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(Dis)Abled bodies, gender, and citizenship in the Swedish sports movement

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Abstract

The aim of this article is to examine how the Swedish Sports Organization for the Disabled (SHIF) portrays disabled people. A text analysis of two policy documents, *Disability Sports Policy Programme* and *Sports Objectives – Summary of Aims and Guidelines for the Sports Movement* examines ways in which sports are supposed to affect people's bodies and contribute to society. Counter to its own aim to integrate disabled people, SHIF constructs such people as different and subordinated to able-bodied people, setting up an insurmountable boundary between the two groups.

Keywords: disability; sport; gender; citizenship; body; difference

Points of interest

- This article explores how the Swedish Sports Organization for the Disabled (SHIF) depicts disabled people.
- Similarities and differences in two Swedish sports policy documents, *Disability Sports Policy Programme* and *Sports Objectives – Summary of Aims and Guidelines for the Sports Movement* are explored.

It is stated that:

- The SHIF gives a negative picture of disabled people as pitiful, weak, in need of social integration, and a burden for the public finances.
- By not mentioning gender, the SHIF portrays disabled people as ungendered.
- The SHIF does not mention any possibility of positive contributions to society by disabled people.
- Disabled people are considered as passive recipients in the Swedish welfare state, instead of capable, active citizens.

Introduction

The aim of this article is to explore how (dis)abled bodies, gender, and citizenship are constructed within the Swedish sports movement, and the Swedish Sports Organization for the Disabled (Svenska Handikappidrottsförbundet; SHIF) in particular. An analysis of two policy documents, the *Disability Sports Policy Programme* (Handikappidrottspolitiskt Program, SHIF 2006) and *Sports Objectives – A Summary of Aims and Guidelines for the Sports Movement*, (Idrotten vill – en sammanfattning av idrottsrörelsens idéprogram; Riksidrottsförbundet [RF] 2009b), will compare how the effects of sports upon bodies and society are portrayed.

The Swedish context

Swedish sports are both a product and an effect of the social democratic hegemony that focused on the role of sport in bringing about societal inclusion and equality. It is organized as a ‘folkrörelse’, or popular movement, based on a combination of voluntary work and public financial support (RF 2002, 6). Within the same movement, children’s and youths’ sports as well as recreational and professional sports are organized. Sports sociologist Tomas Peterson (2000, 2008) claims that the Swedish sports movement is characterized by a balance between fostering democracy and encouraging competition. All popular movements in Sweden aim to cultivate democratic forms of social intercourse grounded in mutual respect, equal rights, and openness. They aspire to make these accessible to all people, regardless of gender, class, religion, or ethnicity. For society, the most important role of sport is the fostering of democratic citizens, and the creation of meaningful activities for children and youth. On the other hand, competition is inherent in the logic of sport, which involves striving towards improved individual performance, being selected by a coach, ranking, and elitism (Peterson 2000, 148–50; 2008, 5,6; Trondman 2005, 225).

Swedish disability sport is organized within the larger Swedish sports movement, but differentiates itself when it comes to competitiveness and democratic elements. According to historical writings on international disability sports, their original aim was neither competitive nor democratic. The physician Ludwig Guttman at the Spinal Injuries Centre at Stoke Mandeville Hospital in Aylesbury, England, is often considered the central figure in this area, although there have been other agents and earlier competitions (Bolling 2008, 31; DePauw 1999, 50; Hargreaves 2000, 180; Peers 2009,

656; Östnäs 2003, 2). In 1944 Guttmann introduced sports as rehabilitation and recreation for soldiers and civilians who had been injured in World War II. These were mostly people with amputations or spinal cord injuries who used wheelchairs. The first Stoke Mandeville Games took place 1948 and became an annual event. International competition began in 1952 and was a forerunner to the Paralympics. The games were regarded as part of patient therapy that provided physical, psychological, and social rehabilitation. The identity of being disabled was underlined: 'It was their *disabilities* that created a sportsworld specifically for them – separate, spatially and symbolically, from the “real” world of sport outside' (Hargreaves 2000, 181; original emphasis). Thus, a medicalized view characterized the emergence of disability sports, underpinned by a classification system based on impairment or medical diagnosis. This classification system has since changed, and is now based on functionality instead. But earlier researchers show that within media a medicalized view of disability sports is still prevalent, both in Sweden and internationally. The diagnosis (in the case of a congenital impairment) or the accident (in instances of acquired impairment), as well as the subsequent rehabilitation, are the concern, rather than sporting achievements (Hargreaves 2000, 203; Wickman 2007, 6, 10). However, as pedagogue Kim Wickman points out in a paper on wheelchair racers, when disabled athletes themselves are interviewed by Swedish sports media, the stories that emerge are focused more on their performance (2007, 6).

The development of the Swedish disability sports movement can be seen as part of the formation of *folkhemmet*, 'the people's home'. The preparatory work during the 1950s and 1960s was clearly inspired by Guttmann's ideas (Östnäs 2003, 7). However, the Swedish Sports Confederation (Riksidrottsförbundet, RF) originally did not want to organize disability sports, arguing that that should be done by the disability movement (Fellers 2010, 11). In fact, disability sports were organized in 1962 by the Swedish Federation of Disabled Persons (DHR), a national association for people with mobility impairments. In 1969 the government report *Sports for All* cited the importance of disability sports. In the same year the Swedish Sports Organization for SHIF was founded and became one of 70 specialized sports federations within the RF.

Theoretical and methodological reflections

As the analysis of the connection between identity and difference has been central to the field of sociology, sociologist Avtar Brah has introduced the concept of difference as social relation. She refers ‘to the ways in which difference is constituted and organized into *systematic* relations through economic, cultural and political discourses and institutional practices’ (Brah 2001, 467, original emphasis). Thus, social relations involve the macro level – global or national economic, cultural, and political matters; and the micro level – such as in a sports association, a workplace, or a household (2001, 468). Brah continues:

Some constructions of difference, such as racism, posit fixed and immutable boundaries between groups signified as inherently different. Other constructions may present difference as relational, contingent and variable. In other words, difference is not always a marker of hierarchy and oppression. Therefore, it is a contextually contingent question whether difference pans out as inequity, exploitation and oppression *or as* egalitarianism, diversity and democratic forms of political agency. (2001, 475, original emphasis)

Thus, constructions of difference are not negative *per se*. Questions concerning the process of Othering, who defines difference, the underlying norm necessary for difference to be constructed, and which practices and policies the discourse of difference legitimize, must be raised (Brah 2001, 465–67).

Policy documents have a vital function in the Swedish welfare state on all levels. The *Disability Sports Policy Programme* (SHIF 2006) is the only existing policy programme for the SHIF. It is committed to identifying areas in urgent need of improvement in order to assist government, county councils, and municipalities in their decision making. Seven areas have been indicated: disability sports research, sports in schools, sports prescribed by doctors, outdoor and indoor environments, assistive technology for sports and recreation, transportation, and laws of privacy. For comparison ‘Sports Objectives – A Summary of Aims and Guidelines for the Sports Movement’ (RF 2009b) will be considered.ⁱ

Sports Objectives (SO) is a joint policy document for all Swedish sports federations and clubs. Basic values and aims are presented, as well as guidelines for the

organization of sports activities. Some of the specialized sports federations, according to their web pages, follow the guidelines in *SO*, while other federations have their own policy documents with names like *Swedish Basketball Objectives*. Since these policy documents clearly follow *SO* I have chosen to analyse the original document. Since the *Disability Sports Policy Programme* is shorter (2102 words) than *SO*, I will use the abbreviated version of *SO* (4601 words) for my comparison.

The goals of the two documents differ slightly. While the *Disability Sports Policy Programme* is externally directed towards government, county councils, and municipalities, *SO* is an internal document intended for specialized sports federations and local clubs, as well as municipalities who are drafting local sport policies (RF 2009a, 5). Hence, both have a societal impact since they are used as a basis for decisions affecting people's everyday life. Central in the policy programmes are also the effects of sport upon people's bodies.

The analysis explores how disability sports and disabled bodies are described in the *Disability Sports Policy Programme*, and then examines *SO* to determine similarities and contrasts. Finally, the two programmes are compared.

Analysis

Main goals: Disability Sports Policy Programme

In the opening paragraph of the *Disability Sports Policy Programme* rehabilitation and social integration are presented as the main goals for disability sports, in addition to reduced public expenditures:

There is hardly any other activity working to such a great extent for rehabilitation and social integration of disabled people as disability sports. It has beneficial effects for society in the form of lower expenditures for care and [other] social programmes. (SHIF 2006, 3)ⁱⁱ

Since SHIF organizes people with physical, visual, and intellectual impairments, it is notable that only rehabilitation (re-establishing lost function), and not habilitation (cultivating new abilities in people with congenital impairments) is mentioned in the policy introduction. Furthermore, disabled people are viewed as being outside of society and in need of social integration. Finally, they are represented as an economic burden to society that can be alleviated by sports. The programme takes the United Nations' Rule

11 from *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* as its point of departure. The rule begins: ‘States will take measures to ensure that disabled persons have equal opportunities for recreation and sports’. Thus, while the United Nations’ decrees equal opportunities for participating in sports, the *Disability Sports Policy Programme* adopts a neo-liberal way of arguing in terms of costs and utility. Disabled people are also assumed to be receivers of care (to which we will return below).

Under the heading of ‘School Sports’, health is discussed:

Often they [disabled pupils] cannot even participate in the [physical training] classes. This easily brings about a negative experience of physical activity, which can result in a passive way of life, with ill-health as one consequence among many. . . . If they are able to take part in games and play activities and experience all the positive things that sports can entail, they will probably acquire a positive experience of physical activity. If so, this will contribute to an active and healthy way of life, which leads to physical well-being, increased independence, and improved quality of life. With the support of a well-developed sports movement, such a programme within schools will be an effective tool for rehabilitation and habilitation, while also generating great savings for the public treasury. (SHIF 2006, 5)

The statement above takes for granted that activity is conducive to health, and inactivity leads to ill-health. Furthermore, physical activity is solely equated with sports, disregarding other activities, such as walking the dog beside your wheelchair, making love, vacuuming the house, or dancing. In the quotation above, the starting point for disabled people seems to be a zero position, somewhere between health and ill-health, or activity and passivity. Independence is cited as an element of the good life.

There is an ongoing debate within disability research concerning dependence versus independence. On the one hand, the assumption that a disability inevitably leads to dependence is strongly criticized (Thomas 2007, 96; Morris 1995, 87). It is argued that needing to be cared for is reinforced by healthcare professionals and institutions of medicine and social work (Thomas 2007, 97). Furthermore, being independent is often defined as being able to do everything oneself, while the disability movement defines it as being able to choose and control the assistance one needs (Morris 1995, 68). On the other hand, distinguishing between the caregiver and the recipient of care is an

oversimplification of the more complex reality of reciprocal relationships (Morris 1995, 90–1). The societal ideal of independence has been subjected to question, and a shift to social values of interdependency and reciprocity has been advocated (Wendell 1997, 273). Finally, the decreased cost to society is again evoked.

To develop the essential research on disability sports in Sweden and contribute to the (above-mentioned) positive effects for the individual and society, a prioritisation of the field of research and the provision of resources are required. . . . An increased investment in disability sports research in Sweden will contribute to greater functionality, independence, and health for people with disabilities. Thus, this will also lead to great savings for the public finances in comparison to a very moderate investment. (SHIF 2006, 4)

This declaration is somewhat more positive than the previous one. Disabled people are attributed some ‘functionality, independence, and health’, which can be increased. Again, sport is equated with health, and independence is mentioned but not further defined.

The ‘weak’ disabled body

Under the heading of ‘Assistive Technology’ the discussion about the disabled body is further pursued.

It is no overstatement to say that to a great extent disabled people have an immediate need to improve their physical status and to master assistive technologies necessary for mobility. Wheelchairs, crutches, etc., demand strength that must be acquired. Training solely to facilitate the mobility of one’s own body is the first prerequisite to having a tolerable existence. (SHIF 2006, 8)

First, it is stressed, that disabled people are in acute need of improved physical status. The starting point is a negative assumption: disabled bodies are constructed as weak. Such an assessment might be true if an individual had suddenly become paralysed in an accident and needed improved upper body strength to be able to use assistive technology. But there is no reason to assume that people with congenital physical,

visual, or intellectual impairments are weaker than anyone else. Secondly, the improved physical status cited is for the purpose of being able to move one's own body and thus attain 'a tolerable existence'. A minimum level is thus stipulated, beginning at which (but not before) disabled people are assumed to be truly living. Again, this might have relevance for people with newly-acquired impairments who are unable to use assistive technology, but certainly not for all disabled people. Another consequence of this reasoning is that people whose movements are restricted are assumed to have an intolerable existence.

Only once, in a discussion of top-level athletes, are disabled people referred to in positive terms:

Many talented disabled male and female athletes are effectively hindered from improving themselves and participating in their sport because purchasing the special sporting equipment needed is so expensive. Talented disabled people of this kind ought to have the same right as everyone else to aspire to the highest achievements. (SHIF 2006, 9)

In the context of describing the disabled body as weak, with the attendant risk of illness and inactivity, the accomplished athlete becomes an exception.

Expertise

Twice expertise is invoked with regard to disability sports organizations. First, under the heading of 'Indoor and Outdoor Environments', municipalities are encouraged to consult 'the expertise to be found within disability sports organizations in designing new sport facilities'. (SHIF 2006, 7) The section on 'Assistive Technology for Sport and Recreation' states: 'The Sports Organization for the Disabled has people with sound expertise on how those who are disabled may participate in a target-oriented activity and at a level appropriate to their physical ability'. (SHIF 2006, 8) However, it is unclear whether this refers to the expertise of disabled individuals (thereby regarding them as a resource in society), or to able-bodied professionals and experts working within the organization.

Main goals: Sports Objectives

The active, performing able body

SO begins on a positive note:

Sport is physical activity that we do in order to have fun, feel good, and perform better. (RF 2009b, 4)

In professional sports, peak performance and a winning record are the guiding principles. In amateur sports undertaken for exercise, feeling good and improved health are the goals, even if performance and winning often serve as an incentive. (RF 2009b, 5)

We want to organize sports on all levels in order to positively develop people physically and mentally, as well as socially and culturally. (RF 2009b, 8)

One of the aims of sports, and the reason many go in for them, is improved health. Physical activity contributes to better health throughout one's life – for the elderly as well. (RF 2009b, 12)

The values inherent in sport – feelings of solidarity, a sense of well-being after one's own performance, and sometimes the sweet taste of victory – are . . . the same, regardless of the level you are on. (RF 2009b, 21)

Therefore, sports may have multiple objectives: improved health, positive physical, mental, social, and cultural development, general well-being, and enjoyment. The terms 'performance' and 'results' are frequently encountered in *SO*. Well-being and victory are values inherent in sports. Improved performance and success in competition are considered a source of motivation on lower levels, while on the highest level they are the guiding principle.

The body is a primary focus of sports policy:

Physical development

The body is created for activity. . . . Hence, sports are good for the development of human beings. Through sports we train and develop the body so as to feel good and improve our performance – something that carries over into everyday life. In this way, sports are of great importance for public health. (RF 2009b, 8)

Since activity is a necessary function of the body and sport is defined as physical activity, sport is considered inherently good for human beings. Earlier Swedish researchers have questioned this simplified picture of sport. For example, sociologist Mats Trondman conducted a quantitative study on behalf of the Swedish National Board for Youth Affairs on whether Swedish organized sports for youths are achieving the goals of governmental sport policies regarding democracy, participation, and public health (2005, 11). One of Trondman's conclusions is that sports associations, as socialization environments for youths, generally do accomplish those objectives, especially in the case of girls' sports. However, team sports for boys show elements of sexism, homophobia, attitudes toward alcohol inconsistent with government policy, the use of coarse language in the locker room, cheating, leaders who violate rules by encouraging rough play, and coaches who show favouritism to some players (Trondman 2005, 218–9). This is confirmed by several Swedish qualitative studies regarding sexism and homophobia, in addition to ethnologist Jesper Fundberg's (2003) discussion of racism in team sports for boys and sociologist Jesper Andreasson's (2007, 139–40) in adult male sports.

Some negative factors discussed in *SO* include 'cheating, doping, unwarranted expenditures, bullying, harassment, and violence on the playing field and outside', and injuries (RF 2009b, 7, 12).

At one point *SO* discusses disabled people:

The goal of sports for all is valid for disabled people, too. Physical training can be especially important for these since their opportunities for natural movement in everyday life are often limited. Accessible public sports facilities and local communities are necessities in order that all disabled people may have an opportunity to participate in sports according to their qualifications and level of aspiration. (RF 2009b, 11)

In the above quotation the disabled body is not constructed as inherently weak. Instead, limited opportunities are the fault of society.

Gender equality

In *SO* gender equality is mentioned several times, along with the terms *women*, *female*, *men*, *male*, *girls*, and *boys*, in slightly different combinations:

Everyone should have the same opportunity to participate in sports, regardless of gender. This requires female and male sports to be valued and prioritized in an equivalent way, and resources to be equitably distributed. All planning of sports activities should be carried out with a conscious gender equality perspective. It is important to share the responsibility for this by considering both women's and men's experiences and values as leaders on all levels within the sports movement. Tasks should be distributed and arranged so that both men and women can take part. (RF 2009b, 11)

A gender perspective is required within research and education as well:

The need of further investment in research and development on women and sport from a women's perspective should be stressed. . . . Education in matters of gender equality should be part of all forms of education for female and male leaders, coaches, and staff employees within the field of sport (RF 2009b, 27)

Finally it is stated: 'The Swedish sports movement shall strive to promote increased gender equality within the decision making bodies of international sports organizations' (RF 2009b, 33). Thus, gender equality is to become a mainstream concern that permeates all activities on every organizational and educational level. Furthermore, Sweden should undertake to spread this internationally.

Assets in a democratic society

The societal importance of what Peterson (2000) calls fostering democracy is emphasized in *SO*. 'Active and forward-looking popular movements and vital club activities', it proclaims, 'are indispensable assets in a democratic society'. Since the sports movement is the largest popular movement in Sweden, it represents a 'unique force in this endeavour', especially for children and youth (RF 2009b, 15).

Almost all children and youth in our country join sports clubs at some time in their lives. This gives sports leaders, next to the family and the school, the greatest opportunities to influence and nurture young people and thereby contribute to the positive development of society. (RF 2009b, 28)

Sports are here placed on an equal footing with two main socializing institutions: family and school. How this cultivation of the young works is further developed under the heading of 'Democracy':

An important part of the sports movement's democratic fostering is that every member, according to their age and qualifications, can have an influence by being responsible for themselves and their group through democratically run meetings and in daily training and competition. This is especially the case with regard to children and youth, who in this way receive early training in the basic rules of democracy through sports clubs.
(RF 2009b, 10)

By assuming responsibility in the organization and helping to run the sports programme, children and youth get a chance to participate in decision making and learn to function in a democratic environment. Sports are regarded as a way to guide the young toward responsible citizenship.

Besides encouraging democracy, the sports movement contributes to society by creating identity on a local level. Under 'Cultural Development' *SO* argues that: 'Through their activity they [sport clubs] contribute to the development of the region and create a valuable sense of identification with the neighbourhood' (RF 2009b, 9).

Finally, in discussing 'Social Development', it is noted: 'The feeling of belonging in the club runs counter to peoples' isolation' (RF 2009b, 9). Being a participant in the sports movement gives one a sense of belonging.

Comparison of two programmes

(Dis)Able bodies

Two different kinds of bodies appear in the two programmes. The picture of the disabled body is ambivalent. The natural state presented as characteristic of the disabled body is weakness. It is seen as a dependent body, living less than a tolerable existence, in need of rehabilitation, and at risk for ill-health. Sports aim at reducing the negative. Consequently, performance and winning are never mentioned in relation to the disabled body.

The picture of the able body is a positive, healthy one. It is depicted as one created for activity, delighting in sports, and having the potential for physical and mental development. The able body engages in competition, improves its performance, and wins athletic events. The negative risks that exist in sports, such as doping, harassment, and violence neither originate from nor are inherent in the able body, in contrast to the weakness, passivity, and ill-health presumed to be in the disabled body. Curiously, the only time disabled people are mentioned in *SO*, the disabled body is not constructed as inherently weak, but as restricted by an inaccessible built environment.

Brah states that: 'Some constructions of difference . . . posit fixed and immutable boundaries between groups signified as inherently different' (2001, 475). This is the case in both documents. There is no continuum between the two types of bodies that are described. The strong, able body is the norm, against which the pitiful, disabled body is depicted. The word 'pitiful', although not employed in the *Disability Sports Policy Programme*, typifies its attitude.

Gender

SO prescribes gender equality for all activities and on all organizational levels. But the words gender equality, women, men, girls, or boys are also not used in the *Disability Sports Policy Programme*. Since the aim of the programme is to point out areas in urgent need of change, omitting a discussion about equality of opportunity between girls and boys, and women and men, may be taken as a sign that the federation considering gender equality relatively unimportant. As a consequence, the subordinate position of women within disability sports is not addressed, and the SHIF thereby contributes to a discourse of seeing disabled people as ungendered (Malmberg 2002; Reinikainen 2004, 258).

Societal importance

Disabled people are described as recipients of care and as an economic burden to society in the SHIF programme. Counter to United Nations' decrees about equal opportunities for participating in sports, neoliberal arguments about lowering expenditures and societal utility are used. It is also maintained that the expertise disability sports organizations possess is an important resource for municipalities in planning and designing sports facilities. However, what is not explicitly stated is that this expertise is to be obtained by consulting disabled people.

Furthermore, disabled people are characterized as in need of social integration, echoing the risk mentioned in *SO* that people outside the sports movement become isolated. However, whereas social integration is one of the most prominent goals of the *Disability Sports Policy Programme*, isolation is only mentioned once in *SO*.

The capacities and potentials of disabled people as active, responsible citizens are disregarded by the SHIF. Disability researchers Helen Meekosha and Leanne Dowse confirm this, observing that ‘The public imagination conceives of most people with disabilities, especially women, as passive citizens. They represent a source of increasing demand for services in an environment of ever-diminishing state and public finances’ (1997, 59). This could be connected to the omission of a discussion on gender, too: while gender mainstreaming is a strategy for promoting equality amongst Swedish able-bodied citizens, disabled people are constructed as being outside normal citizenship and positioned on the fringe of society. Feminist, literary, and disability studies scholar Rosemarie Garland-Thomson has written that within the liberal tradition the ideal human being is structured by

four interrelated ideological principles . . . self-government, self-determination, autonomy, and progress. Such a self-image parallels the national ideal in an individualist egalitarian democracy that each citizen is a microcosm of the nation as a whole. A well-regulated self thus contributes to a well-regulated nation. However, these four principles depend upon a body that is a stable, neutral instrument of the individual will. It is this fantasy that the disabled figure troubles. (Garland- Thomson 1997, 42)

Garland-Thomson thus exposes the notion of an ideal citizen with an able, controllable body as a ‘fantasy’. In the *Disability Sports Policy Programme*, disabled people are constructed as passive recipients of rehabilitation, care, and social support. As such, they are unable to contribute to cultural development or to a democratic society.

Brah uses the concept of ‘difference as social relation’ on the macro and micro levels. The *Disability Sports Policy Programme* addresses government, county councils, and municipalities, and has political, economic, and cultural effects on both levels by influencing social policy priorities. Furthermore, the negative construction of difference in the policy document has effects on a macro level by legitimizing the separation of disability sports from the rest of the sports world and promoting the focus of sports

media on diagnosis instead of athletic performance. On a micro level, the same policy influences how disabled bodies are perceived in everyday life, that is, as lamentable and positioned outside society. Thus, the SHIF goes counter to its own aim to include disabled people and integrate them in society.

Conclusion

Descriptions of disabled people as weak, in need of social integration, and burdensome to public finances, as suggested by the SHIF programme, perpetuates old stereotypes. By not mentioning gender in the document the SHIF also contributes to a discourse which regards disabled people as ungendered and to the further exclusions of disabled women from sports. Finally, by omitting democratic fostering and any possible positive contributions to society, the SHIF constructs disabled people as passive recipients in the Swedish welfare state instead of capable, active citizens who are valuable assets to society, including the world of sport.

ⁱ The document analysis in this article is part of the author's dissertation, which deals with how young women with physical impairments relate to their own bodies and to the field of sport. The analysis is embedded in a critical dialogue with the informants, through interviews, video diaries, and participating observations.

ⁱⁱ All translations are by the author.

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