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Interrogating disability: The (de)composition of a recovering Paralympian

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Danielle Peers is a Ph.D. student, Trudeau scholar and Vanier scholar who studies the relationship between disability sport and social justice movements. Since retiring from the Paralympic team, Danielle coaches and programs wheelchair basketball at local and national levels, makes and tours activist films, and imagines and agitates for more creative, critical and inclusive communities.

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In this autoethnography, I weave personal narrative with Foucauldian and critical disability theory in order to interrogate the role of parasport in the formation, disciplining and internalizing of my own (in)coherent disabled, Paralympian identity. The paper begins with an interrogation scene: a composite of the many times that I have had my body and my disability questioned. I then move through ideas of truth, story telling, disability, power and subjectivity, borrowing strongly from the theories of Michel Foucault (1990, 1995, 2003) and to a lesser extent, the works of literary authors, disability scholars and scholars of disability sport. The body of this paper continues weaving these earlier influences throughout autobiographical stories of diagnosis, classification, basketball games, media interviews, conversations, internal struggles and attempts at resistance: stories of how I have been composed, and have composed myself, as a disabled Paralympian. In particular, these two sections draw heavily from Foucault's conceptualization of the confessional, the examination and the Panopticon. The paper then moves towards ideas of de-composition (McRuer, 2006). That is, it explores the critical and political possibilities of deconstructing and reimagining dominant narratives of disability, and of disability sport. Finally, I end with a return to the same interrogation scene with which I began this paper. In so doing, I attempt to de-naturalize and to de-compose the dominant stories and practices of disability; I attempt to open up new possibilities of imagining, narrating and doing disability otherwise.

Keywords: Paralympics; Foucault; autoethnography; critical disability studies; disability sport;

The interrogation

It is dark here. I am alone, or at least, I feel alone. It feels like years since I have been here: since they have been asking me the same questions; since they have been trying to figure out who, exactly, I am. Am I the innocent victim? Their hostile witness? Their suspect? The criminal-cheat? I am finally broken down. I give up. I am ready to confess the truth... I'm just not sure

which truth to tell.

The door slams shut, and a body ambulates into my space with an uncomfortably even bipedal gate. I wince. Another normate¹. Was it too much to hope for the smooth glide of rubber on cement, the rhythmic quadruped clicking of crutches, or the tap-tap-tapping of a cane?

The light is in my eyes and I am tired. I can't tell who it is this time: is it the reporter? The classifier²? The doctor? Is it you, reader? The achingly familiar questions cut off my line of thought. The interrogation begins: 'what did you do to yourself?'

I pause, stumbling on how to start. The voice sighs, turning impatient at what it can only read as belligerence. I know they are expecting an origin narrative: a traumatic story with sirens and scars; a firm date etched onto my body and into my mind.

'When did you become disabled? How did it happen? What's your disability, anyways? Is there a cure?'

I start as close to the beginning as my mind can reach. 'There was an accident,' I begin, 'It was about a hundred and twenty years ago...'

Creation stories

'There is a story I know,' begins Thomas King (2003, p. 1), 'it's about the earth and how it floats in space on the back of a turtle.' This is the beginning of an origin narrative, a creation story about the earth, which King follows with other creation stories: Aboriginal stories, Christian stories, personal stories, family stories, stories of racism, stories about stories. These are all creation stories, King helps the reader understand, not (only) because we use them to tell of how our selves and our worlds came to be, but because, in telling them, we create meaning about our selves and our worlds. In so doing, we create selves and worlds. 'The truth about stories,' King

tells us, 'is that that's all we are' (p. 2).

Disability has its own creation stories: stories about where disability comes from; stories that give meaning to disability; stories that create disabled³ people, disability truths, disability experts and entire disability industries (Clare 1999, Snyder and Mitchell 2006, Titchkosky 2007). Eugenic stories, for example, create racial degenerates, institutions in which to incarcerate them, and policies and experts to sterilize and/or exterminate them (Snyder and Mitchell 2006). Through genetic stories, newly created genetic experts create a series of tests and procedures to eradicate the would-be-disabled from being born: they create carriers, risk factors, disabled fetuses, and genetically cleansed populations (Waldschmidt 2005). Biomedical stories of disability are tremendously creative: they create a whole host of experts who are charged with creating and narrating truths about bodily abnormalities that are only readable in relation to norms that these experts, themselves, have created (Shogan 1998, Tremain 2006). In so doing, these experts, and their stories, create people *with* disabilities (Shogan 1998, Stiker 1999, Tremain 2006). This spurs on a whole new set of stories about how these people (and their disabilities) can (and should) be normalized. These stories inspire the creation of entire industries for normalizing and treating abnormalities: surgeries, drugs and rehabilitation procedures designed to cure, or at the very least to manage, disability. These treatments discipline and shape the disabled subject into an increasingly normalized, productive and docile form; they create people who are increasingly tied to their disabled identities, to the processes of normalization, and to the truths and expertise of biomedicine (Sullivan 2005). We narrate and create disability, through each of these three disability stories, in order to contain, discipline and eradicate it. Stories can be dangerous things, King (2003, p. 10) warns, 'you have to be careful with the stories you tell.'

Of course, there are also some creation stories that are narrated by communities whose members experience disability: stories about how cultures create disability through ableist architecture, laws, institutions, and ideas (Shogan 1998, Clare 1999, McRuer 2006, Snyder & Mitchell 2006). These stories serve to create accessible buildings, rights legislation and social movements. These stories create new ways of telling disability stories: new ways to understand and to create our selves and our worlds.

In the world of competitive disability sport, or what I henceforth call parasport⁴, we love to tell stories about our origins. We tell stories about heroic, white, able-bodied biomedical doctors who invented new sports to save poor, useless disabled war veterans (Peers 2009a, 2009b). We tell stories of the tragic diseases and accidents that created the biomedical disabilities in our athletes' bodies (Howe 2008, Peers 2009a). We tell inspirational stories about the heroic, hyper-able disabled athletes who have used sport to overcome their tragic biomedical disabilities and to live more normal and productive lives (Clare 1999, Hardin and Hardin 2004, Titchkosky 2007). We, as athletes, hear these stories in newscasts, we read them on parasport websites, and we are asked to repeat them every time we take up a new sport, every time we are classified, every time we are interviewed by the media, every time we are asked what we do and who we are. We are asked to tell the truth about our disabilities and their origins. We are asked for our own personal creation stories... but do we ever ask ourselves where these stories come from? Do we ever ask ourselves what kind of selves, and worlds, these stories help to create?

Just tell me the truth

It seems like such a simple imperative: tell the truth. As if there were one. As if there weren't many. As if any of them would be believable, or even understandable, without a coherent

progressive narrative, without strategic omissions, without a metaphor or two.

It seems like such a simple concept: disability. As if I had one. As if all my bodily experiences were traceable to that one source. As if the symptoms laid themselves out in a simple chronological trajectory. As if each feeling unfolded from my body with its linguistic description in tow. As if the myopathic pains and weaknesses were colour-coded. As if I had access to a non-myopathic body with which to compare my own. As if there were such a thing as a non-myopathic body.

‘Just tell me the truth,’ they implore, almost kindly, ‘just tell me the truth about your disability.’ As if the telling wasn’t a form of creation. As if the asking wasn’t a form of discipline. As if the answers weren’t dangerous. As if ‘just’ had anything to do with it.

Games of truth

‘Games of truth,’ for Michel Foucault (2003, p. 25), refer not to the fun or malicious obfuscation of real, objective knowledge, but rather to the complex historical processes and socially constructed rules through which certain ideas come to be understood as true. Both the production of truths and the effects of truths, for Foucault (1990, 1995, 2003), are intricately intertwined with power relations. Unlike most contemporary understandings of power, however, Foucault does not articulate power as a repressive force that only certain people possess. For Foucault (1990, p. 92), power is everywhere as a series of inescapable, omnipresent, ever-shifting ‘multiplicity of force relations’ that circulate through all social relationships, albeit often in unequal ways. One crucial component of the form of power that Foucault describes is its productive capacity: how it is exercised in ways that produce truths, desires and identities *in order to* constrain people. As Foucault (2003b, p. 130) argues:

This form of power that applies itself to immediate everyday life categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognize and others have to recognize in him. It is a form of power that makes individuals subjects.

Both truth and power figure heavily within Foucault's (2003b, p. 126) 'three modes of objectification that transform human beings into subjects.' These three modes are: scientific classification, dividing practices and subjectivation. In the first mode, scientific classification, one becomes objectivised as a certain kind of subject through scientific or medical processes and knowledges. The most obvious example of this is diagnosis: the use of examinations and medical truths to declare someone, for example, disabled. In the second mode, dividing practices, scientifically classified individuals are further sub-categorized and separated from each other through a series of 'social and spatial divisions' based on their degree of normalization (Markula and Pringle 2006, p. 26). These dividing practices are perhaps nowhere as clearly demonstrated as within the parasport process of *classification*, wherein experts group athletes into hierarchical numerical (or alphanumeric) classes based on the expert's assessment of their approximation to *normal* functional capacity (IWBF 2010). Finally, Foucault's (2003b, p.126) third mode, subjectivation, is concerned with 'the way a human being turns him – or herself into a subject.' Within parasport, subjectivation is the complex process whereby athletes come to understand their bodies as disabled, come to police their own classifications, and come to identify and shape themselves as Paralympians. It is a process through which one is no longer simply declared disabled, but where one is also willing and able to truthfully confess to one's own disability.

Forgive me doctor, for I have sinned

I am in a loud, sweaty, gymnasium at the National Wheelchair Basketball Championships. I am

walking my chair across the gym after a game when one of the official tournament classifiers calls me over. 'What's your disability?' she asks, pen and paper in hand. 'I don't have one,' I answer. She looks me up and down, a bit incredulous, as though I am withholding something (perhaps unwittingly) that my body will betray. 'Have you always walked like that?' she asks. 'Like what?' I answer. She has me walk back and forth across the gym. She watches, as if there is some hidden meaning to my steps. I feel awkward, almost naked, under her gaze, yet I am strangely eager to comply: she is kind, she is smart, she is an expert, and she is in a position to try to get me classified, that is, declared disabled enough to be eligible to try out for the National Team.

'Do you have any weakness or pain in your legs?' she asks, gesturing for me to sit, and then performing some basic strength tests on each of my legs. 'There were lots of accidents,' I try to explain, 'I fell while walking up stairs, while riding my bike, while trying to sit down on a chair. I fell, often. I had sore knees whenever I played sports. My parents took me to the doctors when I was seven, and nine, and eleven and almost every year after that. The doctors asked me a bunch of questions and put me through a bunch of tests. They told me that I had bilateral patella tendinitis. They told me that I needed daily physiotherapy to normalize my muscle imbalances. I went, everyday, but it never got better. The doctors then told me that I had muscle imbalances from being a girl and playing sports. They told me that I needed to stop playing sports. So finally, after 12 years of physio, I gave up and started playing wheelchair ball.'

The classifier listens patiently, nodding as I speak. 'Well, we can't classify you for having bilateral patella tendonitis,' she declares. This is something I already know. I've done my research. To be classified, I need to have concrete, measurable evidence of a permanent disorder that would make me unable to play able-bodied sports *normally* (IWBF 2010). Pain doesn't

count. They can't quantify pain. Disability, apparently, is something you can point to and measure. The classifier continues, 'there may be something underlying this condition, however, that *is* classifiable.' My heart both sinks and sings. The questions begin again, 'have you always walked like that? Does anyone else in your family walk this way? Did you start walking later than normal? Do you have trouble learning? Have you ever seen a neurologist?' I try to answer as truthfully as I can, although unsure of what the true answers are. This isn't a story about myself that I am familiar with: *yet*.

After all is said and done, she speaks the words that will change my life, forever: 'I think you should see a neurologist. I think you may be classifiable.'

One of Foucault's (1990) most useful analytical tools is that of the confessional: a set of interrogation-based procedures through which the truth of an object (e.g., disability), and subsequently of a subject (e.g., the disabled athlete), is not simply discovered or declared, but also produced. In his book, *History of Sexuality, Volume I*, Foucault traces how Catholic confessional practices came to be taken up and modified within a whole series of modern institutions, including psychiatry, medicine and literature. Had he played parasport, Foucault would likely have included classification on this list.

I am in a cramped doctor's office. A kind and confident neurologist with piercing eyes is looking over a binder of medical records that I collected for this very occasion. He starts where the classifier left off: 'when did you start walking? Why did you go to these doctors? Where does it hurt? How bad? How long? How hard? How little? How often? How come?' This time I am somewhat prepared for the questions. I am able to answer most of them as though they had been a truth that had been with me since I was a child: as though I always felt *abnormal* rather than

simply in pain. The interrogation ceases for long enough to send me for a needle electromyography, a muscle biopsy, and clinical strength assessments: ‘walk like this; stand like this; bend this; lift this; push against this; do this; do this again; try a bit harder at this; this... this is very, very interesting.’

The doctor sits me down, and looks at me solemnly. ‘Well, kiddo,’ he starts, ‘I wish I had better news for you.’ I brace myself for the worst that I can imagine: that he will have found nothing that he can measure; that I will be told to stop playing sports; that I will be told that it is all in my head; that it will be blamed on my gender; that I won’t be classifiable. ‘You have a progressive, genetic myopathy,’ he declares, ‘we will need more tests to find out the exact type, but it is likely a kind of limb girdle muscular dystrophy.’

I have a hard time concealing my relief. A smile climbs the corners of my lips. I ask him if he can write the diagnosis on a letter for me, and send it with my tests to the classifiers. The doctor agrees to send the letter, but is dismayed by my reaction. He kindly informs me that I don’t understand. He is probably right. ‘This is progressive,’ he repeats, ‘and there is currently no treatment or cure. At some point down the road, you will likely end up in a wheelchair.’ The last word is emphasized as though this is the worst of all possible fates. I check my smile and will myself into a more appropriately disturbed expression. He seems relieved by this: ‘don’t worry, kiddo, we will get you into physiotherapy to try to keep you moving as normally as possible for as long as we can.’

As I get up to leave, he chirps in with one final question, ‘are you planning on having children?’ I shake my head in the negative. ‘OK, if you change your mind,’ he warns, sternly, ‘you should see a geneticist. Ensure your kids turn out normal.’

And that’s it. I walked into his office able-bodied, and was now walking out disabled.

The techniques of the confessional are relatively straightforward and all-pervasive. First, you need a credible interrogator: someone who can interpret the responses of the confessor and speak truthfully about him or her (Foucault 1990). Most commonly this would be a doctor, a psychiatrist, or, in the example of parasport, a classifier. Second, you need an examination: a highly ritualized collection of formal and informal surveillance and interrogation processes that produce an 'inducement to speak' in the confessor (Foucault 1990, p. 65). Like in the doctor or classifier's examinations, one feels compelled to answer the questions of the expert. Third, you need an overriding logic or narrative that informs the expert's questions and their interpretations of every aspect of the confessor's actions, feelings and experiences. Dominant narratives of disability and abnormality work excellently in this regard. Fourth, you need what Foucault (1990, p. 66) calls 'the principle of latency': the concern of the expert/doctor/classifier with the information that the confessor/patient/athlete has 'hidden from himself,' and which can only come to light through 'the labor' of a guided, or even forced, confession. And finally, the confession often results in a curative prescription: it discovers (by producing) the abnormality of the confessor and subsequently places them 'under the rule of the normal and the pathological' (Foucault 1990, p. 67), rendering them open to prescriptive, therapeutic, and normalizing interventions by a host of medical, sporting, and everyday quasi-experts.

I am in a small hotel room, days before the Paralympic qualifiers. I am sitting on the floor beside two other athletes, watching and listening to a fourth athlete being grilled by a small panel of classifiers. I hear one classifier ask the athlete: 'do you have normal feeling down there? Do you have normal sexual function?' The athlete looks over at us and squirms. I can't help but wonder what this has to do with wheelchair basketball.

I have read up a bit on classification in my sport, since I was diagnosed a few months back. I have read about how athletes are given a ranking between 1.0 and 4.5 according to their functional ability to perform skills on the basketball court (IWBF 2010). Yet, here I am in a hotel room, without a ball or a chair. All I have is a thick binder of medical results, and my fear.

The athlete ahead of me is dismissed, along with the appeal for re-classification. I am called to the table. As I get up from the floor and walk towards them, I can see them watching me with disdain, as if I have lied before I have even spoken. I hand the binder over to the committee. One of them flips through it carelessly, like a bad magazine in a doctor's waiting room. Another looks me up and down: 'so, what disability are you claiming?'

I search for the most honest answer that I can find: 'I have an as-of-yet unspecified lower limb myopathy.' The classifiers all look up at me, one repeats, 'unspecified?' I can tell by the tone of his voice that unspecified means not measurable, means unclassifiable, means it is all in my head. I jump to my own defence: 'I have a form of limb girdle muscular dystrophy.' It is only a partial lie: it might be LGMD; it might as well be LGMD.

'Muscular dystrophy, heh?' one classifier asks, 'you look fine to me.' The second one chimes in: 'how did it happen?' How? My mind reels, looking for any kind of plausible answer: an event, an origin, an accident, a creation story. I start as close to the beginning as my mind can reach: 'there was an accident,' I begin, 'It was about a hundred and twenty years ago, perhaps even longer. Some key genetic sequence in the muscular code of one of my great grandparents (or perhaps, one of their great grandparents?) shifted and was passed along through at least three generations of my family, undetected, though not unfelt...'

'Will it get worse? Is there no cure?' interrupts one of the classifiers, almost hopefully. 'It is progressive,' I start, finding myself parroting the words and tone of my neurologist, 'there is

currently no treatment or cure. At some point down the road, I will likely end up in a wheelchair.’ I emphasize the last word as though this is the worst of all possible fates. The mood of the panel lightens. One of the classifiers drops her pencil case on the floor in front of me. ‘Pick that up,’ she orders. I bend over, pick up the case and return it to her. Their eyes follow my movements, this time with more disinterest than disdain. ‘4.5’ she declares. The other classifiers nod, one writing it down on an official looking sheet, the other handing me back my unread binder. As I stand up to leave, one of them adds, as though it were a kindness: ‘make sure not to smoke. MD can hit your lungs. You can die from that, you know.’ I nod, trying to get out of the room as fast as I can. ‘And no babies!’ she calls to me as I pass the remaining athletes on the way out the door: ‘they could end up like you!’

I thought that this classification would be the last time that my disability would be interrogated, examined and declared. It turns out that it was only the beginning. I was to learn, in the years to come, that there are many, many different thresholds, ideas, examinations and experts of disability. As I ambulated out of that classifier’s hotel room, I was still able-bodied to the parking police, to the federal government, to my friends and family, to strangers on the street, and, for the most part, to myself. My body and identity had not yet fallen under their surveillance, or under my own surveillance. I still had a lot of disability left to learn, and to become.

‘Visibility is a trap’ (Foucault 1995, p.200)⁵

Doctors and classifiers exercise power not only through interrogating the disabled subject, but also through surveying the disabled body during their examinations (Foucault 1995). The examination functions by rendering a subject’s body and actions hyper-visible to the expert,

thereby enabling the subject to be more easily and thoroughly judged, documented, diagnosed, objectified, classified, and as a result, disciplined, treated and normalized. This visibility, and the power that circulates through it, does not suddenly dissolve when one leaves the doctor's office. The appearance of wheelchairs, crutches, or even the faint trace of a limp or lisp often incites a whole series of formal and informal examinations by quasi-experts, strangers and friends: from surreptitious looks, to stares, to full interrogations about the nature, origin and curative possibilities of the disabled body (Thomson 1997, Clare 1999, McRuer 2006). The looks, questions, and judgements betray a normalizing imperative that has as much to do with the subjectivity of the normate as with the subjectivity of the disabled. They betray the imperative, according to McRuer (2006, p. 9), 'that people with disabilities embody for others an affirmative answer to the unspoken question, "yes, but in the end, wouldn't you rather be more like me?"'

I am at a house party, introducing myself to friendly-looking strangers. 'What do you do?' one asks. 'I just quit my job,' I respond, proudly, 'I am now a full-time athlete.' The surrounding partygoers look suitably impressed. I see a few of them eyeing up my skinny legs and strong shoulders, trying to guess my sport by my build. 'What do you play?' one asks. 'Wheelchair basketball,' I respond, 'I'm going to the Paralympics in September.' The mood noticeably shifts. 'Isn't that cheating?' one of them shouts, accusingly. I try all possible explanations, hoping to quell their horror: 'half of us who play in Canada are able-bodied...there is this thing called classification....' The horror remains. I grasp for the last truth I have at my disposal: 'I have muscular dystrophy.' I watch them eyeing up my frame again, this time focusing on my legs. I suddenly feel naked. I look into their eyes and I see pity slowly replacing their confusion and

rage. The interrogation begins: ‘what *exactly* is that? When did you get it? Does it get worse? Will it kill you? Is there a cure?’

I am in the Paralympic Village, in Athens. I enter the meal hall with my teammates and a volunteer immediately asks me if my athletes require assistance. As a walker among wheelers and crutchers, I am assumed to be the coach. I explain that I am an athlete. The volunteer moves his head side to side, looking at my eyes to ascertain if I am blind. An American athlete laughs as he walks by, ‘that’s why I always wear shorts,’ he says. I look down to see star-spangled metallic shins sticking out from his khakis. We eat and head back to our residence twelve village blocks away. My teammates wheel and crutch with ease, stopping every 5 minutes to let me, and my sore, tired legs, catch up. ‘Common gimp!’ one of them jokes. ‘Can’t you just get yourself some crutches or a chair?’ complains another. I have crutches. They are hidden in my bag, in my room. I can’t bring myself to use them in public. I know they will make me feel even more like an imposter or a faker, even if they make me look less like one, here. If I *can* walk without crutches, then I *shouldn’t* really use them, should I?

I am on a small island in Greece, far away from the Paralympic Village. My partner goes out everyday without me. The walks all seem too far, too steep, too long. By day four I dig to the bottom of my bag and pull out my crutches. My anonymity here makes it feel somehow safer than with my teammates or at home. I leave for the longest walk I have taken in five or six years. It feels so empowering. After a half hour, I gain the confidence to raise my eyes from where my shaky crutches click down on the uneven cobblestone terrain. All I see are stares: children and adults, tourists and locals all staring at my awkward quadruped gate. A woman approaches, reaches up, and puts a hand on my head. She holds a rosary in one hand and speaks loudly and quickly in Greek. ‘Believe in him,’ she commands in broken English, pointing to the sky,

‘believe and he make you better.’ I fight off the urge to drop my crutches and walk miraculously. I laugh at the thought. The laughter helps me hold back the tears.

I am in an airport, on the phone to a reporter from *Chatelaine* magazine. She asks me: ‘how does it feel to no longer walk?’ I tell her that I still walk. There is a full five seconds of silence on the phone, followed by the angry and confused outcry: ‘but you’re a Paralympian!’ I spend thirty minutes explaining classification, muscular dystrophy and the social construction of disability to the reporter. One month later, the *Chatelaine* article headline reads ‘How it Feels to No Longer Walk’ (Anon 2007).

I am in my hometown. I am feeling both courageous and frustrated enough to go out on crutches. I brave my favourite local restaurant. ‘What did you do to yourself?’ laughs the regular waitress, as if expecting a funny story of drunken debauchery. I think back to the partygoers and to my classification as I search for a story to tell: ‘I have a degenerative disease,’ I inform her, ‘muscular dystrophy.’ The waitress’ eyes well up with tears and she rushes back into the kitchen, apologizing profusely for her insensitivity as she runs. I want to apologize for mine. We don’t have to pay for desert, that day. I never eat there again. For the next two years, I only take the crutches to restaurants that I haven’t gone to before. When the crutching starts to become too difficult, I move to France for a year with my brand new wheelchair. It is just easier than trying to explain.

I am in my own home, being photographed for a magazine article. I am in my day chair, carefully posed in front of a screen and various props. The photographer talks at me as he shoots: ‘I think it is so inspirational, what you are doing... ok smile... to have done so much despite having a handicap, so young, I mean, so sad, really...turn your chin... but, I mean, it must have been so cool going to the Special Olympics!’ I jump in with the automatic and emphatic

correction: ‘I went to the Paralympics, not the Special Olympics!’ I can hear my teammates usual angry, ableist responses in my head: ‘do I look like a *retard* to you; Special Olympians aren’t really athletes, but we are, we train and compete just like Olympians.’ Before I can start to explain, he cuts me off: ‘now, smile... perfect! But, I mean, doesn’t it piss you off when all these other disabled people just use it as an excuse to lie around all day and live off our tax dollars when you are out there *trying* to make something of yourself?’ I try to respond, but he interrupts by telling me to go change into a black shirt. My chair is surrounded by props, and I just want the shoot to be over as soon as possible. I stand up out of my wheelchair to grab the shirt. The photographer starts yelling at the top of his lungs: ‘Cheater! Cheater! Faker!’ His accusatory finger points alternately at me and at my chair as he moves towards me. I manage to finally calm him down though my obedient, tragic recital of the pain and fatigue of my degenerative neuromuscular disease.

I am in Amsterdam for the World Championships. My team is at our *classification practice*, where we practice under the surveillance of the tournament classifiers to ensure everyone’s classification is correct. My coach has us play left-handed, hoping it will emphasize players’ weaknesses. He is disappointed that I am ambidextrous. I hear my number called, and my stomach clenches. I can almost smell the classifier’s hotel room from two years back. I wheel, nervously, up to the classification table. They are holding my medical file in their hands. The interrogation begins: ‘when did it start getting worse? Why is it getting worse? What do you now have trouble doing? How is this affecting your playing?’ I answer each question as solemnly and medically as I can. The panel seems receptive, perhaps even worried at the quick progression. They put me through a handful of precise exercises, no pencil case this time: ‘pick up the ball; hold it like this; now over here; do that again; pull as hard as you can.’ They watch,

nodding to each other, and then send me back off to practice, where they watch me play some more. Finally, near the end of practice, they pull me over and inform me: ‘we have dropped your classification from 4.5 to 3.5, we may raise or lower you more after we watch you throughout the competition.’ My hands start shaking and my eyes start filling with tears. They are expecting me to smile: dropping a mere 0.5 can sometimes make an athlete’s career. I thank the committee and barely make it out to the hall before the tears start to fall. This drop in classification seems to objectify all that I have lost: every muscle weakened, every skill dropped, every ability diminished, and every fear of what I will lose next. My coach finds me in the hallway, sobbing. He can only read them as tears of joy: ‘congratulations!’ he shouts as he offers me an awkward hug. To him, my lowered classification only means that he can play stronger players on a line up with me. I force a smile back at him. I am an athlete at a World Championship, I tell myself, I should be happy for the team, not feeling sorry for myself.

Foucault (1995) uses the term *panopticism*⁶ to refer to the prevalent social mechanism in which a constant, omnipresent yet unverifiable threat of surveillance coerces each individual to discipline and normalize themselves. In Foucault’s words:

He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection. (p. 202-3)

In simpler terms, if one fears that one could be watched and judged at any given moment, one is more likely to watch, judge and discipline oneself.

I am in the gym. It could be any gym. My classification card, with my name, birth date, nationality and classification is handed to the scoring table, to the referees, and to the tournament classifiers, who measure my chair and check all my strapping to ensure it is appropriate for my classification level. My classification, and often my diagnosis, is printed on the rosters, in the tournament handouts, on the team website, in the media. Both my classification and diagnosis are debated by my teammates, coaches, adversaries and even fans. Everyone is an expert on disability and classification, it seems. They watch and videotape while I play, while I transfer between chairs, while I ambulate through an inaccessible doorway. I know this, because we do the same to the players on the other teams: ‘she’s not really a 2.0; she sure plays like a 4.0; can a class 1.0 really do that? Quick catch that on film!’ I feel as though everyone in the gym can see me. As though they will ‘catch’ my ever-shifting body in a movement that is deemed above or below the rigid, text book expectations of class 3.5. I tilt up on one wheel to grab a ball and a coach yells out ‘that looks like a class 4.5 to me!’ If I am deemed too strong, I am seen as a faker and a fraud. I flop down hard after being hit from behind by an American player, who jabs: ‘look who is acting like a class 1.0, now.’ If I am deemed too weak, I am seen as a faker who is just not trying hard enough. I feel the constant surveillance on my skin, in my hips, in my deepest scariest corners. I question my own classification. I observe and control my own movements. I restrain the more normal, rested gate at the start of a tournament, and attempt to hide the heavy, tired limping at the end of a tournament. I go to stand up after a game to change my shorts, and a teammate warns me to sit back down. ‘They may be watching,’ her look seems to say, as though it is taken for granted that I have something to hide.

I am exhausted from an overseas flight and from wheeling all the way across a large, carpeted airport. I am enjoying the relative rest of wheeling down a ramp towards the plane when

the flight attendant asks, in her most condescending voice, if I want help. ‘I’m fine, I’m a Paralympic athlete,’ I respond. I pop a wheelie, speed down the ramp, and jump the curb at the bottom, as if to say ‘see, I’m not *that* kind of gimp.’

I am in the gym, with a rookie, watching a game. She sees a player from another team, and tells me that she thinks the player is cute. She stands up out of her chair and starts to flirt. My teammates and I all look at each other and I dutifully pull her back down into her chair. I give her the look, like we all agree that she has something to hide. She shoots me an equally unsettling look, like we all agree that she will have less chance of getting laid if she stays in her chair. I can’t fully refute either of these assumptions. Both assumptions feel like a betrayal to me. I’m just not sure who is betraying whom.

I am struggling for my breath, and I have decided that I have to skip a wheelchair basketball camp that I have been organising for months. I can’t bear the thought of not going, but I don’t want the athletes to see me like this; I want them to remember me as the super-able athlete that I used to be. A close friend suggests that I get myself some oxygen. My stomach tightens and I feel like crying. I can recognize the ableism in my response, but I can’t help but feel it: ‘I don’t want to look that gimpy,’ I explain. ‘Oxygen doesn’t make you look gimpy,’ she consoles me, ‘it makes you look sickly.’ She is right, of course. She convinces me to get the oxygen. I go to the event with a renewed physical energy, tubes up my nose, and a new, incredibly uncomfortable, identity: I am no longer the supercrip; I am the sickly gimp.

I am alone, in my hotel room, after a hard day of coaching. My diaphragm and intercostals burn with exhaustion, and my sinuses itch from the stale, dry oxygen shooting through the tubes up my nose. A cough wells up deep in my fluid-filled lungs, and I look longingly towards the bathroom sink, a mere 8 feet away. I am doing the math in my head:

imagining a fatigued one-handed transfer into my day chair, the other hand wrestling with the heavy oxygen tank and the latex leash that wraps around my neck and ears, connecting the tank to my struggling lungs. I calculate the pull of the thick rug as it drags me into the wall with every push, and the scrape of my knuckles as I cross through the impossibly skinny bathroom door, invariably hooking the oxygen hose on the doorknob as I wheel by. With the cough now climbing my chest painfully, I vouch for the alternative: I pull the cannula from my nose, unhook it from my ears and neck, pull myself off the bed and ambulate the seven steps to the bathroom sink. And here, hunched over the bathroom sink coughing, I cringe at the sound of the hotel room door opening. I look up at myself in the mirror, and to the unaccompanied wheelchair and oxygen tank behind me. My stomach clenches as I hear a booming accusatory voice chastising me: ‘cheater! Cheater! Faker!’ it calls, echoing angrier and angrier. And as my roommate rushes from the doorway to my side to help hold me up as I cough, I recognize that the accusatory voice is not coming from her.

De-composition.

If, as Thomas King (2003, p. 2) argues, ‘the truth about stories is that that’s all we are,’ then it might be worth taking a closer look at how we, quite literally, compose ourselves and others, through dominant disability (and disability sport) narratives. As Robert McRuer (2006, p. 5) argues, the imperative to write (and to tell) ‘orderly, coherent’ stories is connected to the cultural imperative to ‘inhabit orderly, coherent (or managed) identities.’ We compose ourselves as people with biomedical disabilities as we narrate our traumatic accidents and our tragic diseases. We compose ourselves as supercrips (Clare 1999, Hardin and Hardin 2004) and Paralympians (Peers 2009a, 2009b) as we narrate our tragic disability origins, our athletic successes *despite*

them, our heroic striving towards hyper-ability, our inspirational hope for full normalcy, and our categorical difference from those who have not overcome. We compose ourselves as polite, amicable and inspirational people, through these stories, because these stories make others feel comfortable: they allow others to more cohesively compose themselves as disability experts, as benevolent helpers, as coherently able-bodied, and as comparatively normal. We compose disability, through these stories. We compose disabled people. We compose ableism.

Rather than simply repeating and reproducing the accepted disability creation stories, we might explore creative ways of de-composing the seemingly coherent narratives and identities that serve to constrain ourselves and others. ‘De-composition’ for McRuer (2006, p. 5), emerges ‘not as the failure to achieve that coherence or managed difference but as a critical practice.’ In other words, inverting, perverting, recreating and reimagining stories of disability, and of disability sport, can help to break down the imperative for athletes to articulate and embody conforming and coherent disabled selves. Just as coherent eugenic, genetic and biomedical disability stories produce disabled subjects *in order to* constrain, eradicate and normalize them, de-composition can break down the coherence of these stories and selves, opening up room for more critical and diverse engagements with ideas, practices, communities and identities.

We, as members of parasport communities, have a choice about what role we wish to play in the (re)production of disability and the disabling cultures that sustain it. We can continue to compose ourselves as those who can overcome (or help others to overcome) biomedical disabilities, or we can participate in the de-composition of stories, cultures and industries that disable. We can continue interrogating and normalizing those whom we understand as *having* disabilities, or we can begin to interrogate and de-naturalize the story of disability itself.

The Interrogation, redux

It is dark here. I feel alone, but I know that I am not. It feels like years since I have been here: since you have been asking me the same questions; since you have been trying to figure out who, exactly, I am. Am I the innocent victim? Your hostile witness? Your suspect? Your criminal-cheat?

The door slams shut, and a body moves into my space. I can almost make out who it is, this time. Is it another normate? Is it a fellow crip⁷? It is it you, again, reader? The interrogation begins:

‘What did you do to yourself?’

I have composed myself as a disabled person, a Paralympian, a supercrip.

‘When did you become disabled?’

Most recently? Just now.

‘How did it happen?’

Through your questions, my answers, these stories, your gaze.

‘What’s your disability, anyways?’

Disability itself.

‘Are they working on a cure?’

We are. Are you?

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Notes

1. Rosemarie Garland Thomson (1997) coined the term *normate* as a way to de-naturalize the bodies and subjectivities of those who are not (yet) read or identified as disabled, freakish and/or abnormal within dominant Western culture.
2. According to the International Wheelchair Basketball Federation (IWBF 2010, p. 5), classification involves, ‘the grouping of players into categories (classes), based on the players’ physical capability to execute fundamental basketball movements.... Players are assigned a classification from 1.0 (being the player with least physical function) through to 4.5.’ The classifications of the five players on the court must add up to more than 14. Those certified to declare an athlete’s classification are termed *classifiers*.
3. I use a wide variety of disability language in this article because different terminology represents different ways of thinking about disability. In particular, the term *disabled* is intended to connote a person who is being *disabled by* society. The phrase *person with a disability*, by contrast, is intended to reflect a belief that disability is in a person’s body.
4. Parasport, like so many alternative terms (wheelchair sport, adapted sport, disability sport, etc.), has its own exclusions, detractors and inconsistencies. I use *parasport*, herein, to refer to highly structured, competitive iterations of sports that are featured in the Paralympic Games.
5. Some of the narratives from this section appear, in altered forms, within my master’s thesis (Peers 2009b).
6. The term *panopticism* is derived from a 19th Century prison design called the Panopticon, in which the prison guards were in a central tower from which they could always see any of the prisoners, but the prisoners could not be sure if the guards were watching them or not (Foucault 1995).
7. *Crip* is a reclaimed pejorative term that, in some circles, refers to someone who engages critically with the stories, cultures, embodiments and identities of disability (Clare 1999, McRuer 2006).

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