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Review paper

SPORT, DISABILITY, AND WOMEN: A STUDY OF ORGANISED SWEDISH DISABILITY SPORT IN 1969-2012

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Abstract

Introduction. The purpose of this article is first to provide a picture of disability sport in general and second to increase knowledge of sport for women with disabilities. **Material and methods.** The study method is a qualitative text analysis of organised Swedish disability sport and of media reporting of the Paralympics. The study begins in 1969, the year when the Swedish Sports Organization for the Disabled (SHIF) was formed, and continues until the Summer Paralympics in 2012. The theory is based on three conceptual pairs: integration and inclusion, the medical and social models, and the traditional and progressive models of media coverage. **Results.** The results show that SHIF strove principally not for inclusion but for integration. Further, women in SHIF led a hidden existence, except for the period between the end of the 1970s and the beginning of the 1980s, when initiatives were taken to improve their position. In other respects, this was a non-issue. Moreover, the medical model was dominant, and sport was viewed above all as rehabilitating. Finally, mainstream media reporting was traditional, namely Paralympic participants were portrayed first and foremost as people with disabilities and secondarily as sports practitioners. **Conclusion.** Swedish disability sport during this period was not included in the sports movement in general and integration work was, for the SHIF board, superordinate to the gender aspect.

Key words: disability sport, women, integration, inclusion, medical and social model, media

Introduction

Our knowledge of disability sport in general is rather limited compared with other sports, and even more so regarding sportswomen with disabilities. One reason for this is that organised disability sport is a relatively new phenomenon. In Sweden, the Swedish Sports Organization for the Disabled (SHIF), or the Swedish Parasport Federation, as it is called today, was established 1962. Another reason is that historically, women's sport has not been researched to the same extent as men's. The aim of this article is twofold: firstly, to provide a picture of Swedish disability sport in general, the way it was organised, and the issues that were pursued. Sweden is an interesting study object because the country was internationally fairly quick out of the blocks regarding disability sport and Paralympic participation. For instance, Sweden was one of the twenty-two countries that participated in the first Paralympics in 1960, and in 1976, it hosted the first Winter Paralympics. Moreover, SHIF, in terms of temporal and discipline development, corresponds to how research has described Western progress [1, 2].

The second aim is to increase the knowledge of sport for women with disabilities by examining women's place in organised disability sport and by analysing media reporting of both male and female Paralympic participation. The research period starts in 1969, when SHIF was founded (in 2015, it changed its name to the Swedish Parasport Federation), and ends with the 2012 Paralympics.

Background

Disability sport has grown concurrently with the generally increasing acceptance and integration of people with disabilities in our society. Historically, disability sport can be traced all the way back to antiquity, when in the fifth-century BC, the father of medicine, Hippocrates, used, for instance, horse-riding as a treatment method to strengthen patients' muscles, improve their condition, and stimulate their minds. In modern times, German sportsmen with impaired hearing formed an organisation in Berlin in 1888, and the first international competitions for people with impaired hearing were held in France in 1924. Furthermore, organised rehabilitative sport for people with disabilities was more or less necessitated by World Wars I and II as well as the polio epidemics. Sport became a common form in the international exchanges between disabled soldiers, which constitutes the basis of today's disability sport [3, 4].

Of special importance in this context was Stoke Mandeville Hospital, which was inaugurated in 1944 in Aylesbury, England. At this specialist spinal injuries hospital, competitive sport came to play an important role because it was a key part of the rehabilitation, especially the medical rehabilitation. However, there was also a socio-psychological idea behind it: sport could make hospital life slightly easier to endure. In 1948, the first Stoke Mandeville Games were held, and fourteen British war veterans, of whom two were women, competed against each other in archery. In the 1950s, the number of disciplines grew to include, for example, netball, throwing the javelin, and snooker [2].

Although the annual competitions at Stoke Mandeville were only open to people with spinal injuries, they nonetheless came to form the basis of the Paralympics, an alternative to the Olympic Games for people with disabilities. In 1990, after many years of fragmentation, disability sport formed an international body, the International Paralympic Committee, which has organised the Paralympics since 1994. The first Summer Paralympics were, however, held in 1960 in Rome. As already mentioned, these games were followed by the Winter Paralympics in Sweden in 1976. Besides the Paralympics, there is a number of major international competitions, such as international wheelchair basketball tournaments, the World Goalball Championships, the Disabled Alpine Skiing World Cup, and the European athletics and swimming championships [4].

The Swedish Parasport Federation, or SHIF, is one of seventy specialised sports federations within the Swedish Sports Confederation (RF). Today, it oversees eighteen sports, including alpine skiing, boccia, football, track and field athletics, cross-country skiing, goalball, and swimming. Besides these, basketball, riding, and sailing, for example, each have a specialised sports federation. As for Swedish sports, it is important to note that the cornerstones of the Swedish (and Nordic) sports model have historically been idealism and autonomy. Unlike the American approach, for instance, where market forces, schools, and universities are key actors, sport in Scandinavia is founded on a popular movement. It is based on voluntary organisations whose unpaid members are empowered to vote. The Swedish state has funded much sport without wanting to govern or standardise it to any great extent. This has helped sport have considerable autonomy, for example in organisational matters [5].

The formation of SHIF in 1969 did not, however, mean there was no organised disability sport in Sweden prior to this. For example, the Swedish Deaf Sports Federation was founded in 1912. In the 1950s, this federation comprised 560 active members, of whom 160 were women, in 16 associations. The visually impaired too founded a sports association early, in 1934. It is emphasised in the minutes of SHIF's inaugural national meeting which took place in 1969 that the time was considered ripe for coordinating the practice of disabled sport, among other things, in order to make it stronger and more robust. The heterogeneous composition, however, was highlighted as a difficulty. Organising people with hearing, visual, and motor impairments and those with intellectual disabilities into the same federation was no easy task [6].

Women and disability sport

According to American researchers DePauw and Gavron [1], men initially dominated disability sport, which was especially noticeable in the competitive context. Still, this did not mean that women did not practise sport. Parallels can be drawn with able-bodied sport, which men also dominated for a long time. Indeed, women practised sport but under different terms and more in the background, in that they were not as visible. However, opportunities for women to compete in disability sport have increased, as has the number of female practitioners. Today, approximately one-third of international competitors are women, but just as with able-bodied sport, men (with a few exceptions) occupy the leading positions [1].

As for the media representation of people with disabilities, research shows that Paralympic participants have not been given much space in general. This is especially true for women; for example, men predominantly feature in photographs [7]. Research has pointed out that since the disability sport ideal is the white

male wheelchair user, women are limited in two respects: they are women, and they have disabilities. Further, women with disabilities are not objectified and sexualised like their able-bodied counterparts, but instead are described as non-sexual, child-like, or dependent [1, 8]. One explanation for this is that disabilities do not correspond to Western culture's notions of the ideal body, which has consequences in a society where appearance traditionally had, and still has, great importance in how we are regarded. This is especially discernible for women [9]. The farther away from the ideal body a person is, the more different they are considered to be. Women with physical disabilities are, oddly enough, both hypervisible and invisible: hypervisible due to their disability, yet invisible as a gender [9, 10]. However, media reporting of sportswomen with disabilities contains a different stereotype than the one for able-bodied sportswomen, namely that of the heroically fighting sportswoman [11].

Theoretical concept

Theoretically and analytically, the study is based on three conceptual pairs: integration and inclusion, the medical and social models, and the traditional and progressive models of media coverage.

Integration and inclusion

Historically, people with disabilities have often been discriminated against and excluded from most of society. Segregation and institutionalisation have sometimes aimed to protect this group from the rest of society and sometimes vice versa. During the second half of the 1900s, the Western world's view of physically and mentally disabled people changed. Having been dependent for a long time on the good will of others, they have now become part of welfare policy [12]. This changed attitude is evident in the 2006 UN Convention on the Rights of Persons with Disabilities. From having been considered an object for charity, medical treatment, and social protection, they are here depicted as subjects capable of shaping their own lives on their own terms, as active citizens [13].

Regarding the place and role of people with disabilities in society, an integration concept was developed in the Western world at the end of the 1960s. This concept must be considered in light of the institutionalisation of deviant groups, which had been going on since the mid-nineteenth century. The idea was to integrate these individuals into society instead of letting them live in institutions. In recent years, however, the term 'inclusion' has come to be used to a significantly greater extent, especially regarding the instruction of students with special needs. From a school perspective, inclusion is a concept according to which these students are given the opportunity to participate in everyday school environments. The term inclusion has thus come to be used to signify something other than integration. While inclusion emphasises that schools or other institutions have to be created according to the diversity and differences between people, integration denotes, for example, that people with disabilities have to adapt to an organisation which does not primarily bear this variation in mind [12]. In other words, the individual has to adapt.

Medical and social model

Research has created two models of disability: one medical and one social. In the former, where disabilities are primarily regarded from medical or biological perspectives, the definition of 'people with disabilities' is based on what they are unable to do and as the individual's problem [2, 14, 15]. In the latter, however, the main idea is that it is society which makes people with

disabilities disabled persons. This approach has been liberating and has influenced Western legislation [2, 16]. According to Swedish disability policy, society must be “developed with an insight into the fact that people with disabilities, like any other citizens, want to determine their everyday lives, educate themselves, support themselves by working, make their voices heard, have a varied leisure time, and interact with others” [17]. Over the past few years, however, the social model has begun to be questioned. It is certainly still seen as liberating and has had an impact on Western legislation, not just in Sweden, but it is criticised for having excluded the body from the feeling of weakness [18]. Neither the medical model’s pathologisation nor the social model’s structuralisation can capture the individual feeling of pain, mobility difficulties, etc.

The medical model has been dominant within sport. As a result, according to Corrigan et al. [19], any “problems” in the form of disabilities – or, for that matter, being a woman – are solely the individual’s, since they are breaking the male, able-bodied sports norm. Sport is also first and foremost assigned a rehabilitative role, namely restoring or developing a normal function, a possible consequence of which is that the individual is subordinated to the disability.

Traditional and progressive model of media coverage

Even if we have seen in recent years a focus on the inclusion of people with disabilities in society in general and in sport, there has, as already mentioned, been insufficient media coverage. For example, the Paralympics have not been given considerable space in either the written media or on television. Over the last 15 years, the reporting has, however, increased. Nevertheless, how the athletes are portrayed leaves something to be desired. More often than not, they are trivialised, and the reporting is more general compared to that on other sports. The reporting journalists often lack the expertise that is self-evident within the latter [19, 20].

Research has identified two general models (with variations) of mainstream media reporting: traditional and progressive. In the traditional model, the athlete is portrayed first and foremost as disabled and secondarily as an athlete. Instead of making the sporting performance the focus of attention, the reporting concerns how the person in question deals with or overcomes their disability [20]. This kind of person is known as a “supercrip” [21], which is a common feature of the traditional model, where people with disabilities are seen as heroes and are admired for their courage and determination to overcome all obstacles. Other characteristics may include pity or putting the athlete on a pedestal. Their common denominator is that the athletes are not first and foremost portrayed as individuals but as having disabilities [20].

In the progressive model, the disability is, however, viewed as a social construction that goes beyond the individual. The disability is not the focus of the reporting but becomes part of the athlete’s multiple identity – one of just many aspects. The media reporting defines these people as athletes and not as people having disabilities [20].

In relation to this study, these three conceptual pairs are interesting in many respects. With regard to integration and inclusion, the research question is how people with disabilities have been integrated/included in Swedish organised sport and whether men and women were treated differently. As for the medical and social models, the question is which one was dominant within SHIF and in the media, and whether it is possible to see a change over time. Finally, the study sought to determine which model (traditional or progressive) dominated the media

coverage of the Paralympics and whether men and women were treated differently in this instance.

Material and methods

To examine the questions mentioned above, SHIF shall firstly be analysed from its foundation in 1969 until 2012. As for the representativeness of SHIF’s temporal and discipline development, they correspond, as mentioned in the introduction, to how research has described Western progress [1, 8]. Secondly, the source material comprises two of Sweden’s biggest newspapers. The methodology used is a qualitative text analysis. By text analysis is meant a systematic quantitative or qualitative analysis of primary data collected from various types of text. In this case, it is qualitative since the conceptions, experiences, and ideas expressed in the assembled texts have been noted. In qualitative studies, understanding the underpinnings of the phenomenon being examined is the key to comprehension and interpretation [22]. In this instance, these are based on previous research in the field and the above three conceptual pairs.

In addition to examining the part of the Swedish sports movement that organises disability sport, media reporting of elite sportsmen and women with disabilities will be analysed. The media are a significant source in forming a picture of what social issues are being debated and how they are being debated. As we know, the media are instrumental in the creation of values and attitudes, supplying us with knowledge of what is expected of us and what we can expect of others. The media function as a compass, not infrequently a moral one, that helps us navigate in life. Nowadays, we speak of mediated experiences, i.e. experiences we have gained from the media and made into our own. We adopt the mediated experience when our own personal experience is not enough [23, 24]. But even if the media often represent dominant ideas and norms, they can also challenge and change [7].

The source material comprises SHIF archive documents and its magazine, *Handikappidrott*, first issued in 1973. I have looked at the minutes from all federation meetings and the annual reports preserved during this period. From the mid-1980s onwards, these have been published in *Handikappidrott*. Furthermore, I have examined all its issues up to and including 2012, focusing on the matters SHIF has pursued and on any differences between men and women regarding representativeness and the attention received.

In addition, the largest Swedish daily newspaper, *Dagens Nyheter*, and one of the two biggest-selling national evening papers, *Aftonbladet*, are also included. Of the twenty-five Paralympics held, seven have been examined, namely every other Summer Paralympics (1964, 1972, 1980, 1988, 1996, 2004, and 2012). The reason for choosing the Paralympics is that historically this was when the newspapers at least wrote about competitive disabled sport. A total of fifty articles have been studied.

The data analysis involved a careful reading of all the archive material and articles, the starting point for which was the following three conceptual pairs: integration and inclusion, the medical and social models, and the traditional and progressive models of media coverage. In the texts, patterns have been established by identifying meaning units in the form of conceptions, experiences, and ideas.

Results

Period from 1969 to 1975

Regarding the conceptual pair of the medical and social models, the former was dominant throughout the period. According to SHIF, at the beginning of the 1970s, approximately 800,000 people in Sweden had some form of disability, 27,000 of whom were members of the federation. A comprehensive task that SHIF felt obliged to tackle was, therefore, engaging as many people as possible in some form of sport. According to SHIF, this group was deemed to need sport more than others, and the SHIF board believed that the lives of people with disabilities could be improved through simple training methods. But sport was regarded not only as a form of medical rehabilitation but also as a valuable free-time activity, one that offered social interaction, too. This message had to reach health-care authorities and educational institutions, as well as schools, where children and youths with disabilities were often exempt from all physical activity instruction owing to the ignorance of school medical officers, nurses, and teachers. For this purpose, however, many sports and swimming halls had to be renovated so that they could be accessible [25].

SHIF campaigned for the following types of sport: recreational and competitive. The former was to give good everyday fitness and to make outdoor life possible. But SHIF also strongly believed that competitive sport was very valuable to both physical and mental rehabilitation and that it was to be developed, yet in a modified form. However, getting as many people as possible to do sport required more leaders, which in turn called for a big investment in education and the development of adaptive sports equipment [25, 26].

SHIF thus regarded disability sport as first and foremost medical, mental, and social rehabilitation. However, in its ambition to increase accessibility for this group, we can see evidence of a social model. Here society, and not the individual, must conform. But what is lacking are arguments such as, for example, doing sport to measure one's strength against others or experiencing the joy of winning.

Questions about integration/inclusion were not explicitly dealt with during the period but were indirectly touched upon in terms of wanting better accessibility to sports facilities and outdoor life. If we look at the proportion of men and women in leading positions within SHIF, men clearly dominate. Initially, the SHIF board as well as the election committee consisted solely of men. Of SHIF's nineteen committees, which, for instance, oversaw different sports and disabilities, seventeen were chaired by men. This did not mean, however, that women did not do sports; they did and competed, for example, in table tennis, bowling, archery, track and field athletics, swimming, and cross-country skiing [27].

As to the question of media coverage during this period, only SHIF's own magazine reported on competitive disability sport. However, the reporting here was progressive for both men and women: they were portrayed as sporting individuals, and the writers knew their subject. Sportsmen were certainly a majority, but this majority was not as large as what might be reflected in the representation on the SHIF board. When it comes to describing competition successes and depicting various sports practitioners, the reports on both genders were based on their performance and sports background and not on any irrelevant non-sporting matters, such as appearance and free-time activities. One example focusing on results is the reporting of the 1974 Solna Games. For two days, 640 people from the Nordic countries competed in an international seven-sport tournament:

basketball, boccia, table tennis, archery, curling, swimming, and weightlifting. The reporting does not distinguish between male and female competitors [28].

The media (the daily and evening press) did not report on the Paralympics of this period at all: not before, during, or after the competition. There was not even a results table, and this despite Sweden having participated and won medals. For instance, in 1972, in Heidelberg, West Germany, Sweden won seventeen medals, five of which were gold. The Paralympics were a non-event for Swedish media.

Period from 1976 to 1990

At the end of the 1990s, SHIF consisted of 450 associations with 70,000 members. Integration was increasingly emphasised during this period. The first goal was to integrate the disabled into sport itself, i.e. to make sport accessible to this group. Three types or areas of integration were highlighted here: physical, social, and the individual. Physical integration concerned access to sports premises and facilities. However, no special facilities were required; instead, current ones were to be adapted. Social integration related to the attitude of the general public and the media to people with disabilities and the sports they practised [29].

The integration of the individual entailed an exchange between non-able-bodied and able-bodied sportspeople, for example athletes with disabilities who had reached a level in their sports such that they could participate in able-bodied competitions, or competitions in specific disciplines could be opened to both categories, as with boccia, for instance. According to SHIF, it was also desirable to coordinate recreational activities where possible [29].

The second goal was to highlight organisational integration. The coordination of disability sport with the sports movement in general was, however, a complicated task that aroused strong emotions. It was difficult to establish what was actually the best thing to do. One option was to set up a specialised sports federation, making it possible to focus on the specific issues this group faced, and the other one was to join the other ones, thereby risking not having these issues prioritised. Ultimately, the integration issue was about a desire to participate in society and to be accepted as an equal [30]. For SHIF, integration meant, among other things, being part of the whole (the team, the crew, the club, or the supporters) and having one's integrity respected. Disabled people were to feel "equal to all others, the healthy ones" when doing sport [31].

The place of women was also highlighted during this period thanks to a special group appointed in 1978 by the RF to investigate equality in the sports movement in general. It submitted a proposal, the basis of which was the motto the RF had coined in 1976 with the aim of opening up and diversifying Swedish sports: sport for everyone! The group members ascertained that women and girls were suffering owing to limited sports resources. The associations prioritised men's and boys' sports as far as leaders, premises, and money were concerned. To rectify the situation, the group proposed several measures. Among these, all specialised sports federations were urged to review their training programmes so that the content of the courses suited women. In addition, the specialised sports federations were, over the next three years, to prioritise women for leadership courses and to design action programmes so that girls who wanted to practise sports would be afforded the same opportunities as boys [32]. In other words, sport was to be accessible to everyone, at least from a gender perspective.

For SHIF, the proposal was a wake-up call that provided food for thought. In an editorial in *Handikappidrott*, the chairman reflected on the situation of someone who is both a woman and a person with disabilities in the field of sport. Some important questions included why sports facilities were being built with less and less space for girls, whether or not stereotypes concerning what was typically considered female and male still existed, and why there were so few women in leading positions. In order to rectify this inequality, the chairman urged all of SHIF's associations to discuss what could be done to give girls opportunities to participate on equal terms and to attract girls who expressed an interest in becoming leaders: to "encourage and stimulate them and to give them positions of trust and knowledge of their leadership responsibilities" [33].

In 1978, SHIF held a conference for the first time to discuss and analyse women's position within the federation. SHIF concluded that the number of active women was so low owing to a lack of leaders and competitions. Women constituted only 18 per cent of national, district, and local competitors. The number of women doing recreational sport was somewhat higher. In addition to education, active efforts to recruit both participants and leaders were required to resolve this problem. One concern was that the average age within the federation was high. In 1977, only 20 per cent were under 25, and it was considered difficult to attract youths of either sex to participate in sports. As a remedy, a decision was taken to seek money from the funding the RF had earmarked for female sports. Besides funding a working group, the money would be used for campaign competitions [34, 35].

The attention given to women and girls in relation to disability sport left its mark in SHIF's annual reports at the end of the 1970s and during the 1980s. At the beginning of the 1980s, a women's sports administrator was appointed, and money was allocated to different ventures. For example, there were camps where fifty or so girls were given the chance to try, among other things, track and field athletics, swimming, skiing, archery, and different ball sports. Some of the camps were only for people with disabilities, while others were integrated with able-bodied clubs. A few camps also offered basic leadership courses [36, 37].

Regarding how men and women were presented in *Handikappidrott*, no discerned differences can be seen during this period. One example is the swimmer Magdalena Tjernberg, who was voted female athlete of 1986 – a distinction annually awarded (from 1950 to 1965 and from 1978 to 2008) to the Swedish woman considered to have produced the best performance in the past year. The articles on her award strike a matter-of-fact tone with the focus on her achievements [38, 39].

The daily and evening newspapers first reported on the Paralympics in 1980. One report discussed Sweden's second gold medal of the games, for the shot-put. The article, however, not only presented the results but was also instructive, since, for example, it informed the reader what disability sport was about, i.e. that it was divided into classes depending on the type and degree of disability [40]. There was even pre-coverage discussing not only Sweden's medal chances but also these athletes' disadvantaged training situation: the difficulty getting training times and available space in facilities and halls [41].

During the 1988 Paralympics, there were daily reports. Men and women were described in the same way: objectively and with a focus on their performance. The absence of objectification and sexualisation is striking [42].

Despite the objective tone, the media model cannot, however, be described as progressive. It is clear that they are people with disabilities who practise sports and not athletes whose characteristics include a disability. They are a different type of

athletes rather than the norm. We can also see, even if it is not as explicitly articulated as was the case during the preceding period, that the medical model serves as a backdrop to their sport. The message is that they are people who do (competitive) sport first and foremost for medical and psychosocial rehabilitative reasons. The competitive element – winning – is secondary.

Period from 1991 to 2012

Even during this period, the integration issue was topical in terms of integrating disability sport into the sports movement in general. The issue concerned where the responsibility for the different sports disciplines should reside in the federation, namely with SHIF, or with the specialised sports federation in question, as well as the opportunity for everyone to participate in appropriate competitions arranged by both SHIF and the specialised sports federations.

Opinion within SHIF was divided between different sports and ages. The younger members wanted to integrate as much as possible and as soon as possible, while the older ones were more cautious. Not that they were completely against integration, but it was important for them to have someone as strong as possible to safeguard their interests. However, they wanted greater cooperation with other specialised sports federations, for social reasons as well as to increase training opportunities. In other words, they wanted to be part of a whole where they could be afforded better opportunities but still have SHIF as a base and backbone. According to the SHIF board, successful integration required strength and reciprocity: one party can and wants to join the other, and the other accepts the will of the first party and respects the fact that they want to join [43]. Here SHIF started speaking in terms of inclusion.

The amount of information and the number of reports and discussions within SHIF on women's place and opportunities had decreased during the previous period. The situation had increasingly started to resemble the pre-1976 period. The discussion did not cease entirely, however, as there were exceptions. For example, in 2002, SHIF arranged a meeting for its female leaders, and in 2006, the first elite women's floorball camp was held. Its purpose was to assemble participants from all over the country so that they could train together. They usually practised with men, but the long-term goal was to set up a women's national floorball team [44, 45].

Mainstream media reporting on the Paralympics further increased during this period. Its content still consisted partly of informative features on, for example, rules and classifications, but even if its scope could not be compared with that of the Olympic Games coverage, the form was such that the pre-coverage increased, and there was coverage from the opening to the closing ceremony. The reports also began to give slightly more detailed descriptions of the people. These greatly resembled hero stories, which are often about overcoming oneself and tearing down barriers (see, for example a 1996 report from Atlanta [46]). The stories have both male and female protagonists. A male example is the swimmer Anders Olsson, who, for instance, has won five Paralympic medals (three gold) as well as nine World Cup medals (five gold). The articles about him, however, focused remarkably often on his struggles away from the swimming pool. For example, an article from 2004 recounted what can best be described as a story about Olsson. In the mid-1990s, he had several bad health-care experiences, including unsuccessful spinal surgery, which paralysed him from the waist down. As a result of this and the subsequent excruciating pain, he was bedridden for five years. He was in such a bad state that the doctors thought there was no point in rehabilitation.

The latter, as well as a friend's challenge to do a long-distance swim race, convinced him to take up swimming again. The attempt was successful. He broke more than fifty world records during his career [47]. The article's effect is that the reader is more touched by Olsson's injury struggles than admiring of his sporting achievements. It is sentimental and narrow.

A female equivalent is the story about the British volleyball player Martine Wright, who survived the 2005 terrorist bombings in London, in which fifty-two people died. One article recounted how Wright sat just a few metres away from the suicide bomber who, in a packed underground carriage, blew himself and the whole carriage up. Miraculously, she survived but lost both her legs. The road back was long, but she never gave up. She learnt how to fly and ski and discovered sitting volleyball. She had become a member of the British sitting volleyball team [48].

These are just two of the many hero stories, or supercrips, in the newspaper reports on the Paralympics of this period. But there are also examples of resistance to the victim or feel-sorry-for mentality that might sometimes sneak into these stories as well as a reflection of the way society looks at the disabled in general. The Swedish athlete Madelene Nordlund, who, for instance, has four Paralympic medals, reacted strongly to her nomination for disabled sportsperson of the year at the 2003 Swedish Sports Awards, an event attended by Sweden's elite sportspeople. She boycotted the awards because she did not consider herself a sportsperson with a disability but simply an athlete. According to Nordlund, there was no reason for special treatment, and the disabled were in fact elite athletes who devoted considerable time to training [49].

Discussion

Three conceptual pairs have served as the theoretical basis for this study: integration and inclusion, the medical and social models, and the traditional and progressive models of media coverage.

Regarding the first pair, SHIF principally strove not for inclusion but for integration, except in regard to having premises adapted. The foundation of SHIF in 1969 gave rise to a specialised sports federation, which was considered necessary because the rest of the sports movement was not discussing the issue of disability sport. Over time, the SHIF board made attempts at integration in the actual sports by working towards making sports accessible by adapting the premises and equipment, but also in the sports movement itself. As for the latter, SHIF pursued the issue of being able to practise sports and also of organising itself with able-bodied sportspeople where required and where possible. At the end of the research period, the SHIF board, however, came closer to inclusion in so far as it highlighted the importance of being accepted and respected for the person you are, i.e. that the sports associations' activities were to be adapted to the participants and not the other way round. Of interest are the choices the different sports disciplines made when having to decide whether to stay in SHIF or join their respective specialised sports federation. An obvious concern about not being included, i.e. being accepted as equals despite differences, is noticeable among those that decided to stay.

As for arguments for doing sport, the SHIF board cited throughout the period the medical model above all. Disability sport was, according to the models, a good form of medical and social rehabilitation: by training the body, one's life could be improved and it would help give people with disabilities the opportunity to become part of a meaningful social context and

thus enable them to participate in society. For both men and women, sport was thus regarded first and foremost as medical and social rehabilitation and secondarily as an activity that has intrinsic value. The utilitarian aspect thus overshadowed the intrinsic value.

Women's place in SHIF was a non-question until the end of the 1970s, when the RF drew attention to women's place in sports in general. Over a period of a few years, the initiative was taken to improve the situation of women as leaders, trainers, and participants. In the latter half of the 1980s, however, women's conditions broadly returned to being a non-question, although there were exceptions.

As regards how the media portrayed female athletes with disabilities, the absence of objectification and sexualisation is evident. When comparing how the Swedish media represented able-bodied women during the same period, I have identified great differences but also one similarity. In the 1960s and at the beginning of the 1970s, women were a deviant element in sport. They were described both condescendingly and trivially as nice, good girls, but there were also clear sexual allusions. However, at the end of the 1970s, the media opposed the image of women which above all portrayed them as sex objects. Elite sportswomen took to the media to call for the focus to be on achievements rather than on the person, a demand the media generally adopted in reports on different sports events. Furthermore, women's inferior conditions in sports were also given attention. Nevertheless, just as in the case of highlighting sportswomen with disabilities, this period was a footnote, because in the 1980s and 1990s, the person became once again more interesting. This was at the expense of achievements and structural problems. Meanwhile, a new form of sexualisation emerged, a self-assumed form that in Sweden started with men, later adopted by women. This self-assumed sexualisation is strongly connected to the market adaptation and commercialisation of sport. If an athlete, male or female, is outwardly attractive, they can exploit their appearance and sex appeal to gain the media's attention, the public's support, and prospective sponsors' interest. This means that elite sportspeople are used by sponsors to market products and services, but the athletes also use sponsors in order to be seen and earn money. Centrefolds become a form of marketing [50].

This development, clearly evident in the Swedish media, is not observed for women with disabilities, or men for that matter. One explanation for this is the genderlessness past research has underlined regarding people with disabilities. They are visible due to their disability and because they practise sports despite the difficulties they experience, but not with regard to their gender. The material I have looked at, for example, makes no reference to boyfriends or children. If a family situation is highlighted, it is the parents and siblings who are mentioned. Another explanation is that commercialisation has not affected disability sport as much as other sports, probably because it is not considered to have the same market value. In other words, in disability sport, there is no incentive for individual athletes to market themselves.

The mainstream media, however, started reporting on the Paralympics at a very late stage. It was not until 1980 and was true to the traditional model. The majority of the reporting portrayed both the male and female athletes first and foremost as people with disabilities and not as athletes. This was in contrast to SHIF's own magazine, whose reporting was progressive in the sense that athletes were portrayed as sporting individuals. From the 1990s on, the hero stories became commonplace in mainstream media. In these stories, the practitioners were viewed as courageous, brave people who had overcome many hurdles.

These stories also contained belittling victim elements and helped trivialise the achievements – these sportspersons were regarded as people to pity or as good boys and girls instead of the well-trained athletes they actually were.

Conclusions

The aim of this study was firstly to provide a picture of Swedish disability sport in general and secondly to increase the knowledge of sport for women with disabilities by examining women's place in organised disability sport and by analysing media reporting of both male and female Paralympic participation. The results show that during the period examined, Swedish disability sport was not included in the sports movement in general and that despite the work of integration that was done, the gender aspect was not highlighted, except at the end of the 1970s and the beginning of the 1980s, when initiatives were taken to improve the position of women. For the SHIF board, sports equality seemed to have principally been integrated sports, and the integration work was superordinate to the gender aspect.

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