

PERCEPTIONS OF DISABILITY AND THEIR IMPACT UPON INVOLVEMENT IN SPORT FOR PEOPLE WITH DISABILITIES AT ALL LEVELS

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The introduction of the social model of disability has attempted to move the spotlight of research away from the medical model theories of disability toward an investigation of the impacts of societal perceptions of disability upon people with disabilities. This article attempts to look at the impacts of societal perceptions of disability and disability sport, which in the main remain grounded in the medical model approach, upon people with disabilities in their attempts to become involved in and progress in their chosen sport. It also looks at the propensity for media coverage to recreate and reinforce many of the perceptions of disability present within the medical model approach to disability.

Keywords: *sport; disability; perception; social model; medical model; social construction; media*

This article stems from research carried out for my recently completed Ph.D. (Brittain, 2002), which focused on the sporting lives of members of the Great Britain Paralympic track and field squad who competed in the Sydney Paralympic Games from the 18th to the 29th of October 2000. Through a series of in-depth interviews that took a focused life history approach, I attempted to gain a greater understanding of the kinds of factors, both positive and negative, that had an effect upon the lives of these athletes in their attempts to become involved in and progress within their chosen sport. In line with current research in the field of disability studies, this research adopts a social construction approach. The results of the analysis are set within the social model of disability to try and highlight the impacts of the perceptions of disability embedded in the dominant medical model discourse on these athletes' lives. Before going any further, it would appear useful to give an explanation of the medical and social model theories of disability.

THE MEDICAL MODEL OF DISABILITY

According to O'Donnell (1997), those who 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

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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 it 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 has led 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 sociocultural, 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. (p. 117)

As a result of this "cognitive authority" (Addelson, 1983, as cited in Wendell, 1996, p. 117) of the medical profession, 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 internalize 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 resides within them and their impairments. In addition, this powerful and apparently legitimized discourse is then taken up and used by other organizations and institutions within society to inform policy or exert power over those with disabilities; that is, a particular understanding of disability has been normalized 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 internalized 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.

THE SOCIAL MODEL OF DISABILITY

Some academics have attempted to redefine the discourse relating to disability, in conjunction with people with disabilities, to try and gain legitimacy for the arguments contained within the social model of disability

within the eyes of the rest of society. According to Devine (1997), social construction theory “seeks to explain the process by which knowledge is created and assumed as reality” (p. 4). 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, Priestley (1998) claimed its use has its roots in the work of the Union of Physically Impaired Against Segregation (1976) and in the work of Vic Finkelstein (1980), both in Great Britain. These works “form the core assumptions” (Priestley, 1998, p. 80) for modern-day contributors in this area. Morris (1991) stated that this perspective takes the view that if people’s attitudes were to change and there was effective public policy that legislated for the removal of environmental barriers, then many of the problems associated with disability would disappear. This view is exemplified in the comments of Drake (1996, as 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. (p. 263)

However, Imrie (1997) himself argued strongly against this perspective. He claimed 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 claimed that the reverse, in fact, is 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, p. 270)

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.

Several authors have written on the subject of barriers to participation in sport for people with disabilities (e.g., Haywood, 1995; Henderson & Bedini, 1997; Kew, 1997). However, very few authors have approached this topic from a social model of disability perspective (Devine, 1997). It is my intention with this article, 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. To do this, I will attempt to highlight these effects through individual examples of how these perceptions have manifested themselves for individual members of the Great Britain Paralympic track and field squad who were 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 effects that this can have on self-perceptions for people with disabilities wishing to become involved in or progress within a chosen sport.

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 article, I discuss how the experiences of people with disabilities in these social interactions can affect 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 and therefore, by extension, the role they are willing to play in the area of sport and physical activity. 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 toward people with more severe or different disabilities from their own. Therefore, people with disabilities can still be disablist toward 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, particularly television, actually does this or whether, in fact, media coverage is a site of recreation and reinforcement of many of the negative attitudes toward disability that flow from the medical model discourse.

STUDY METHOD

BACKGROUND TO THE RESEARCH

The British Olympic Association (BOA) Athletes Commission Questionnaire (BOA, 1996a, 1998, 2000a) is given to every British sportsman and

woman returning from an Olympic Games. This is to find out what problems these athletes 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, medical issues, and so forth. The returned questionnaires are then analyzed, and a report is produced (BOA, 1996b, 2000b), which is then passed on to the 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 to enable the winning of more medals, the recommendations are intended to be written from an athlete or person-as-a-whole perspective. In this way, an attempt is made to look at the effects of their sporting careers on all areas of an athlete's life including future career prospects following retirement from sport. However, in relation to the Paralympic Games or disability sport, no such mechanism exists for identifying, monitoring, or examining any such problems that might exist among athletes with a disability. This is despite an increasing interest in and perceived importance of the Paralympic Games hinted at by increased levels of media coverage and greater funding for disability sport relative to when the first Paralympic Games took place in the early 60s. This is clearly a serious omission in our understanding of elite athletes and their experiences and needs. Consequently, it was decided to redress this imbalance through collecting data from 12 Paralympians who had taken part in the Sydney 2000 games.

However, rather than using the positivistic data collection approach favored by the BOA's commission, an alternative interpretative approach was adopted to gain a more in-depth view of the problems faced and the opportunities encountered by athletes with disabilities. The 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?

Clearly, all athletes with disabilities have had different experiences. However, 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 or alleviate these barriers, it is 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.

THE RESEARCH ITSELF

In line with current research in the field of disability, an emancipatory approach was adopted. Although it is generally accepted that the term *emancipation* refers to the collective freeing of a slave population, in a sociological context, emancipatory politics is "concerned with combating exploitation and oppression" (Jary & 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 personally feel that the struggle for a more just and fairer society than currently exists is a worthwhile one, I also feel it would be arrogant to believe that this research, on its own, could have this kind of effect. This research is more an attempt at consciousness raising or "cognitive emancipation" as Tinning (1992, p. 204) referred to it. The main reason for adopting an emancipatory approach is 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-participant relationship reported by authors such as Davis (2000) and Stone and Priestley (1996). The research that this article focuses upon utilized as its main data collection method the semistructured interview, which took a life history approach with particular reference to the sporting lives of the athletes. This article stems from research that focused on the sporting lives of members of the Great Britain Paralympic track and field squad that competed in the Sydney Paralympic Games between October 18 and 29, 2000. Through a series of in-depth interviews, which took a focused life history approach, an attempt was made to gain a greater understanding of the kinds of factors, both positive and negative, that had an effect upon the lives of these athletes in their attempts to become involved in and progress within their chosen sport. In line with current research in the field of disability studies, it adopts a social construction approach. Consequently, the results of the analysis are set within the social model of disability to try and highlight the impacts of the perceptions of disability embedded in the dominant medical model discourse on these athletes' lives.

The following is therefore drawn from the above-mentioned interviews with 12 Paralympic track and field athletes who competed in the Sydney 2000 Paralympic Games. The athletes interviewed were those who responded that they were willing to do so following an initial letter that went to every member of the track and field team from Sydney. Each interview lasted between 1.5 and 2 hours and was recorded onto audiotape and then transcribed in full. The interviews themselves, with the exception of two, all took place in the athletes' own homes to try and make them feel as comfortable as possible. For the remaining two interviews, one took place at a hotel in Nottingham where the athlete was at a training camp, and the other took place at Stoke Mandeville where the athlete was training. In both cases, a quiet, comfortable environment was found for the interview to take place.

All athletes were offered the use of a pseudonym wherever they might be quoted. However they all declined this offer and were happy to be quoted under their own names. I also attempted to follow the 6-point list of principles put forward by Stone and Priestley (1996) for what they termed an *emancipatory research paradigm* for nondisabled researchers within the field of disability studies. The aim of this was to give the athletes a greater say in the research outcomes and to make them feel less alienated throughout the research process. The participants included 2 blind athletes (Andy & Bob), 2 visually impaired (Mark & Steve), 3 wheelchair athletes (Deborah, Ina, & Richard), 4 with cerebral palsy (Chris, Hazel, Kenny, & Lloyd), and 1 amputee (Danny).

THE IMPACT OF NEGATIVE PERCEPTIONS OF DISABILITY ON SOCIAL INTERACTION IN RELATION TO PEOPLE WITH DISABILITIES

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 legitimization 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 marginalization 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 individuals' perceptions of people with disabilities and, as such, may form the basis for how they act toward 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 toward 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 toward 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 pointed 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. (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 2 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 toward 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, for 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* (as cited in Donnellan, 1998) claimed 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 toward 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 backpacking, 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 because of 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) stated that people with disabilities "are looked upon, identified, judged and represented primarily through their bodies, which are perceived in popular consciousness to be imperfect, incomplete and inadequate" (p. 185). 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 explained 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 that an acquired disability signifies a massive change in social status in the eyes of those around them. Indeed, Danny went on to state that

I had sort of one friend who sort of went completely out of his way to make sure I was always alright, and if we went out, he was the one who sort of worried about me if I'd gone to the loo and hadn't come back for 10 minutes. (Danny)

Although the friend's actions show an element of caring about his friend, it is unlikely that his friend would have reacted in the same way if Danny had not had his accident. 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 of 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) 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 to highlight its effect on perceptions regarding sport and the involvement of people with disabilities in sport.

SPORT AND DISABILITY

Devine (1997) claimed 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" (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, Hall, and Canabal (1988) claimed that part of the reason for this is that "there is no culturally recognised need for competition and sports beyond therapeutic programs" (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. "Yeah, 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 socialization as well as physical well-being) for fear that they might get hurt or are incapable of doing the activity (Thierfeld & Gibbons, 1986). Richard claimed 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.
(Richard)

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 6 and 16, Sport England (2001, p. 42) found that 19% of all those surveyed said that they did not take part in any sport because of inhibition or discrimination by the general public. 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, as cited in Hargreaves, 2000) summed this up when she stated,

The body in which I live is visible to others, it is the object of social attention. I learn about my body from the impressions I see my body make on other people. These interactions with others provide critical visual data for my self-knowledge. (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 2 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) put 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. (pp. 1-2)

In line with this, Hargreaves (2000) claimed 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" (pp. 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 become 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 individuals with disabilities who do require help to perform certain tasks within their daily lives can be made to feel like a burden by the actions (conscious or unconscious) of family, friends, and caretakers. 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 that people with disabilities are nonproductive members of society as reported by Middleton (1999) and Priestley (1998). This perception of being a burden and feeling 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, industrialized societ-

ies, 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) pointed 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" (p. 10). 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, pp. 220-221).

SELF-PERCEPTION AND SPORT

Kew (1997) attempted 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" (p. 112) thereby 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 sportswomen 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 learned 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 (2001, p. 42) survey of children with disabilities, 17% of the respondents cited their own impairment as the major reason preventing them from doing any sport.

However, this explanation of Kew's (1997) 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.

Interviewer: Why?

Ina: I don't know. I just thought it was stupid.

As someone who was able-bodied for the first 2 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, define their roles within that society in a way that suits the needs of those who uphold and reinforce the medical model perspective—that is, 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 the 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 percep-

tions 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. 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."

Interviewer: But those are CPs [cerebral palsied athletes], not intellectually disabled.

Ina: No, but it's still intellectually or mentally disabled isn't it?

Interviewer: They're not, the CPs. 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 label all people with disabilities as disabled and attribute the same meaning (usually that of the person with the 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 toward 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 an 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, as cited in Sherrill, 1986) who stated that "people with less stigmatized disabilities are often quite prejudiced against individuals who are more stigmatized" (pp. 23-24). 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 among 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 AMONG 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 sport awareness days (Lloyd), and disability-specific sport 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 toward the issue of disability. Several of the participants suggested things that might indirectly assist in this process such as more media coverage 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 among the participants in this research about what is the root cause of many of the problems they encounter on a daily basis. 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 cognizant of the mechanisms that result in many of the problems they face, then there would have been a far greater emphasis upon changing attitudes toward disability within society among their answers. However, this apparent lack of awareness among the interviewees is consistent with Lukes’s (1974) third dimension of power, which is most closely related to the ideas of Gramsci’s (1971, as cited in Drake, 1999) hegemony theory in which he stated that “the ascendancy of a class or group rests on its ability to translate its own worldview into a pervasive dominant ethos” (p. 14). Drake (1999) stated that in Lukes’s 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. In addition, Drake claimed,

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. (1999, p. 17)

The answers I received and described at the beginning of this section appear to bear testament to this claim of Drake’s (1999). 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, 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.

THE MEDIA AND ITS REPRESENTATION OF DISABILITY IN GENERAL

The lack of understanding toward and coverage of disability issues within the media is not limited to just disability sport but is prevalent in the coverage of disability generally. Haralambos and Holborn (2000) pointed out as a possible reason for this general lack of understanding and awareness that the people who hold senior positions in media organizations are mostly middle-class and usually older than their subordinates, and in addition to this, people with disabilities are highly underrepresented within such organizations. This leads to the situation whereby the dominant groups within society (usually White, middle-class, able-bodied males) hold the key positions within organizations 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, as cited in Haralambos & Holborn, 2000) cited 10 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. (p. 956)

Cumberbatch and Negrine highlighted that people with disabilities are rarely portrayed in a positive or constructive light. They claimed 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 appeared 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 plays 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, as cited in Haralambos & Holborn, 2000, p. 956) showed that people with disabilities appeared in 7% of their sample of television programs and accounted for 0.7% of all those who spoke. Reiser and Mason (1990, as cited in Barnes, 1994, p. 198) suggested 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.

MEDIA COVERAGE OF DISABILITY SPORT

In spite of the above, several of the participants claimed that media coverage of the Paralympic Games has slowly improved and increased over the last 25 years, although it is 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 in a Paralympic Games as long ago as 1980, claimed that 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.

Interviewer: 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 by them as objects of pity, this kind of patronizing 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 might 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) claimed 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 hours available of Olympic showing time on TV and there was 10? Ten or 12 of the Paralympics? That's the sort of discrimination that's going on. (Richard)

A BBC press release on the BBC Sport Web site dated January 9, 2000, confirmed the fact that the BBC intended to broadcast more than 500 hours of coverage from the Olympic Games. However, 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 Web site, 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, 2000)

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. Because 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 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 nonparticipating people with disabilities becoming aware of it or inspired to take part themselves. Because 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 2 to 3 weeks of the Paralympic closing ceremony. Bob felt 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 the world championship level, is neither interesting nor worthy of attention. Lloyd became a double world champion at this event at the age of 15 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 organization like the BBC, or on prejudice and lack of understanding among those in power is difficult to assess. This lack of understanding was clearly highlighted by the embarrassing situa-

tion 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 program 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 demonstrated a complete lack of awareness of the needs of people with a disability by those responsible for the show, even though the BBC is responsible for broadcasting the Paralympic Games. Lloyd suggested, however, that this embarrassing situation may have had a positive outcome:

Interviewer: 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.

Interviewer: 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 marginalized status of people and athletes with disabilities within the able-bodied community. The incident did receive some attention within the national media (e.g., *The Daily Telegraph*, Eden, 2000), 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 in a bad light.

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 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 internalizing 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 internalized 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.

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