic athlete and may also, at least in physiological terms, have performed to a higher degree of their ability. This kind of discrimination is indicative of the kinds of perceptions contained within the medical model discourse and that lie at the heart of many of the issues and problems that prevent people with disabilities from playing a full role within society.

As a final comment on the lottery system one of the athletes I interviewed, Richard, actually believes that sport should not be funded by the lottery at all:

> "Well the whole funding situation in this country is a joke anyway. It shouldn't be funded by the lottery for a start. It should be government funded. The fact that they are getting away from doing their obligations to

> the disability and able-bodied community amazes me. Where would sport be in this country if there wasn't a lottery now?"
>
> (Richard)

There were many warnings from many sources when the national lottery began that it was merely the introduction of a stealth tax, which would eventually be usurped by the government to pay for services such as health and education. Richard's question is very pertinent as British sport, with the possible exception of football, is enjoying a period of increasing success, which has been directly attributed by many of the athletes in this research to the influx of lottery money to sport over the last four years.

Concluding Remarks.

In conclusion then it is clear that finance plays a key role in the opportunity or otherwise of an individual with a disability to become involved in their chosen sport. The economic situation of many people with disabilities in this country can mean that the need to find the necessary funding can cause them to become reliant upon charitable handouts, with its concomitant negative effects on their self-esteem and drain on their time and energy. It would appear that although the introduction of world class performance funding has had a positive effect on both the self-esteem of athletes with disabilities and their ability to train when and in a manner that best suits them, the differences in the way the scheme is operated in relation to the able-bodied athletes and the manner in which these differences are effectively hidden, highlights continued inequalities in treatment for people with disabilities. The lack of certainty about continued lottery funding and the lack of guidelines about what needs to be done to remain on the programme adds unnecessary pressure for all athletes and the ridiculous situation with regard to benefits, which can

cost some athletes thousands of pounds in lottery funding they are entitled to needs to be rectified immediately.

Chapter 10 – Conclusions and Recommendations

Throughout the preceding chapters, I have tried to highlight the kinds of problems and issues that can arise for an individual with a disability, from the time they decide to take up a particular sport through to the elite level, from the perspective of members of the Great Britain Paralympic track and field squad that competed in the Sydney Paralympic Games, 2000. It has, of course, been impossible for me to recount every single issue raised by the participants during their interviews. Instead, I have attempted to highlight the major themes that emerged from the data, using individual examples of how a particular issue manifested itself for a particular member of the squad. In line with the emancipatory framework I attempted to adopt for this research, I have used the participant's own unedited words throughout this thesis, as well as giving them the opportunity to comment on my findings. However, I am also aware that the final analysis is my own interpretation and, as such, can only ever be a partial representation of the problems and issues that arise for people with disabilities in their involvement in the world of sport.

My aim with this final chapter, therefore, is to make clear to the reader the key points to arise from this research, from my perspective, in terms of the aims set out in the introductory chapter. In order to fulfil this task it would appear useful to start by restating these aims:

1. What are the problems faced by athletes with disabilities in getting involved in and progressing to the highest levels in their chosen sports, as perceived by members of the Great Britain Paralympic track and field team from the Sydney 2000 Paralympic Games?

2. What are some of the possible underlying causes of these problems and in what ways have the participants in this research been able to overcome or alleviate them during their rise to the elite level?

In concluding on these aims I will split this next section into three; the problems, possible underlying causes and finally, ways in which the participants in this research have been able to overcome or alleviate these problems in order to reach the elite level.

The Problems.

Firstly I feel it is important to reiterate the point that the problems and issues outlined in this thesis should in no way be considered an exhaustive list. They are merely a representative sample, across a broad range of areas, of the kinds of problems and issues that arise for people with disabilities involved in the world of sport, as perceived by the participants in this research. This said, perhaps the first thing that becomes clear is the wide-range of problems and issues that can, potentially, confront athletes with disabilities and the often highly complex ways in which these issues are interrelated. There are numerous factors that can have a mediatory affect on the impact of a particular issue upon an individual with a disability. The person with a disability's own cultural and historical background in terms of their gender, race, class, sexual orientation, socio-economic position and even the type and severity of their impairment can all play a part in lessening or increasing the impact of a particular problem or issue on their attempts to become involved in and progress within a particular sport. In addition, other individuals and the way they perceive both disability and/ or disability sport can have a mediatory affect on the impact of problems that might arise. Relatives and friends may be able to partially insulate children with disabilities from some of the problems. The way in which

a teacher acts towards a child with a disability in a classroom situation may affect not only the way that child is viewed by their able-bodied peers, but also how they view themselves. The way individuals involved in the running of sport, such as coaches, administrators, officials and event organisers, act and react to people with disabilities, especially in relation to how they act and react to able-bodied athletes, can also have a major impact upon many of the problems and issues raised by the participants in this research.

The key issue with each of the groups and individuals who may have a mediatory affect upon the problems and issues that arise for people with disabilities, within the world of sport, appears to be the perceptions of these groups and individuals with regard to disability in general and disability sport in particular. I will discuss the origin of these perceptions, which can be positive or negative, in the next section, when I discuss possible underlying causes for problems and issues highlighted in this research. What it is important to highlight at this point is the effect these perceptions, and the way in which they manifest themselves, can have upon the self-confidence and self-image of people with disabilities. Interactions with individuals holding negative perceptions of disability, and/ or disability sport, may lead to feelings of low self confidence and self-esteem, brought on by the reaction of others to obvious physical difference, and can have very strong and long-term affects on people with disabilities. These feelings of low self confidence and self-esteem can also be exacerbated by a sense of dependency brought about by a lack of control over how people with disabilities operate within their own lives. Poor self-perception may, therefore, translate into a fear of failure or ridicule,

which causes potential sportsmen and women with disabilities to shy away from or avoid completely any form of sport or leisure activity that may place them in this potential position of perceived failure or ridicule.

Perceptual issues regarding disability and disability sport are, of course, not the only problems or issues that potential or current athletes with disabilities might face within the world of sport. There are many practical issues that can arise, although it has to be noted that many of these issues may be mediated by perceptions of disability and/ or disability sport. Issues such as accessible transport, available at a time that is convenient and coincides with training sessions, as well as access to the facility where the training session occurs can all dictate the ease with which an individual with a disability can take part in their chosen sporting activity. The time necessary for, and the pace at which a particular task needs to be completed can be a major issue for some people with a disability, which can also be exacerbated by other individuals, whose expectations of performance are based upon the kinds of societal performance norms that, by their very nature, exclude the possibility for some people with disabilities ever achieving them.

The need to stick as closely as possible to the rules and format of able-bodied sport, apparently so that non-disabled people are able to recognise the capabilities of people with disabilities through direct comparison of the performances of athletes with disabilities with their able-bodied counterparts using athletic events, can itself lead to a host of problems, many of which appear to be disability specific. It would appear that athletes with certain kinds of disability or impairment are hindered more by this need for

conformity than others. Wheelchair athletes, for example, are unable to take part in able-bodied competitions, unlike many of the athletes with ambulatory disabilities, and as such these athletes may lack the necessary competition to reach peak form at the correct time. They may also require specialist equipment that may not only be hard to find and have to be handmade to their own specifications, but also prohibitively expensive.

The issue of expense or finance appears to be a major issue for just about all of the participants in this research, especially when taking into account the relatively poor economic position, in relation to their able-bodied counterparts, of many people with disabilities within British society. The strong desire of many of the athletes with disabilities to succeed within their chosen sports, coupled with the relatively poor financial position of many people with disabilities leads many, especially when starting out in their chosen sport, to become dependent upon charitable handouts to survive. Constant rejections, along with the time wasted writing letters asking for contributions, can have a negative affect upon self-esteem, as well as detracting from both the time and energy available for training and competition. Although the introduction of World Class Performance Funding has lessened the impact of financial pressures for those fortunate enough to have reached the requisite level in their chosen sport, it does appear to have brought with it a series of new problems, mainly concentrated around a perceived pressure to perform at every competition in order to maintain funding, along with a lack of guidelines about what needs to be done in order to stay on the programme. Finally, amongst some of the athletes at least, there is a perception that discriminatory practices are used in the way the funding programme is operated, especially in relation to the

perceived difference in the way the system operates in relation to funding criteria to be met for athletes with a disability and their able-bodied counterparts, as well as a perceived difference in the levels of funding between the two groups.

Possible Underlying Causes.

Throughout this thesis I have highlighted some of the effects of the perceptions of disability embedded in the medical model discourse upon the way many able-bodied individuals interact with, or perceive, people with disabilities, as well as, in some cases, the way some people with disabilities interact with, or perceive, people with different or more severe forms of disability. It would be very easy to lay the blame for all of the problems faced by athletes with disabilities at the feet of these negative perceptions. However, as shown especially in the discussion of some of the material factors that are faced by some athletes with disabilities, there are problems and issues that arise as a direct result of a particular impairment that cannot be blamed upon societal perceptions. For example, the fact that the time available for a visually impaired athlete to train is shortened, especially in winter, by the onset of darkness. As pointed out by Imrie (1997) and Birkenbach (1990), this highlights the difficulty in locating the problems arising from a particular disability in the juncture between disablement as a medical and functional problem and the social responses to it. This said, however, if this research is to have any kind of emancipatory or consciousness-raising effect then I feel it is most important to highlight those problems and issues that can, potentially, be changed.

The range of socially constructed perceptions of disability contained within the medical model discourse, and the problems and issues that arise out of them, appear to be wide-ranging and varied. Perhaps the key point to arise out of this research with regard to perceptions is the perceived incompatibility between the ideology of physicality in sport and the medical model view of the physical capabilities of someone with a disability. Sport is most often defined as a test of physicality, in terms of strength, speed and endurance, and is an opportunity for individuals or groups to display superior physicality over another individual or group. By definition, therefore, people with disabilities do not fit into this definition of sport as their impaired bodies automatically make them, under this definition of sport, inferior to able-bodied participants. By extension, therefore, disability sport is often considered inferior to able-bodied sport and as such does not receive nearly the same media or spectator attention, financial input or, just as importantly, general awareness of its existence.

Many people who adhere to the negative perceptions of disability embedded in the medical model discourse, particularly those who come within Wendell's (1996) definition of the dominant group within society (see page 207), are responsible for making policy decisions within the large institutions and organisations that play such an important part in everyone's lives (employers, government departments, the health service etc), as well as working in areas such as education and the media, which have such a large affect upon forming and reinforcing the opinions and perceptions of all members of society on a huge variety of subjects. As such, these negative perceptions of disability are able to extend their dominance beyond just individual perceptions and

opinions and into policy legislation or the underlying ethos upon which many large organisations and institutions base their operating procedures. In this way it appears that the perceptions of disability embodied by the medical model discourse have become part of the very fabric of which a particular society is made up, which forms a further part of the way in which this ideology is able to mask itself and the way it operates.

These perceptions of disability are so strong that they not only form the basis for the perceptions of the majority of able-bodied people regarding the capabilities of people with disabilities, but they are also used by some people with disabilities in order to marginalise and exert power over people with more severe or different disabilities to themselves, as was shown in Ina's comments regarding the boccia team in Sydney (see page 147). The very fact that this situation occurs appears to be further evidence of the acceptance by some people with disabilities of their situation (and its causes) and their lack of awareness of how the perceptions of disability that are contained within the medical model discourse operate. It also highlights the power of the negative perceptions of disability, embedded in the medical model discourse, to mask the way these perceptions operate from those they are intended to marginalise.

Overcoming or Alleviating the Problems.

The very fact that the participants in this research have reached the high levels of performance that they have is testament to the fact that negative perceptions of disability do not go completely unchallenged. By persisting in their involvement in their chosen sport and reaching the elite level, the participants in this research have resisted and

challenged these views and, in doing so, highlighted the flawed nature of the taken for granted assumptions behind such perceptions. A recurring theme, and important success factor, for many of the athletes in this research in overcoming many of the problems they have faced in their rise to the elite level appears to be the help, support and encouragement they received from various family members and friends. It is possible that these individuals may have partially insulated the participants from many of the problems and perceptions associated with their involvement in sport. This said, however, it should be underlined that athletes with disabilities take part in sport for many of the same reasons as their able-bodied counterparts and they are able to reach the top through the same dedication and sheer hard work necessary of their elite able-bodied counterparts to reach the same level. Athletes with disabilities have suffered many of the problems suffered by women in sport such as inequality of opportunity and funding, attitudes ranging from indifference and disinterest to outright hostility, and a complete lack of understanding of what they were capable of. For some participants in this research sport itself, and their own success within it, has enabled them to overcome some of the negative perceptions regarding their position as someone with a disability. In this sense sport is somewhat paradoxical, in that by placing themselves in a sporting context athletes with a disability are very likely to exacerbate the visibility of the very physical differences that can lead to a fear of failure and ridicule and yet, at the same time, it is also an opportunity to prove to their able-bodied peers that they are capable of performing the same physical tasks as them.

A Possible Way Forward.

The quote from Bob, below, typifies the views of many of the participants in this research regarding the value of athletes with disabilities going into schools (as introduced in chapter 5, see page 149), mainstream and special, to discuss their experiences as both athletes and people with disabilities:

> "I think with more visits to schools and such like I think attitudes will be turned around and the next generation of administrators and journalists and so forth will have their eyes open and will be aware of what Paralympians, people with disabilities, whatever, are capable of."
>
> (Bob)

Although this approach to changing perceptions regarding people with disabilities may be a much more long-term approach (as opposed to trying to change the perceptions of the current adult population) and results might not be perceivable for a considerable amount of time, the long term benefits to people with disabilities and society as a whole may be far greater. Young children tend to be far more open to new ideas and are far less likely to have strongly internalised views regarding disability. Therefore, if discrimination is socially constructed, it should be possible to construct a more positive view of people with disabilities within young children. In this way they will also be more aware of, and better able to challenge, the presence and dominance of the perceptions of disability contained in the medical model discourse, which will hopefully, in time, lead to a weakening of their hold over British society. If future generations of administrators, event managers, coaches and media people (to name but a few) grow up with more positive internalised views towards disability than previous generations this can only be a good thing for people and athletes with disabilities. This may be a slow process, but may also lead to a more lasting change in perceptions. The benefit of this approach is also that, if

successful, with each succeeding generation the dominance of the perceptions embedded in the medical model discourse should weaken and along with them the societal barriers faced by people and athletes with disabilities outlined in this thesis. This is not to say, however, that we should give up trying to change the perceptions of the current generations who may have strongly internalised views regarding disability that stem from the medical model discourse.

The 'Emancipatory' Approach to Research

It became evident from this research, particularly in the participants answers to my requests for suggestions of how to improve things for athletes with disabilities in this country, (see chapter five; p.149), that the majority of the participants in this research had little or no real awareness of how the perceptions embedded in the medical model discourse operate or indeed, possibly of their existence. Despite the comments of Mark (see page 83), regarding how my approach to the interview had made him think about the problems he had faced throughout his sporting career, it is impossible to say whether or not I was successful with regard to my stated aim of the consciousness raising of the participants in this research. As for my own impact upon this study, and indeed its impact upon me, the fact that I would be considered by most people within society to be 'able-bodied' and that I also fit quite closely with Wendell's description of the dominant group within (western) society (with the possible exception of 'young'!) as 'healthy, non-disabled, young, but adult, shaped according to cultural ideals, and, often, male' (Wendell, 1996; p. 39) will, of course, have had a large impact upon this study. As such I, like many others, will have been subjected throughout my life to many of the perceptions

that are common within the medical model of disability. It would also not be in keeping with my stated aim of an open and reflexive account of this research if I did not admit that at certain points in my life these perceptions had manifested themselves in my own thoughts, words or actions. However, in line with my description of research as a 'journey of self-discovery' I can honestly say that, in line with my chosen approach to this research, I have experienced a form of 'emancipation' in terms of my own awareness of how these perceptions arise and the impact they have upon people with disabilities. I now find myself questioning the underlying message contained in any discussion, article or other media coverage of disability and disability sport. It is my hope that anyone reading this thesis might also begin to ask similar questions regarding the world around them. Although part of my chosen approach to this research was to contribute towards the 'emancipation' of the participants in this research, I would suggest that raising the consciousness of anyone reading these research outcomes, with regard to the issues contained in this thesis, also forms another part of the process for the emancipation of people and athletes with disabilities.

Recommendations for Future Research.

In light of the findings contained within this research I would recommend two areas, in particular, for future research. The first of these would be an investigation into possible ways in which the dominance of the medical model discourse of disability could, potentially, be undermined in order to try and lessen some of its impacts upon people and athletes with disabilities.

My second recommendation, in light of the paucity of research in this general area, would be more research of the same or similar nature on other groups of athletes in other sports in order to assess whether the findings of this research, particularly with reference to the impact of the perceptions of disability embedded in the medical model discourse, are apparent for other groups of athletes with disabilities.

Appendix 1.

IOC – IPC Formal Agreement

AGREEMENT BETWEEN THE INTERNATIONAL OLYMPIC COMMITTEE AND THE INTERNATIONAL PARALYMPIC COMMITTEE REGARDING THE ORGANISATION OF THE PARALYMPIC GAMES

Recommendation 15.1 of the IOC 2000 Commission states that 'Clear rules concerning the link between the Olympic Games and the Paralympic Games must be set'. As a result, a 'Cooperation Agreement' was signed between the International Olympic Committee (IOC) and the International Paralympic Committee (IPC) in October 2000, in Sydney (AUS) on the occasion of the Sydney 2000 Paralympic Games.

This Agreement noted "The International Olympic Committee (IOC) and the International Paralympic Committee (IPC) share a common belief in the right of all human beings to pursue their physical and intellectual development." It further specified the principles of the relations between the two organisations. It included the provision of financial support from the IOC for the administration of the IPC, and noted that a further agreement on the organisation of the Paralympic Games would be reached.

In the development of this second Agreement; the IOC recognises the need to assist the IPC to secure and protect the organisation of the Paralympic Games. In contrast to the existing situation, the Agreement provides the following benefits for the IPC and the Paralympic Games:

- a full seven years for the preparation of the Paralympic Games
- full support of the host city and the OCOG for the organisation of the Paralympic Games
- a financial guarantee of viability for the Paralympic Games
- increased support for Paralympic athletes and team officials, through travel grants, the elimination of entry fees and free provision of accommodation and ground transport
- increased support for technical officials, through free travel, accommodation and ground transport
- support for the administration of the IPC

In this regard, the Agreement addresses the general scope and organisation of the Paralympic Games, with the aim of creating similar principles in the organisation of the Olympic and Paralympic Games, where appropriate. This shall primarily be done through integrating the organisation of both the Olympic Games and the Paralympic Games, with the Organising Committee of the Olympic Games (OCOG) assuming, along with the IPC, the responsibilities for the organisation of the Paralympic Games.

1. Responsibilities of the IOC and the IPC

The IOC recognises the IPC as the international governing body for disabled sport, with the exception of sport for the deaf and the Special Olympics. The IPC shall be responsible, in cooperation with the OCOG, for ensuring the delivery of all specified requirements for the Paralympic Games, and the organisation and operations of the Paralympic Games, including during the transition period between the Olympic and Paralympic Games.

The OCOG shall assume, along with the IPC, the responsibility for the organisation of the Paralympic Games. Final decision-making responsibility in situations related to the organisation of the Paralympic Games which are unable to be resolved between the OCOG and the IPC, or are raised as issues of concern by the IOC Coordination Commission through their potential impact on the organisation of the Olympic Games, shall rest with the IOC Executive Board, as the final decision making body for matters related to the organisation of the Games.

2. Olympic Charter and IPC Handbook

The Olympic Charter is the codification of the Fundamental Principles, Rules and Bye-laws adopted by the IOC, and the IPC shall act in accordance with the Olympic Charter. Additionally, the IPC Handbook is the guiding documentation of the IPC. It is acknowledged that amendments to these documents may be necessary in order to be consistent with the terms of this Agreement.

However, should any such amendments result in an adverse material effect on the financial or other obligations of the OCOG, such amendments and effects shall be resolved in a mutually satisfactory manner.

3. Organising committee model

There have been a variety of models used in the organisation of recent Olympic and Paralympic Games. Following these experiences, it is agreed that the most effective form of organising committee for the Paralympic Games is to have such organising committee integrated into the OCOG. This integration applies at all levels of the organisation, including the governance and executive structures. The OCOG shall make the appropriate decisions regarding the need for various departments and staff within the OCOG to focus on specific Olympic or Paralympic Games matters.

If, for legal or other reasons, certain seperations within the OCOG were required, this would be discussed between OCOG, the IOC and the IPC.

4. Games Coordination

In accordance with Recommendation 15.1.3 of the IOC 2000 Commission, the IPC shall have a representative on the IOC Coordination Commission, who may be supported by additional IPC working group representatives where necessary. This representation will replace the existing IPC Liaison Committee.

The IOC and the IPC shall also further address the need for the IPC to appoint a full-time Paralympic Games Liaison Manager to coordinate Paralympic Games requirements.

Technical representatives of each sport in the Paralympic sports programme shall make pre-Games visits to the host city in order to meet with the OCOG and assist in the planning for their sport. These shall comprise of two visits of two technical representatives per sport prior to the Paralympic Games, at times to be agreed between the OCOG and the IPC. The OCOG shall meet the costs of these pre-Games visits.

The IPC and / or the Paralympic Games Liaison Manager shall also produce manuals on Paralympic Games requirements. In order to ensure consistency with the organisation of the Olympic Games, specifications related to requirements on the OCOG will be subject to the review of the IOC. These Paralympic Games manuals should cover areas which are addressed by existing IOC manuals for the Olympic Games.

5. Establishment of the Paralympic Games Sports Programme

5.1 Specification of the sports programme

The IOC and IPC agree that there is an operational need for the sports in the Paralympic Games sports programme to be determined four years in advance of the Paralympic Games. The Paralympic Games sports programme shall reflect the maximum number of athletes specified in Section 7.1 below, and should contain no more than 22 sports/disciplines for the Paralympic Summer Games and eight sports/disciplines for the Paralympic Winter Games.

The disciplines and events in the Paralympic Games sports programme shall be finalised no later than three years in advance of the Paralympic Games. It is agreed that there should be no more than 450 events in the Paralympic Summer Games unless otherwise agreed between the IOC, IPC and OCOG (while acknowledging that in the Sydney 2000 Paralympic Games there were 550 events), and 75 in the Paralympic Winter Games, unless otherwise agreed between the IOC, IPC and OCOG. In determining the actual events in the programme of the Paralympic Games, further review shall be conducted regarding the number of disability classes (i.e. events) for each sport.

The sports programme must reflect the status of the Paralympic Games as an elite level, competitive sports event. In this regard, the IPC shall develop specifications regarding the minimum number of competitors in each event, and minimum requirements (such as global participation and world level events) for the sports on the Paralympic Games programme.

The status of the Paralympic Games as an elite level, competitive sports event must also be reflected in the qualifications and entries processes for the Paralympic Games.

In order to ensure consistency with the Olympic Charter and the principles of the programme of the Olympic Games, the Paralympic Games sports programme shall be subject to discussion with the IOC.

5.2 Paralympic Games venues

Where possible, the competition, non-competition and training venues used for the Paralympic Games should be those used for the Olympic Games, in order to minimise costs and operational impacts for the OCOG.

5.3 Classification Evaluation

The IOC and IPC agree that classification evaluation (evaluation of the disability class of an athlete) should be eliminated as much as possible from the Paralympic Games. The IPC will introduce a classification process in which evaluation at the Paralympic Games will be required on an exceptional basis, as is usual in cooperation with the International Federations concerned.

5.4 International Paralympic Sports Federations

The IPC shall conduct a review of the current structuring of Independent Paralympic Sport Federations (IPSFs), IPC sports and International Organisations Sports for the Disabled (IOSD sports). This review shall also include a revision of the current relationship of connection and affiliation between Olympic and IOC-Recognized International Federations and IPSFs.

The IPC shall also reach agreement with each IPSF represented in the programme of the Paralympic Games to ensure that the roles and responsibilities of the IPC and IOC in regard to the Paralympic Games are respected.

6. Timing and duration of the Paralympic Games

As specified in the Host City Contract for the Olympic Games, the Paralympic Games will be held in the host city of the Olympic Games. They will be held following the Olympic Games, with a specified period between the two events to be agreed between the IOC and the IPC. This specified period will comprise of three distinct phases:

- closing of the Olympic Village and departure of Olympic athletes and officials
- transition period, allowing for the change-over of venues from Olympic to Paralympic mode (this period is also an important recovery period for the staff of the OCOG)
- opening of the Paralympic Village and training venues prior to the Paralympic Opening Ceremony

The duration of the Paralympic Games shall be 12 days for the Paralympic Summer Games and 10 days for the Paralympic Winter Games (specified periods include the days of the Opening and Closing Ceremonies) unless otherwise agreed between the IOC and IPC.

7. Maximum numbers of accredited individuals in the Paralympic Games

The operational success and positive exposure of the Paralympic Games has led to significant increases in numbers of accredited individuals in most categories related to the Paralympic Games. In order to regulate the overall demands placed on an OCOG, maximum numbers in each category will be introduced.

7.1 Athletes, team officials and athlete support personnel

Maximum numbers of athletes, team officials and 'non-competing competition participants' (such as guide runners, boccia directors and cycling pilots) have been identified in order to allow accurate operational planning for sport / venue operations, Paralympic Village planning and athlete / team official support services.

The numbers shall be no more than those specified below:

	Paralympic Summer Games	Paralympic Winter Games
Athletes	4,000	800
Team officials and 'non-competing competition participants'	2,200	900

In this regard, it is also agreed that the principles of the team officials ratio (the Team Delegation Quota Formula) will be reviewed.

The number of wheelchair 'Daily Living' athletes and team officials (individuals dependent on wheelchairs for mobility purposes in non-competition activity) shall be no more than 1,800 for the Paralympic Summer Games and 400 for the Paralympic Winter Games, in order to assist detailed operational planning by the OCOG.

7.2 Technical officials

An overall strategy shall be put in place which will clearly define the numbers, selection and appointment of technical officials in each sport. The total number of technical officials for the Paralympic Summer Games shall be 800 (comprising of approximately 300 International Technical Officials and 500 National Technical Officials, depending on the event experience of the host nation), unless otherwise agreed between the IOC, IPC and OCOG, and acknowledging that the actual number in Sydney was in excess of 900. The number of technical officials for the Paralympic Winter Games shall be 100 (breakdown between International Technical Officials and National Technical Officials to be further determined), unless otherwise agreed between the IOC, IPC and OCOG.

The IPSFs shall also include commitments regarding the development of National Technical Officials in their agreements with the IPC.

The economy class travel costs of the technical officials from their country of residence to the host city of the Paralympic Games shall be met by the OCOG.

7.3 Press personnel

It is agreed that increasing public and media interest in the Paralympic Games will lead to an increased demand for accreditation of press personnel in future Paralympic Games. While this will be fully encouraged and supported by both the OCOG and IPC, it is acknowledged that the number of accreditations made available to press personnel shall be no more than 2000 for the Paralympic Summer Games and 800 for the Paralympic Winter Games.

Further review shall be conducted by the IPC regarding the current process of allocation of press accreditations in the Paralympic Games. Priority for accreditation will be given to professional press personnel.

8. Paralympic Village

The Paralympic Village shall be the one used for the Olympic Games, and shall accommodate Paralympic athletes, team officials, athlete support personnel and technical officials. This accommodation and related services shall be provided by the OCOG free of charge.

The accommodation area for technical officials shall be located separately from that of athletes and team officials.

Should media accommodation be additionally provided in the Paralympic Village, costs shall be charged to the accredited personnel using this accommodation, and this should be located separately from that of other categories.

8.1 Paralympic Village Capacity

The Paralympic Village shall be constructed and planned in respect to the following capacities:

	Paralympic Summer Games	**Paralympic Winter Games**
Athletes	4,000	800
Team officials and 'non-competing competition participants'	2,200	900
Technical officials	800	100
Contingency (5%-7%)	**500**	**200**
Village Capacity	**7,500**	**2,000**

8.2 Wheelchair access

For the Paralympic Games, the number of wheelchair accessible bathrooms shall be a 1 to 3 ratio, although it may vary slightly according to the type of accommodation. The total number of accessible beds shall be a minimum of 1,800 for the Paralympic Summer Games and 400 for the Paralympic Winter Games, with an additional contingency percentage for inefficiencies of between 5% and 7%.

These specified numbers are a guide only and shall be further defined by the IPC once the accommodation style of the Paralympic Village for each Paralympic Games is known.

8.3 Paralympic Village Operating Period

The Paralympic Village for Paralympic Summer Games shall open seven days prior to the Opening Ceremony and close three days after the Closing Ceremony, for a total period of 22 days. The Paralympic Village for the Paralympic Winter Games shall open 7 days prior to the Opening Ceremony and close 3 days after the Closing Ceremony, for a total period of 20 days.

9. IPC operations at the Paralympic Games

The IPC shall set a total number of IPC members for whom Paralympic Games-time expenses (airfares, accommodation and meals) will be covered by the OCOG. This figure shall be comprised of the IPC Executive Committee and senior / key staff only, and shall be approximately 50 people for 21 days.

10 . IPC meetings in the host city

10.1 IPC pre-Paralympic Games meetings in the host city

IPC meetings in the host city in the pre-Paralympic Games phase should be limited.

Where the IPC chooses to hold such meetings in the host city, the IPC shall bear the costs of these meetings, and the OCOG shall assist in the logistical organisation.

10.2 IPC and IPSF Paralympic Games-time meetings in the host city

IPC and IPSF meetings not related to the operations of the Paralympic Games shall not be held in the host city upon the occasion of the Paralympic Games. IPSF Sports Assemblies shall in the future be held as a general rule on the occasion of the World Championships of the respective sport.

11. Non-sport related event obligations

The Opening and Closing Ceremonies of the Paralympic Games, the Paralympic Torch Relay and the Sports Science Congress shall continue to be organised on the occasion of the Paralympic Games. The value and necessity of all other non-sport related Paralympic events the OCOG is currently obliged to implement (such as the Cultural Paralympiad and Paralympic Youth Camp) shall be reviewed by the IOC and the IPC In this review, consideration shall be given as to whether these events efficiently and significantly increase the promotion of the Paralympic Games and Paralympic Movement.

Where it is agreed by the IOC and the IPC that such events shall continue to be part of the Paralympic Games, the Olympic and Paralympic elements of the project shall be integrated.

12. Financial model of the Paralympic Games

12.1 Budgeting

The budget of the Paralympic Games shall be integrated into the Olympic Games budget as an individual programme. This will allow the management of the global budget, whilst also permitting the separate monitoring and analysis of Olympic and Paralympic finances on a stand alone basis.

The budget of the Paralympic Games shall be made up of the incremental costs for the staging of the Paralympic Games over and above the costs of staging the Olympic Games, and will include a proportion of the general costs of the Olympic Games.

12.2 Funding of the Paralympic Games

Government sources (local, regional and central) should underwrite the budget of the Paralympic Games, and should also contribute approximately 50% of the operational costs. Government funding must be guaranteed in the candidature phase.

12.3 Entry fees

Entry fees shall not be charged for athletes and team officials at the Paralympic Games.

12.4 Costs of athletes and team officials

The conditions for athlete and team official travel, accommodation and ground transport for athletes and team officials at the Paralympic Games shall be the same as those for the respective Olympic Games. If the OCOG, as part of its support for the athletes and team officials, grants travel costs and / or reimbursements to Olympic and Paralympic athletes and team officials, the allocation of these funds for Paralympic athletes and team officials shall be discussed with the IPC.

13. Marketing and sponsorship

13.1 Paralympic Games marketing and broadcast rights

The IOC and IPC agree that all Paralympic Games-related marketing and television / broadcast rights, including internet web-cast rights, shall be transferred to the respective OCOG. An appropriate fee for such rights to the 2008 Paralympic Games and 2010 Paralympic Winter Games shall be agreed between the IOC and the IPC, and paid by the OCOG/IOC to the IPC, comprising of a flat fee for the Paralympic Games marketing and broadcasting rights.

The principles on which this rights fee is based shall be the subject of a further detailed agreement between the IOC and the IPC.

It is recognised that different marketing opportunities currently exist for the Paralympic Games, for example the use of advertising billboards in venues. Such marketing opportunities for the Paralympic Games may be the subject of further discussions and agreements between the IOC and IPC for future Paralympic Games.

13.2 Sponsorship elements

There will be a distinction and separation in the sponsorship between the Paralympic Games and the IPC.

The IOC will initiate a joint sponsorship approach for TOP sponsors to be partnered with both the Olympic and Paralympic Games, and the IPC shall assist where possible in elements related to the Paralympic Games.

While it is acknowledged that many sponsorship and supplier contracts for the Olympic Games have been signed through 2008, these shall be reviewed to explore possibilities of working within their specifications to assist the preparation of the Paralympic Games in this period.

13.3 IPC marketing and sponsorship

The IPC shall retain the rights for a corporate marketing programme related to the development of the IPC.

The IOC and the IPC in cooperation will establish a marketing plan which clearly differentiates the marketing efforts for the Paralympic Games from any other marketing effort undertaken by the IPC for other events, such as World Championships in Paralympic sports. All event marketing undertaken by the IPC must have a event-specific focus rather than be of a generic nature, so as to avoid any conflict with the marketing partners of the Paralympic Games.

13.4 Merchandising and logos

Merchandising should be different for the Paralympic and Olympic Games, however these should managed through an integrated OCOG Marketing Division.

It is also suggested that the logos for the Olympic and Paralympic Games should be separate, to allow for greater flexibility in marketing opportunities.

13.5 IOC promotion of the IPC

The IOC will explore opportunities to promote the IPC, the Paralympic Games and Paralympic sport though existing promotional opportunities and existing broadcast agreements.

14. Ticketing

It is agreed that the ticketing policy of the Paralympic Games should primarily aim for a maximum number of spectators, in order to generate profile and awareness for the Paralympic Movement and disabled sport. Should revenue be gained through the sale of tickets for the Paralympic Games, the distribution of such revenue shall be the subject of further discussion between the OCOG, IOC and IPC, it being understood that that the distribution shall be based on similar principles as that of the Olympic Games.

15. Broadcast production & coverage

15.1 Broadcast production

Pending further detailed discussions between the IOC and the OCOG regarding the broadcast of the Paralympic Games, the host broadcaster for the Olympic Games will have the obligation to produce the Paralympic Games. It is recognised that the final level of service for the international television signals for the Paralympic Games shall be determined by requests of rights-holding broadcasters, with a base production level reflecting the Sydney 2000 Paralympic Games. .

15.2 Broadcast rights

The OCOG shall assume the rights and responsibilities related to broadcast rights for the Paralympic Games. Should there be resulting revenues from the sales of these broadcast rights, these shall be discussed between the OCOG, IOC and the IPC .

15.3 International Broadcast Centre

An International Broadcast Centre will be planned and constructed by the OCOG in order to meet the needs of broadcast production for the Paralympic Games. This shall be funded from the budget of the OCOG.

16. Doping Control

It is recognised that at the time of negotiation and signing of this Agreement, the IPC and WADA are currently developing a joint agreement regarding doping control. Any further necessary discussions between the IOC and IPC on this subject shall be initiated at the conclusion of the IPC-WADA agreement. The aspects of the IPC-WADA agreement related to the Paralympic Games shall comply with the Olympic Movement Anti-Doping Code and the Paralympic Movement Anti-Doping Code.

17. Technology

17.1 Results systems

It is recognised that the IOC has signed an agreement which incorporates the responsibilities for the timing, scoring and on-venue results systems for the Paralympic Games from 2004 to 2010, based on the sports / disciplines in the Sydney and Salt Lake Paralympic Games. Future agreements shall incorporate the needs of the Olympic and Paralympic Games where possible.

17.2 Games Management Systems

The OCOG shall use a single Olympic and Paralympic Games Management System (GMS) where possible.

18. Transfer of Knowledge

The goal of the Transfer of Knowledge programme is to support the development of the organisation of the Olympic and Paralympic Games. The IPC shall assist in the development of the Paralympic Games components of the Games Transfer of Knowledge programme, and provide additional knowledge and expertise in the organisation of the Paralympic Games. All data and information, including but not limited to written information, video, audio and photographs, shall belong to the IOC, and be used in the organisation of the Paralympic Games.

The data of the Transfer of Knowledge programme, including the Paralympic Games components, shall be put at the disposal of the IPC for their use at IPC championships. The distribution and usage of the material shall be agreed by the IOC and IPC, and costs for third party usage may apply.

19. Olympic Museum

The Olympic Museum plays an important role in the Olympic Movement. There shall be further discussions between the IOC and the IPC regarding the promotion of the Paralympic Movement and information regarding the Paralympic Games at the Olympic Museum, and the presence of the Olympic Museum at the Paralympic Games.

20. Conflicting agreements

The IPC guarantees that it has not entered, and will not enter, into any other agreement which conflicts with the terms of this Agreement.

21. Term of the Agreement

The Agreement shall be in effect for the 2008 and 2010 Paralympic Games. It shall be tacitly renewed for subsequent Paralympic Games unless either the IOC or IPC notifies the other party to the contrary not later than two years prior to any such subsequent Paralympic Games.

The IOC and the IPC shall discuss with the OCOGs of the 2004 Paralympic Summer Games and the 2006 Paralympic Winter Games in order that the terms of the Agreement apply to the 2004 and 2006 Paralympic Games insofar as practical, and insofar as this does not result in adverse financial consequences on such OCOGs and/or the IOC.

22. Governing Law / arbitration

The Agreement shall be governed by and interpreted in accordance with the Law of Switzerland. Any dispute arising from or in connection with the execution or interpretation of this Agreement or breach thereof which cannot be settled amicably, shall be settled finally, to the exclusion of the ordinary courts, in accordance with the Statute and Regulations of the Court of Arbitration for Sport. The parties undertake to comply with the said Statute and Regulations, and to enforce in good faith the award to be rendered. The seat of arbitration shall be at Lausanne, Switzerland.

Signed in Lausanne, Switzerland on this 19th day of June 2001, in two originals in the English language.

Dr Robert D. STEADWARD
President
International Paralympic Committee

Juan Antonio SAMARANCH
President
International Olympic Committee

Appendix 2.

Sports Participation by Disability Grouping
For the Sydney 2000 Paralympic Games..

	Intellectually Disabled	Wheelchair	Blind	Cerebral Palsy	Amputee/ Les Autres	Number of Events
Archery		Y		Y	Y	7
Athletics	Y	Y	Y	Y	Y	226
Basketball	Y	Y			Y	3
Boccia				Y		5
Cycling			Y	Y	Y	29
Equestrian			Y	Y	Y	8
Fencing		Y		Y	Y	15
Football				Y		1
Goalball			Y			27
Judo			Y			20
Power - Lifting		Y		Y	Y	21
Rugby		Y				1
Sailing		Y	Y	Y	Y	2
Shooting		Y			Y	12
Swimming	Y	Y	Y	Y	Y	198
Table Tennis		Y		Y	Y	26
Tennis		Y		Y	Y	4
Volleyball				Y	Y	2
No. of Sports	3	11	7	13	13	

Appendix 3.

Contact details for the British and International Disability Sports Federations.

Disability Group	International Sports Federation	British Sports Federation
Paralympic Games Co-ordinating Body.	**The International Paralympic Committee** (IPC) Adenauerallee 212-214 53113 Bonn Germany Tel: 0049 228 209 7200 Fax: 0049 228 209 7209 Website: http://www.paralympic.org E-mail: info@paralympic.org	**The British Paralympic Association** (BPA) Norwich Union Building, 69 Park Lane, Croydon, Surrey. CR9 1BG Tel: 0207 662 8882 Fax: 0207 662 8310 Website: http://www.paralympics.org.uk E-mail: info@paralympics.org.uk
Wheelchair Athletes	**The International Stoke Mandeville Wheelchair Sports Federation** (ISMWSF) Olympic Village Guttmann Road Aylesbury Buckinghamshire. HP21 9PP Great Britain Tel: 01296 436179 Fax: 01296 436484 Website: http://www.wsw.org.uk E-mail: info@wsw.org.uk	**The British Wheelchair Sports Foundation** (BWSF) Guttmann Road Stoke Mandeville Buckinghamshire. HP21 9PP Tel: 01296 395995 Fax: 01296 424171 Website: http://www.britishwheelchairsports.org E-mail: wheelpower@dial.pipex.com

Amputees and Les Autres	**Internaternational Sports Organisation for the Disabled** (ISOD) 16 Mosaics Avenue Aurora Ontario L4G 7LS Canada Tel: 001 905 726 9501 Fax: 001 905 726 9501 Website: Not Available E-mail: dean.alan@ic.gc.ca	**British Amputee and Les Autres Sports Association** (BALASA) Overdale Off Westward Road Ebley, Stroud Gloucestershire. GL5 4TJ Tel: 0121 605 9549 or 01159 260 220 Fax: 01159 260 220 Website: http://www.chap14.freeserve.co.uk/balasa E-mail: balasa@ic24.net
Cerebral Palsy	**Cerebral Palsy International Sports and Recreation Association** (CP – ISRA) PO Box 16 6666 ZG Heteren The Netherlands Tel: 0031 26 47 22 593 Fax: 0031 26 47 23 914 Website: http://www.cpisra.org E-mail: cpisra_nl@hotmail.com	**Cerebral Palsy Sport** (CPS) 11 Churchill Park Colwick Nottingham. NG4 2HF Tel: 01159 401 202 Fax: 01159 402 984 Website: http://www.cpsport.org E-mail: info@cpsport.org

Blind	**International Blind Sports Association** (IBSA) c/o Quevedo 1 28014 Madrid Spain Tel: 0034 91 589 4533 Fax: 0034 91 589 4537 Website: http://www.ibsa.es E-mail: ibsa@ibsa.es	**British Blind Sports** (BBS) 2nd Floor 4-6 Victoria Terrace Leamington Spa Warwickshire. CV31 3AB Tel: 01926 424247 Fax: 01926 427775 Website: Not Available E-mail: blindsport@btinternet.com
Intellectual Disability	**International Association for the Intellectually Disabled** (INAS – FID) Munnikenpark 9 2351 CL Leiderdorp The Netherlands Tel: 0031 71 589 2293 Fax: 0031 71 589 5882 Website: http://www.inas-fid.org E-mail: jos.jopie.mulder@freeler.nl	**United Kingdom Sports Association for People with Learning Difficulty** (UKSAPLD) Ground Floor Leroy House 436 Essex House London. N1 3QP Tel: 0207 354 1030 Fax: 0207 354 2593 Website: Not Available E-mail: office@uksapld.freeserve.co.uk

Appendix 4.

ACE UK Personal Development Courses

PERSONAL DEVELOPMENT COURSES

- Personal Image & Presentation for Athletes
- Public Speaking 1& 2
- Working with the Media 1 & 2
- Self-Awareness for Sportspeople
- Assertive Communication
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- I[illegible]
- C[illegible]
- N[illegible]
- Pr[illegible]
- Pr[illegible]
- Dr[illegible]
- Stre[illegible]
- Self Massage
- Sports Law and The Athlete
- Sponsorship Proposals
- Introduction to Budgeting & Financial Management
- Reapplying for Lottery Awards
- Personal Taxation for Athletes

p/paper

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Appendix 5.

News of the World Article on Bob Matthews – Great Britain Blind Track Athlete.

NEWS OF THE WORLD, February 27, 2000 35

WORLD-BEATER BOB IS BLIND HERO OF TRACK

UNSUNG hero Bob Matthews is Britain's greatest athletics champion of all time.

He has set more world records than Seb Coe, Steve Cram and Daley Thompson put together.

But Bob, 38, will never see any of the awards in his bulging trophy cabinet – because he is **BLIND**.

Bob, from Leamington Spa, Warwicks, began to lose his sight when he was eight but was almost 20 before he was blind.

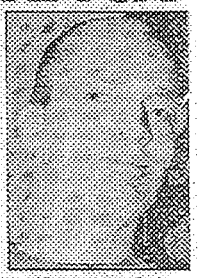
He says: "You feel sorry for yourself or get on with life. I chose to get on with my life. When I 'watched' the film Chariots Of Fire it inspired me to start running."

Bob runs with a guide and they both hold an end of a short rope.

He says: "We're totally synchronised, like a three-legged race. He makes sure I don't run into lamp-posts and things like that."

Bob's story reflects the movie Blind Ambition, which Robson Green is filming in Australia, about a disabled athlete who is determined to represent Britain in the Olympics.

Bob, who married wife Kathlyn in 1994 after literally bumping into her at a pub, hopes to end his career in a blaze of glory at the Sydney Paralympics later this year.



BOB: Records

BY **BARRY TRACEY** & **STEWART FOWLER**

He aims to add the 5,000-metre and marathon world records for blind athletes to the 800m, 1,500m and 10,000m he already holds. If he succeeds and his present times aren't beaten, he'll quit as reigning champ in every event from 800m to the marathon.

DO YOU know a true hero like Bob? If there's someone you know whose grit and determination have helped them conquer adversity call us any day between 10am and 5pm on 0171 782 4444.

Appendix 6.

Interview Agenda

The starting point for every interview:

When did you first become involved in sport?
Who or what influenced you to first become involved in sport?
Did you incur any difficulties in trying to become involved in your chosen activity?

Topics or areas of interest gleaned from pre-interview reading:

Accessibility issues.
Transport.
Finance.
Availability and awareness of relevant activities.
'Attitudes' towards disability and disability sport of people encountered.
The role of schools.
The mass media.

Question to end all interviews:

If you had three wishes which, if granted, could improve the situation for disability sport in this country and/ or encourage more people with disabilities to take up sport, what would they be?

Appendix 7. Short Sporting Biographies of the Research Participants.

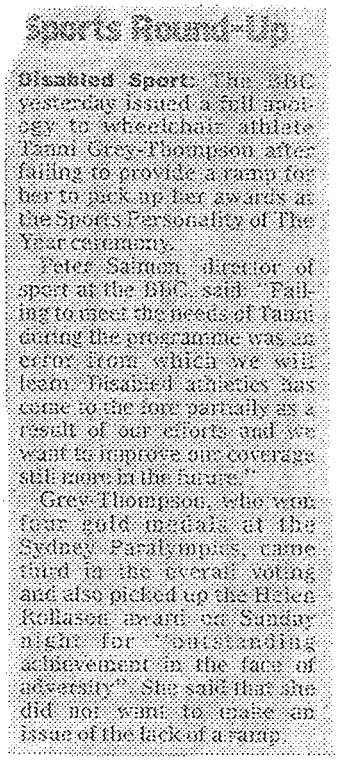
Name	Andy	Bob	Chris	Danny	Kenny	Lloyd	Mark	Richard
Sex	M	M	M	M	M	M	M	M
Age	31	39	29	28	25	17	39	42
Disability	Blind	Blind	Cerebral Palsy	Single Arm Amputee	Cerebral Palsy	Cerebral Palsy	Visual Impairment	Tetraplegic
Cause	Degenerative Eye Disease	Degenerative Eye Disease	Congenital	RTA	Congenital	Congenital	Congenital	RTA
Onset	1978	Birth	Birth	1994	Birth	Birth	Birth	1980
Reached current level	1992	1979	-	1994	-	-	-	1980
Functional Classification	B1	B1	F33	T46	F37	T35	B3	T51/F51
Event(s)	100m, 200m, 400m	1500m, 5k, 10k, Marathon	Discus, Javelin	400m	Javelin, Shot, Discus	100m, 200m	5k, 10k, Marathon	Discus, Club, Pentathlon
Paralympic Games	1992 - 2000	1980* - 2000	1996 - 2000	2000	1992 - 2000	2000	1988 - 2000	1996 - 2000
Paralympic Medals (G-S-B)	0 - 3 - 1	8 - 4 - 1	1 - 1 - 0	0 - 0 - 1	2 - 0 - 2	2 - 1 - 0	1 - 5 - 0	0 - 0 - 0
Full Time Athlete?	Yes	No	No	Yes	Yes	No	Yes	Yes
School	Mainstream	Two years mainstream, then Special	Mainstream	Mainstream	Mainstream	Mainstream	Special	Mainstream
Occupation	P/T Ph.D. Student	Student	Tele-communications Manager	-	-	Student	-	-
Year of First International	1991	1983	1989	1998	1989	1998	1986	1995

* Bob Competed for Great Britain in the 1980 Paralympic Games in Arnhem, The Netherlands in the sport of Goalball, before taking up athletics properly in 1981.

Name	Steve	Deborah	Hazel	Ina
Sex	M	F	F	F
Age	40	21	21	36
Disability	Visual Impairment	Cerebral Palsy	Cerebral Palsy + Learning Difficultities	Paraplegic
Cause	Born without irises	Congenital	Congenital	RTA
Onset	Birth	Birth	Birth	1984
Reached current level	-	-	-	1984
Functional Classification	B2	T34	T36	F57
Event(s)	Marathon	100m, 200m, 400m, 800m, 1500m	100m, 200m, 400m	Shot
Paralympic Games	1988 - 2000	2000	2000	1992 - 2000
Paralympic Medals (G-S-B)	2 - 1 - 0	1 - 0 - 1	1 - 0 - 0	0 - 0 - 0
Full Time Athlete?	No	Yes	No	No
School	Special	Mainstream	Special	Mainstream
Occupation	Civil Servant	-	Student	Self Employed
Year of First International	1986	1998	1997	1990

Appendix 8.

Daily Telegraph 'Sports Round-Up' Article on the BBC's failure to provide a ramp to allow Tanni Grey-Thompson to accept her third place award at the Sports Personality of the Year Award Ceremony, 2000.



Sports Round-Up

Disabled Sport: The BBC yesterday issued a full apology to wheelchair athlete Tanni Grey-Thompson after failing to provide a ramp for her to pick up her awards at the Sports Personality of the Year ceremony.

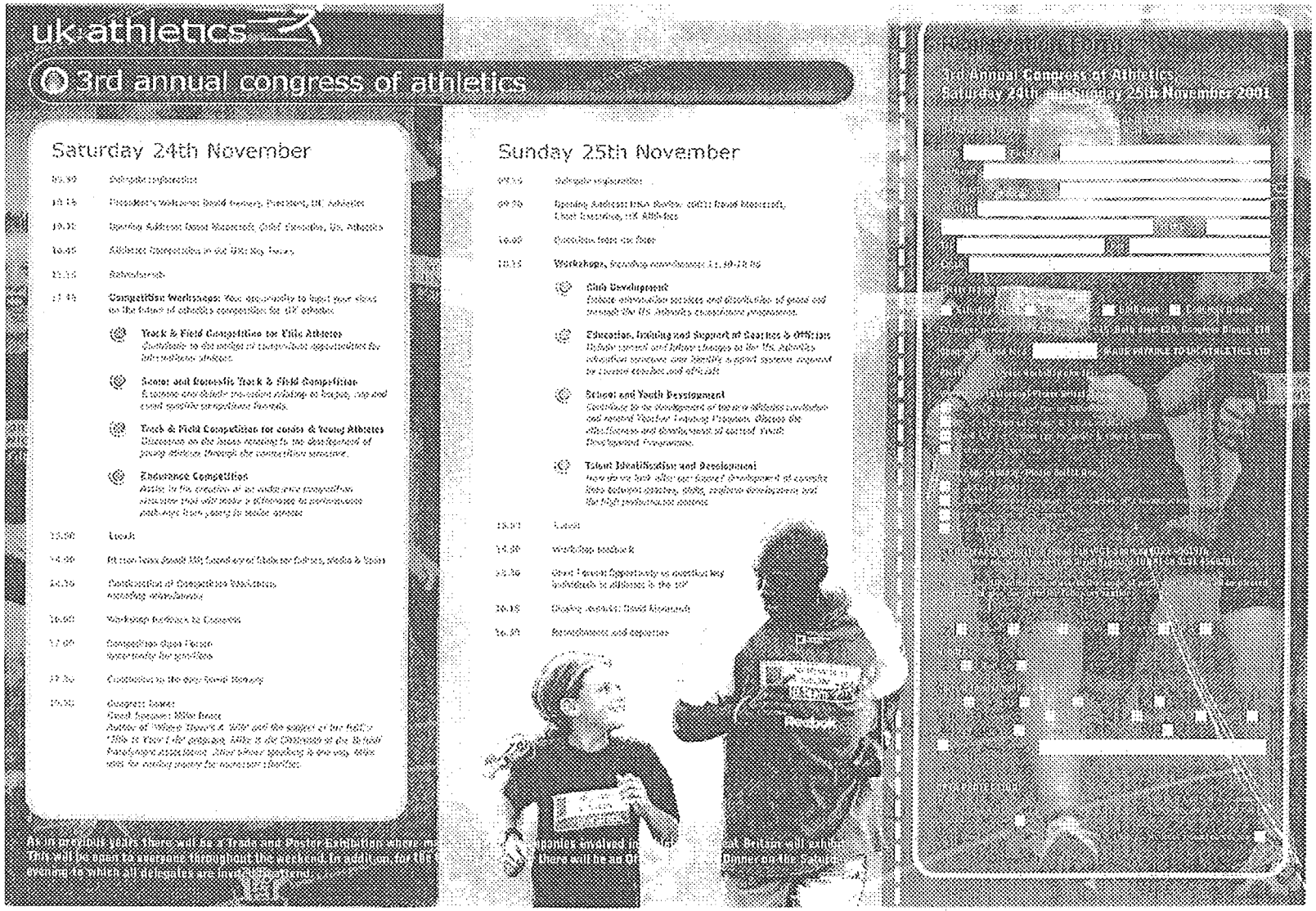
Peter Salmon, director of sport at the BBC, said: "Failing to meet the needs of Tanni during the programme was an error from which we will learn. Disabled athletes has come to the fore partially as a result of our efforts and we want to improve our coverage still more in the future."

Grey-Thompson, who won four gold medals at the Sydney Paralympics, came third in the overall voting and also picked up the Helen Rollason award on Sunday night for "outstanding achievement in the face of adversity". She said that she did not want to make an issue of the lack of a ramp.

The Daily Telegraph (11-12-2000)

Appendix 9.

Application form and agenda for the UK Athletics 3rd annual congress of athletics, 2001.



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