

## Disability models

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Disability models: Explaining and understanding disability sport in different ways

by

Brett Smith and Andrea Bundon

The purpose of this chapter is to critically examine how we might explain and understand disability. Having a grasp on how disability can be explained and understood is vital for anyone working with disabled people in sport. This is because there are numerous ways to explain and understand disability and each way can, in turn, have profoundly different implications for sport, the lives of disabled people, and society at large. For example, how someone understands disability will, either implicitly or explicitly, inform what is prioritised to enhance athletic performance, what is left out in the pursuit of Paralympic medals, how athletes are supported over their life course, how research is carried out, how impaired bodies are represented in sporting organisations, the media, policy, and research, who and what is targeted in efforts to improve health, equity and equality, and how the damage often done to disabled people is undone.

Having an informed grasp on how disability can be understood is not, however, easy or straightforward. In part, this is because there are an increasing variety of ways to understand disability and no consensus on a way forward. Given this, concentrate efforts by first outlining four models of disability. These are the medical model, the UK social model, the social relational model, and the human rights model of disability. The medical model and social model are selected because as Fitzgerald (2012) noted in her sport research, “contemporary understandings of disability have come to be understood through two key models of disability, the medical and social models” (p. 244). The social relational model and the human rights model are focused on as together they begin to map some of the more emerging ways that disability might be productively understood within the context of sport and physical activity. After attending to each of the four models in turn, the chapter offers additional future directions for understanding disability, sport, and physical activity.

### Medical model

The medical model, or what is sometimes referred to as the individual model of disability, has historically been a dominant way of understanding disability. It defines disability as any lack of ability resulting from impairment to perform an activity within the range considered normal for a person (Thomas, 2007). Thus, in the medical model, disability is understood as ‘caused’ by parts of the body that are lacking or do not work ‘properly’. A medical model has often, either knowingly or unknowingly, underpinned how disability is perceived, described and depicted in various sporting contexts. For example, Brittain (2004) observed that disability sport is dominated by medical conceptualisations that affect disabled people at all levels, as disability sport administration is dominated by medical-related practitioners and disability sport classifies participants along medical lines. Howe (2008) further argued that perhaps the most important manner in which athletes are understood and governed is via the classification of disability sports, which is a largely medical practice conducted mostly by able-bodied people “that can lead to stigmatisation and alienation because it ultimately creates a hierarchy of bodies” (pp. 64–65). More recently in a broad overview of the history of the Paralympic Games, Legg and Steadward (2011) suggested that “a medical model in which sport was used for the purposes of rehabilitation” (p. 1099) dominated understandings of disabled people within contexts like the Paralympic Movement.

Despite historically being a common way to understand disability, the medical model has been heavily criticised. These critiques largely emerged from those within disability rights movements and were subsequently taken up and developed by academics working in disability studies. One problem of the medical model is that it relies on bio-physical assumptions of ‘normality’ to define disability. In relying on

this, the socio-cultural forces that play a major part in defining – constructing – what is ‘normal’ are overlooked and left unchallenged. This can have dangerous consequences including perpetuating a ‘normal’/’abnormal’ binary. There is the danger of defining disabled people as defective (i.e. ‘not normal’) and others (‘the normals’) as definitive or superior human beings who can assume authority and exercise power. As Meekosha and Shuttleworth (2009) pointed out:

How societies divide ‘normal’ and ‘abnormal’ bodies is central to the production and sustenance of what it means to be human in society. It defines access to nations and communities. It determines choice and participation in civic life. It determines what constitutes ‘rational’ men and women and who should have the right to be part of society and who should not. (p. 65)

Another criticism of the medical model of disability is that it locates the ‘problem’ of disability squarely within the body of the individual, rather than explaining disability as an artefact of society and challenging oppressive societal attitudes and structures (Goodley, 2011; Thomas, 2007). It has also been critiqued for depicting disability as inevitably a personal physical tragedy and a psychological trauma that should be overcome. In so doing, it paints a very negative picture of disability. For example, although disabled athletes do not necessarily see themselves in such ways and the picture is more complicated than presented by academics (Berger, 2009), it has been argued that Paralympians are often depicted in the media either as tragic victims of personal misfortune inspiring pity or as inspirational ‘supercrips’ who transcend their impairments through sport (Hardin & Hardin, 2004). The supercrip stereotype has been criticised as oppressive because it places the onus on disabled people to make heroic efforts to triumph over their physical or mental limitations, thereby casting disability as an individual problem (Brittain 2010; Howe,

2011; Peers 2009). In light of such problems with a medical model understanding of disability and the growing criticisms of it, alternative understandings have been developed. One of these can broadly be labelled the social model of disability.

#### The social model

The social model is sometimes talked about in the singular as ‘the social model’. However, it is worth briefly noting that there are different forms of the model. For example, there is the Nordic social relative model of disability. This model rejects the medical model dichotomy between illness and health. It sees the individual as interacting with their environment and, importantly, impairment and disability as interacting with one another on a continuum. The North American social model of disability, often referred to as the social minority model, sees disability not so much as the inability of the disabled individual to adapt to the demands of the environment or linked to impairment but rather as the failure of the social environment to adjust to the needs and aspirations of citizens with disabilities.

Derived from the Union of Physically Impaired Against Segregation (UPIAS), and underpinned by Marxism, the UK social model<sup>1</sup> understands disabled people as socially oppressed. It asserts that disability is not caused by impairment but by the social barriers (structural and attitudinal) that people with impairments (e.g., physical, sensory, and intellectual) come up against in every arena. In this regard, having a bodily impairment does not equate with disability. As Oliver (1996) famously stated, “disablement has nothing to do with the body” (pp. 41-42). Instead, and severing the causal link between the body and disability that the medical model created, disability is wholly and exclusively social. It is a consequence and problem of society. The ‘solution’, therefore, lay not in cures, psychological interventions, or physical adjustments to the impaired body. Rather improvements in disabled people’s lives

necessitate the sweeping away of social barriers that oppress people, and the development of social policies that facilitate full social inclusion and citizenship. Accordingly, as Owens (2015) notes, the UK social model is different from the Nordic social relative model in terms of links between disability and impairment. Whereas the former severs any link between impairment and disability, the latter sees impairment and disability as interacting with one another. The difference between the UK social model and the North American model of disability is that the latter uses a minority group rights-based approach, with political action being grounded on the individualisation of disability and identity politics rather than, as in the UK social model, a materialist focus on oppression at a more structural level than individual level.

Despite such differences, the social models of disability have in varying degrees been useful for many disabled people. For example, the social model has in many instances been used to successfully challenge discrimination and marginalisation, link civil rights and political activism, and enable disabled people to claim their rightful place in society. It has been a powerful tool for producing social and political change, for challenging the material problems experienced by many disabled people, and for driving emancipatory types of research, such as participatory action research. It has also been influential in producing anti-discrimination legislation in the form of various disability discrimination acts around the world, including in the UK, France, and America. Although certainly not perfect or always followed, these acts mean that disabled people in numerous countries should now legally have equal access to gyms, sport clubs, sporting stadiums, employment, and so on. When disabled people encounter the social model, the effect can also be revelatory and liberatory. Rather than seeing themselves as the ‘problem’ and the

‘solution’ traced to their own individual body, disabled people have been empowered by the social model to recognise that society is often the problem and that the removal of social barriers to their inclusion and participation in social life is what is needed.

Within the context of sport, physical activity and leisure studies, the social model has been drawn on to explain and understand disability. For example, Tregaskis (2004) provided some practical examples of how the social model can and has been used by disabled people to engage mainstream organisations and practitioners that were operating within individualised (medicalised) models of disability. She suggested that, because the social model focuses on external barriers to access and inclusion, it can depersonalise access issues and thus create an environment where disabled and non-disabled can work collaboratively to design more inclusive programmes without resorting to finger pointing, blaming or an ‘us’ versus ‘them’ mentality. In their research, Huang and Brittain (2006) likewise highlighted that many of the athletes they interviewed drew on social model understandings of disability and commented on various externally imposed barriers, be they environmental restrictions or those brought about by prejudice, that served to shape their sport experiences. More recently, in a review of disability sport literature, Smith and Sparkes (2012) noted that the ideas supporting the social model had been evoked to explain limited participation rates in disabled sport at community and recreational levels.

The social model also appears in the literature pertaining to the Paralympic Games and the Paralympic Movement. For example, Howe (2008) explained, that at least in the early years of the event, the Paralympic Games were often portrayed as regressive in the context of the disability rights movements that helped to create and advance the social model. The criticism was that sport, with its unapologetic emphasis

on bodily perfection, reproduced rather than challenged the medicalised view of disability that the disabled people's organisations had fought so hard to reject. The result is what Purdue and Howe (2012) have termed the "Paralympic paradox" (p. 194). This refers to the tenuous position occupied by impaired athletes as they are pressured to showcase their athleticism (distancing themselves from devalued, disabled identities) to able-bodied audiences and to simultaneously perform as athletes *with a disability* to disabled audiences as a show of solidarity with disability communities and disability rights agendas. Though not explicitly locating their work within a social model, Braye, Dixon and Gibbons' (2013) research also supports this argument in that their analysis of the opinions of disabled activists towards the Paralympic Games found that many in this group held a negative view of the Games that contrasted with an existing, yet overly positive, academic narrative of the 'empowering' and 'inclusive' potential of the event. Participants in this study were cynical of popular portrayals of the Games and Paralympic athletes as these misrepresent the wider population of disabled people. Braye et al. concluded that, for the disabled activists, the Paralympic Games are seen to be counterproductive to challenging oppression and disability rights beyond sport. In light of such findings, Bundon and Clarke (2015) added that the ardent adoption of the social model of disability by disabled peoples' organisations contrasted with the medical origins of the Paralympic Games in rehabilitation hospitals, explains in part the ambivalent relationship between the Paralympic Movement and the disability rights movement.

Whilst under the umbrella of the social model important achievements have been made, this model of disability has for many years been subject to numerous criticisms. Largely emanating from disability studies, critical disability studies, and the sociology of the body, these include the following. Firstly, it is argued a world

free of all physical barriers is idealistic partly because it is not practically possible to adjust the social environment or make changes within society that positively impact on all disabled people (Shakespeare, 2014). Secondly, the social model has been criticised for ignoring disabled people's lived experiences. In so doing, the 'personal is political' (or the 'political is personal') feminist slogan is left unacknowledged, people's 'private' accounts are artificially separated from 'public' issues, and the variety of lived experiences of impairment overlooked.

Thirdly, and related, the UK social model has been heavily critiqued on several levels for excluding the body (Hughes & Patterson, 1997; Thomas, 2007). By conceptually separating impairment from disability a dualism was created that resulted in treating the impaired body as simply biological and of little concern. In so doing, not only was the body left to medical interpretation, it was wrongly conceptualised as pre-social, inert, un-effected by culture, and isolated from people's embodied experiences (Hughes & Paterson, 1997). One upshot of this is that the agency of bodies is overlooked. Likewise the impaired body as a location of socio-cultural oppression during interactions is ignored, thereby leaving unchallenged and unchanged another way in which disabled people's inclusion and participation in social life can be restricted.

In light of such criticisms, for some (e.g. Shakespeare & Watson, 2001) the social model is an outdated ideology that needs replacing with a very different understanding of disability. For others (e.g. Thomas, 2007), the problems of the social model mean that rather than jettisoning it altogether, it needs further development. Before turning to more emerging ways of understanding disability, several thoughts regarding the social model and sport sciences are offered.

The critiques, and subsequent conceptual moves to go beyond the social

model, are particularly important when considered within the context of the sport and exercise sciences. This is because when a disability model is explicitly utilised in such fields as the sociology of sport, physical cultural studies, sport management, sport and exercise psychology and leisure studies, it is often a social model of disability.

Accompanying this use is, with rare exceptions, a silence surrounding the problems of a social model. It might be argued that such utilisation and silence not only raises questions about sport and exercise scientist's unreflexive engagement with a model that holds well established limitations. It also raises the question about how advanced the fields of the sociology of sport, physical cultural studies, sport management, sport and exercise psychology and leisure studies really are when it comes to understanding disability, physical activity and the Paralympics. For example, in fields like the sociology of sport and sport psychology, there have been calls for both a social model understanding of disability and a focus on disabled bodies. Such a call might be seen as problematic and fatally undermined by the contradictions that exist between the social model and a focus on the body. In other words, by calling for a joint focus on the social model *and* the body without engaging with the established tensions between the two, there is the danger of creating an understanding of disability that is grounded in a conceptual contradiction. Thus, it is vital that researchers engage with not just the limitations of the social model, but also other models that take into account concerns raised above. It is to two such models that we now turn.

#### The social relational model

The social *relational* model, as described by Thomas (2007), builds on the problems with the social model as well as the discontent with the individualist tradition in which the individual mind and bounded/autonomous self is considered the

fundamental atom of human life. Instead of conceptualising disability, disablism, or impairment as originating within the individual, the social relational model carves out a space of understanding in which these are reconstituted as a manifestation of social relationships. As Thomas (2007) argued, the study of disability should “engage both with social structure (order) and social agency (action), and should therefore accommodate analyses of social relations and social forces that construct, produce, institutionalise, enact and perform disability and disablism. The *lived experience* of both disablism *and* impairment should have its place, as should theorizations of impairment *per se*” (pp. 181–182).

Accordingly, the social relational model foregrounds disability as a social relationship between people and, importantly, expands how we understand *disablism* and *impairment*. Disablism, as articulated by Thomas (2007) in the social relational model (and important in Critical Disability Studies noted later here), is “a form of social oppression involving the social imposition of restrictions of activity on people with impairments *and* the socially engendered undermining of their psycho-emotional well-being” (italics added; p. 73). Conceptualised this way, the social relational model uniquely encompasses and extends disablism by proposing that people can experience several forms of social oppression (i.e. structural disablism *and* indirect or direct psycho-emotional disablism) and that these forms emerge not from the individual’s mind but instead out of relationships with structures and human beings. For example, psycho-emotional disablism can involve being stared at by strangers when in the gym, having jokes made about impairment during a football game, seeing denigrating images of impairment in coaching books, or having to deal with intended or unintended patronising statements made by others when out training for the Paralympics. The effects of such psycho-emotional disablism can be profound. Not

only can wellbeing be damaged, limits can be placed on what one *can do* and *can become*.

In addition to disablism, the social relational model makes room for impairment. This is done by introducing the idea of *impairment effects*. At its simplest, this refers to the restrictions of activity in the lives of people with impairment that arise directly from their impairments. For example, physical pain arising from an impairment can restrict what a Paralympic athlete can do in training and make them feel miserable as a direct consequence. In this instance of an impairment effect, it is the biological reality of impairment that restricts activity and harms psycho-emotional wellbeing, not social oppression. Yet, the picture can be much more complicated than this because often the impaired body is more than just a biological entity. Bodies are also experienced, socially constructed, culturally fashioned, and agentic. When this is accounted for, argued Thomas (2007) by way of what she termed a non-reductionist materialist ontology of the body, impairments can become a site for social oppression. The effects of impairment can spread beyond restrictions caused just by biology to the socially engendered undermining of participation in activities and wellbeing. When this occurs, the restriction of activity becomes another form of social oppression. Let us pause here to give an example. Imagine, for a moment, that an athlete in physical pain from an impairment tells her coach that she cannot train. If the coach fails to distinguish between the pain from impairment and the pain that accompanies training and ‘pushing oneself’ (which *real* athletes are expected to disregard [Young, McTeer, White, 1994; Young & White, 1995]) he will respond by saying that she must either train or leave the team, then there occurs an epistemic invalidation (Smith & Sparkes, 2008; Wendell, 1996) and the impaired body becomes the medium for the social enactment of oppressive practices.

In terms of the social relational model, here is another example of how the effects of impairments can restrict activities in a manner that becomes a form of social oppression, thereby going beyond the frequent reduction of impairments and restrictions of activity to the biological reality of impairment. Imagine an able-bodied tennis coach telling a retired wheelchair tennis player who wants to start coaching that they cannot *because* they are impaired: he or she cannot run around the court or demonstrate the standing serve, so they should not coach tennis to able-bodied people. Certainly the biological reality of the body does prevent these activities. Yet, when the coach *imposes upon* the spinal cord injured person what they can do or become *because* of their impairment, and potentially damages their psycho-emotional wellbeing as a result, he or she is not simply drawing on a set of social and cultural assumptions about what counts as a coach and which bodies should and can coach<sup>1</sup>. The able-bodied coach is also exercising power within a social relationship that results in disablism. That is, the effect of the coach interacting with a person who is impaired is oppressive. This oppression includes imbalanced personal relationships, social exclusion, and restricted autonomy and opportunities for growth for the spinal cord injured person. An example from disability, elite sport that highlights the importance of disablism in terms of constraining and enabling identity construction, wellbeing, social exclusion, and opportunities for dealing with sporting retirement can be found in Smith, Bundon and Best (2016).

Clearly, the social relational model is complex. However, for some (e.g. Shakespeare & Watson, 2010), the introduction of impairment effects actually over-complicates an already complicated situation in terms of understanding disability.

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<sup>1</sup> Not to mention ignoring the fact that at the elite level in any sport, few coaches are expected to demonstrate the skills that the athletes they coach are attempting to master. Imagine, for example, if being named a coach of an Olympic figure skater required that one being able to perform the same routine, quadruple lutz included, as the athlete they are coaching.

Although not applied to disabled people, Owens et al. (2015) added to this concern when they tried to use the concept of impairment effects and struggled to identify where the boundaries of disability and impairment began and ended. This said, they argued that analysing the public and private dimensions of living with a chronic condition enabled them to better ascertain where the boundaries lay. In rare examples of empirical work on disability, sport, and physical activity that drew on the social relational model, Smith (2013a b) too found it very complicated. But this way of understanding disability, he suggested, when coupled with other approaches provided useful insights into how people with an impairment can be socially oppressed and their psycho-social wellbeing damaged during interactions in ways that limit sporting options and a physically active lifestyle *even when structural barriers are absent*. In other words, because disability, impairment and disablism are complex then associated models or theories must illuminate the ways in which these complexities work overall (Goodley & Runswick-Cole, 2015; Martin, 2013). Accordingly, whilst the social relational model needs to be empirically studied much more, it holds various benefits. In contrast to a social model and a medical model, it conceptualises the inclusion of lived experience, psycho-emotional wellbeing, social oppression, impairment, and the body as simultaneously biological, cultural and social. Disablism is also theorised in complex ways. Certainly more dialogue within the fields of sport and physical activity on the social relational model of disability is needed (Martin 2013). The same can be said for the next model that we now attend to.

#### Human rights model of disability

Despite there being disability discrimination legislation in various countries, as Misener and Darcy (2014) remind us, by far the majority of countries have no such protection of their citizens with disability. They also add that even though the United

Nations recognised that the Universal Declaration of Human Rights was not offering adequate protection for disabled people and thus adopted the Standard Rules on the Equalisation of Opportunities for Disabled Persons (1993) to provide policy guidelines to help countries to better protect disabled people, these standard rules are not legally binding. As a result, pressure grew to develop a convention that would be legally binding on nations to improve and document the position of disabled people in society. To alleviate these concerns and recognise that disabled people have a right to access services from all areas of citizenship, including sporting opportunities, the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPWD; United Nations, 2006) was introduced.

In contrast to approaches like the World Health Organisation International Classification of Functioning, Disability, and Health (known often as the ICF), which focuses on the health condition of disabled people, the UNCRPWD is founded on social approaches that recognise disability is the outcome of social processes (Misener & Darcy, 2014). Unlike the social model and the social relational model though, the UNCRPWD is underpinned by eight principles. These principles are the essence of UNCRPWD. Together they capture how it understands disability, what actions should be taken to undo any damage done to disabled people, and what is needed to ensure that things like access to sporting opportunities is a basic human right that any person can claim. The principles are: (1) respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (2) non-discrimination; (3) full and effective participation and inclusion in society; (4) respect for difference and acceptance of disabled people as part of human diversity and humanity; (5) equality of opportunity; (6) accessibility; (7) equality between men and women; and (8) respect for the evolving capacities of disabled children and the

right of disabled children to preserve their identities (Misener & Darcy, 2014).

Grounded on these principles, the UNCRPWD has several Articles. For example, Article 30 of the Convention recognises physical activity, leisure, and sport as important parts of any person's citizenship.

Little research in sport or physical activity has drawn explicitly on a human rights model to explain and understand disability. A rare exception is the study by Darcy and Dowse (2013) that examined the experiences of Australian people with intellectual disability in a sporting context. They found that while people with intellectual disabilities with low to moderate support needs participate in sport, their peers with high to very high support needs were marginalised. According to Darcy and Dowse, the cumulative effect of this marginalisation and the constraints to participation in sport the people with intellectual disabilities experienced resonates with the key issues of inclusion and choice. They concluded that given the illusion of the egalitarian sporting myth, if sport marginalises this group then what hope do they have in other spheres of citizenship? Instead of disability in relation to sport being considered a “‘special need’, the United Nations Convention on the Rights of Persons with Disabilities clearly places sport within the usual activities of citizenship. The evidence presented highlights that people with intellectual disability seek the same considerations as their non-disabled peers – to participate – to have their issues recognised and to be afforded the right to have a go” (pp. 405-406).

Another rare example of a human rights based approach applied to sport can be found in Bundon and Clarke (2015). They highlighted that there are instances of disability sport advocates using the legal precedents won by disability rights activists to advance the practice of disability sport. One example noted was the 2006 Sport Canada policy titled ‘Sport for Persons With a Disability’ with the stated intent of

facilitating the full and active participation of disabled people through sport, and contributing to social inclusion through these activities. More recently in a study that examined spinal cord injured people's experiences of living in a care home, Smith and Caddick (2015) highlighted the socially oppressive nature of this home environment for people with a spinal injury and how, as part of this disablism, the care home severely restricted sporting participation and a physically active lifestyle. In making sense of all this, and to frame recommendations for policy change, they drew on not just the social relational model but also the UNCRPWD. Work by Townsend, Smith and Cushion (2016) on disability sport coaching offers further examples of how a human rights model can be applied to sporting contexts.

#### Additional future directions

In this chapter we have given a flavour of some of the ways in which researchers in sport and exercise might explain and understand disability. The four models presented are not though the only ways we might go about this process. For example, researchers might harness the revised World Health Organisation's International Classification of Functioning, Disability and Health (2001) whilst being cognisant of the numerous critiques of it (e.g., it is difficult to apply in daily practice and there are possible theoretical complications between the core of its concepts of activity and participation, ability and disability, and performance and capacity). Ideas offered by phenomenological scholars (see e.g., Leo & Donna Goodwin, 2014) or Goffman (see e.g., Darko & Mackintosh, 2016) might be drawn on for certain purposes. Also narrative inquiry has provided a fruitful lens to examine disability, sport, and physical activity (see e.g., Goodwin, Johnson, & Causgrove, 2014; Papathomas, Williams, & Smith, 2015; Smith, Bundon, & Best, 2016). It also is useful in terms of critically examining how researchers themselves help co-construct

research and need to respect embodied differences when doing research (Smith, Allen-Collinson, Phoenix, Brown, & Sparkes, 2009).

The work of Bourdieu has provided another fertile option for researchers to make sense of disabled people's lives within sporting and physical activity contexts (Fitzgerald, 2012; Purdue & Howe, 2012). For instance, drawing on Bourdieu's practice theory, Kitchin and Howe (2014) examined the effect of implementing a policy of integration of disability sport within mainstream cricket in England and Wales. The theoretical framework was applied to qualitative data generated from those responsible for the delivery of cricket or in the managing of sports partnerships from the mainstream cricket organisations. The findings of Kitchin and Howe suggest that integration was largely unsuccessful. Whether the policy sought true integration or whether mainstreaming was simply another modernising process seeking greater efficiencies from sport organisations was unclear. This said, they also argued that a number of institutional pressures from the external environments provided support for generating mainstreaming initiatives at management levels. Kitchin and Howe further suggested that their work demonstrated the suitability of a relational approach for conceptualising policy, its interpretation by sport managers and the implementation strategies that follow.

Another exciting possible way to understand disability lies within Critical Disability Studies (CDS) (Smith, Perrier & Martin, 2016). According to Meekosha and Shuttleworth (2009), Shildrick (2012), Goodley (2013), and Goodley and Runswick Cole (2015), CDS builds upon work done within disability studies, which largely just promotes the social model rather than diverse theoretical strands of enquiry. The introduction of the word 'critical' denotes a sense of self-appraisal; reassessing where we have come from, where we are at and where we might be going.

Further, these authors note, CDS start with disability but never end with it: disability is the space from which to think through a host of political, theoretical and practical issues that are relevant to all. To help do such work, critical disability scholars need to be open to using an eclectic range of theories and new lines of critical enquiry.

The emergence of CDS has resulted in a number of recent developments, many of which intertwine and relate. Together these developments also begin to map out what CDS 'is'. Synthesising arguments by Meekosha and Shuttleworth (2009), Shildrick (2012), Goodley (2013), and Goodley and Runswick-Cole (2015), these developments include: a shift in theorising beyond the social model; a reflexive awareness of the historical development of our own thinking; an openness to and dialogical engagement with ideas emerging from diverse cultures; a desire to produce more complex conceptual understandings of disability oppression; a call to challenge disablism (i.e. the social, political, cultural and psycho-emotional exclusion of people with physical, sensory and/or cognitive impairments); a move to challenge ableism (i.e. the contemporary 'normative' ideals on which the able, healthy, autonomous, productive citizen is based); the influence of disciplines previously on the outskirts of disability studies entering the field; attempts to challenge the dogmatic tendencies of some theories and theorists through reference to an eclectic mix of theories; advances by scholars that throw the spotlight on the community as the place to address issues of social change and wellbeing; the promotion of praxis (i.e. the intertwining of activism and theory); an examination of resistance and agency; accounts that show disability as possibility and affirmative (i.e. 'cripping' disability); a move away from the preoccupation with binary understandings like disability/impairment and individual/society; an emphasis on the impaired body as cultural, social, biological, fluid, lived and could be lived; the rise in cyber worlds, community membership

through diverse connections, and rhizomatic networks of relationships with others; and the merging of Marxist accounts with those from feminism, queer, post-colonial, critical men's health, discourse or narrative studies.

Clearly, CDS is necessarily eclectic. But what unites CDS scholars, Meekosha and Shuttleworth (2009) contend, is an agreement that disabled people are undervalued and discriminated against and this cannot be changed simply through liberal or neo-liberal policy and legislation. Scholars are also united in developing understandings of disability that go beyond just the social model by connecting with diverse theoretical lenses. Thus, as Meekosha and Shuttleworth propose, by making strategies of critique applied to disability issues explicit, CDS can contribute important empirical and conceptual scholarship to theory development and how we might understand disability. Of course, scholars wishing to connect with CDS cannot simply deconstruct through theory. In their critique of CDS (see also Oliver & Barnes, 2012), Vehmas and Watson (2012) argue that this is often a key problem. A commitment to changing very real oppressive practices and opening up possibilities for people to live in more meaningful ways is also needed in CDS. Indeed, as Goodley and Runswick-Cole (2015) stress, CDS is not a movement away from a catalytic and emancipatory focus; rather it seeks to produce new ideas that can inform activism and are informed by activism for the purpose of undoing some of the damage done to disabled people.

Although holding many benefits, such as seeking to theorise in diverse ways and challenge marginalisation in the name of disablism, viewing disability as not necessarily a tragedy but as affirmative, and asking what bodies can do rather than what a body is, CDS is still in its infancy. Few researchers focusing on sport and exercise have connected with it. A rare example can be found in Peers (2012) who

utilised the work of Foucault to analyse how she has been composed, and has composed herself, as a disabled Paralympian in an “attempt to open up new possibilities of imagining, narrating and doing disability otherwise” (p. 175). Further, Smith’s (2013 a b) qualitative research on disability, sport and physical activity connects with CDS in that it drew on an eclectic range of theories, such as narrative theory, relational sociology, and relational psychology, as well as the social relational model and critical gender studies, to generate an empirical, theoretical and politicised account of disablism, affect and human action as emerging not inside the individual with a fixed impairment but within social relations, the narratives that flow between actors, and changing embodied experiences.

Another rare example of work that has connections with CDS can be found in Norman and Moola (2011). Although they do not mention CDS directly, their work on Oscar Pistorius, cyborg transgressions and strategies of containment resembles calls within CDS to include analyses of the posthuman (see Goodley, Lawthom, & Runswick-Cole, 2014). Specifically, Norman and Moola use cyborg theory and the case of Oscar Pistorius, a former South African Paralympian, as lenses to explore the disabled body in contemporary sport and ‘doing’ disabled embodiment differently. In using these lenses they illuminate the troubling relationship that ableist Western culture has always had to disability and the various cultural interpretations through which it has been landscaped. At the same time, in undertaking this critical analysis of disabled sporting cultures and the case of Pistorius, and calling for a radical cyborg politics, Norman and Moola conclude that Paralympic athletes “will not be cast as anomalies, but, rather, a testament of how to rethink and disrupt the normative boundaries of ability, disability and modern sport” (p. 1276). More recently in their ‘first wave’ media study (see Millington & Wilson, 2016) McPherson, O’Donnell,

McGillivray, and Misener (2016) drew on the lens of critical disability theory to conduct a discourse analysis of representations of paraathletes before, during and post the Glasgow 2014 Commonwealth Games in print and online sources.

### Conclusion

How we explain and understand disability matters. For example, when a Paralympian is understood as an inspiration, and lurking behind this is medicalised perception of disability, a disabled life is too often depicted as a dire existence that only the most courageous could 'overcome'. In so doing, the Paralympics gets depicted less as a global sporting event or a political space where disablism can be challenged, and more a celebration of individual courage, heroism, and battling back warriors. This chapter has uniquely provided a flavour of various ways this explaining and understanding might be done. There are few, if any to our knowledge at the time of writing, resources within sport and exercise that have mapped in one place such a rich vineyard of models, approaches, and lines of inquiry for understanding disability. We hope that this chapter then acts as a resource to develop understandings in ways that go beyond a focus on just the medical and social model to include an explicit engagement with, for example, CDS. We contend that, as scholars and practitioners working in disability sport, we need to be equally committed to engaging with the topic of disability as we are to studying sport. It is also our hope that this chapter provides a springboard for others to map and use other emerging models, approaches or lines of inquiry not documented here so that the sport and exercise sciences, rather than producing outdated work, expands its repertoire for thinking of and understanding disability. We look forward rich dialogues.

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<sup>1 1</sup> The UK social model is neither a social theory in its own right (Thomas, 2008) nor, strictly speaking, for some (Owens, 2015) is it a model because it lacks the necessary ingredients to satisfy definitions of what counts as a theory or model. It may be closer to a concept. This noted, because it is commonly called a 'model' in the literature this term will be used throughout the chapter. We would encourage those within sport to unpack such definitional complexities further.