Common Misunderstandings

There are a number of prejudices, assumptions, and misperceptions surrounding disability, disabled people, neurodivergence, and chronic health conditions. Many have been discussed in other sections. These generally reduce disability or neurodivergence to being lesser than ablebodiedness or neurotypicality – lesser in physical and cognitive capacity, lesser aesthetically, lesser socially, even of lesser morals or virtues. One area where this is evident is disability's intersection with fitness.

Disability is often considered to be the antithesis of fitness in both physical capacity and aesthetics. Much of this has to do with fitness' interconnectedness with medicine and health. These fields have mapped the body, idealizing and normalizing specific functionality. Fitness often boasts extreme versions of these norms and ideals. It pushes itself to the far end of the spectrum which places disability and fitness as opposites. That is, disability is not seen as valid form and function which can also be fit; it is instead the opposite of physical capacity and aesthetics.

Ableism overlooks that disabled people can use fitness facilities for the same reasons as everybody else, ranging from health management to physique sculpting to sport performance. Disabled people are often assumed to have rehabilitative goals, fixing or compensating for their disabilities. Part of why it is so difficult for people to imagine disabled people training for sport performance in a gym is the conflation of disability with illness or incapacity. Disability sport is not given the same respect as mainstream sport and competition, nor are disabled athletes. Disabled people are also almost considered exempt from societal aesthetic standards. When this combines with other assumptions, such as disabled people being asexual, people are unlikely to assume disabled people's training has aesthetic or physique related motivations.

Some reactions to disability which seem positive on the surface actually reinforce negative misperceptions. Expectation of disabled people's success, contribution, and competence is so low that doing anything at all is often seen as a heroic triumph. This is referred to as 'inspiration porn.' There are traces of this in many contexts. In fitness and sport, motivational material features disabled athletes to pose the question, "If this disabled person can do it, what's your excuse?" Social media has plenty of videos showcasing disabled people as heroic for just being out in public, or as objects of charity for nondisabled people to showcase their good will. Embedded in this content is the assumption of disabled inferiority and the infantilization of disabled people. This is not a positive message; it is a reminder that nothing is expected from disabled people and that their lives are presumably pitiful.

Society often considers disability as the extreme opposite of fitness. This must be challenged. First, disability is often compatible with societally revered fitness ideals.

Paralympians are elite athletes and there are many disabled bodybuilders. Second, disability provides an opportunity to reconsider what it means to be fit, or what personal and societal values conventional fitness upholds. Thin and muscular aesthetic and athletic extremes are highly marketed interpretations of fitness, but they are frequently harmful to disabled and nondisabled people alike. They also carry with them histories of racism and white supremacy in dictating the socially acceptable or valuable body. Alternative fitness goals are equally valid, such as developing the capacity to lead a personally desired lifestyle with a desired level of independence. This is another interpretation of fitness and it is accessible to all. Not all gym users are training for sport performance or weight management. Not all disabled gym users are trying to rehabilitate.

*This work reflects our current knowledge and will be updated as needed. We also welcome your feedback at Equity@umanitoba.ca

References

Altman, B. (2001). Disability definitions, models, classification schemes, and applications. In G. Albrecht, K. Seelman & M. Bury (Eds.), *Handbook of Disability Studies* (pp. 97–122). Sage Publications.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1*, 139–167.

Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA, 14*(3). https://doi.org/10.1353/nwsa.2003.0005

Friedman, C. (2018). Aversive ableism: Modern prejudice towards disabled people. *Review of Disability Studies: An International Journal, 14*(4), 1–21.

Hansen, N., & Philo, C. (2007). The normality of doing things differently: Bodies, spaces, and disability geography. *Journal of Economic and Human Geography, 98*(4), 493–506. https://doi.org/10.1111/j.1467-9663.2007.00417.x

Oliver, M. (1983). *Social work with disabled people*. Red Grove Press.

Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice*. Aresnal Pulp Press.

Schalk, S. (2022). *Black disability politics*. Duke University Press.

Sins Invalid. (n.d.) *About Sins*. https://sinsinvalid.org/about-sins/

Sins Invalid. (n.d.) *10 principles of disability justice*. https://sinsinvalid.org/10-principles-of-disability-justice/

United Nations. (n.d.) *Article 1 – Purpose*. https://social.desa.un.org/issues/disability/crpd/article-1-purpose