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Managing unequal dis/abilities in competition: participation dynamics in a single-category wheelchair team sport

Gérer la diversité in/capacitaire en compétition : les dynamiques
de participation dans un sport collectif en fauteuil à catégorie unique

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ABSTRACT: The management of athlete body and ability differences is a constant preoccupation of the social world of sport. The main dispositive in managing this issue has been the introduction of sports categories, often based on the differences between the body's biological characteristics (sex, age, weight). The social world of parasport features innovative ways of classifying bodies that extend beyond such biomedical measurement. In powerchair hockey, a sport developed by and for people living with neurodegenerative diseases, the case study of this paper, women and men, children and adults, and people with various types and degrees of impairment play in a single category. Drawing on a multi-sited ethnography of this parasport, this study aims to understand how unequal dis/abilities can be managed in single-category competitions. It also elucidates how this management shapes athletes' participation dynamics. Despite some persistent ableist inequalities, the powerchair hockey classification system makes it possible to adapt one's way of playing and keep participating as physical impairments worsen and the volume of physical abilities decreases without being (too) devalued within the team.

KEYWORDS: sports categories, classification, body diversity, dis/ability, parasport, participation dynamics, sports career

RÉSUMÉ : Gérer les différences corporelles et de capacité des athlètes est une préoccupation constante du monde du sport. La principale réponse apportée est la mise en place de catégories sportives, le plus souvent basées sur les différences entre les corps biologiques (le « sexe », l'âge, le poids). Le monde du handisport propose des innovations catégorielles qui dépassent cette lecture biomédicale des corps. Dans les compétitions de powerchair hockey, un sport pour les personnes vivant avec des maladies dégénératives qui constitue l'étude de cas de cet article, femmes et hommes, enfants et adultes, de même que des personnes aux types et degrés de déficience divers jouent au sein d'une catégorie unique. À partir d'une ethnographie multisituee de ce handisport, cet article vise à comprendre la façon dont la diversité in/capacitaire peut être gérée au sein de compétitions à catégorie unique. Il met également au jour les manières dont cette gestion façonne les dynamiques de participation des athlètes. Malgré certaines inégalités capacitistes persistantes, ce système permet d'adapter sa façon de jouer et de maintenir sa participation au cours de l'aggravation des atteintes du corps, et de la diminution du volume de capacité physique, sans être (trop) dévalué-e au sein du collectif.

MOTS-CLÉS : catégories sportives, classification, diversité corporelle, handicap, handisport, dynamiques de participation, carrière sportive

INTRODUCTION

Since the beginning of modern sports, athletes' unequal abilities – i.e., those that are not imputable to training or “talent” – have been a central preoccupation of sports decision-making authorities. The main dispositive implemented to manage the issue of athletes' uneven performance is sport categories. Sports organizations usually justify the implementation of these categories as a way of offering certain groups protected status to promote fairness (Parry & Martínková, 2021). According to this rationale, gender categories are established to guarantee chances of victory for those defined as “real women” (Bohuon, 2008). Similarly, weight categories are implemented to offer a chance of winning to those who would otherwise have none because of their low weight (e.g., in powerlifting or judo) (Chase, 2008). Age categories are established to provide a real chance for people whose body efficiency is not yet or no longer at its peak according to what is considered a normal aging process (Parry & Martínková, 2021).

However, some sports do not follow this approach. In sports organizations situated at the margins of the “social world of sport” – such as the Federation of Gay Games (Ferez, 2007; Symons, 2010) and the International Paralympic Committee (IPC) – forms of innovation regarding athletes' categorization are observed. This is the case in powerchair hockey (PCH), a parasport developed by and for people living with degenerative neuromuscular diseases (Paccaud, 2017). PCH, the case study analyzed in this paper, is a single-category sport. This means that women and men, children and adults, and people with various types and degrees of impairment play together in the same team. A further specificity of this parasport is the progressive nature of athletes' physical impairments and dis/abilities¹. At the beginning of their sports careers, the majority of players still have the physical abilities to play using a floorball stick (called a cross) they hold in their hand. Then, as their disease progresses and physical impairments worsen, most adopt an alternative way of playing, namely with a stick attached to the front of the powerchair (called a T-stick). This way, most players continue playing competitively well into the later stages of the disease's progression, and in some cases, to the point of their death (Paccaud, 2023).

PURPOSE

In sports for so-called “able-bodied” people, “pre-competition” categorization (Martínková, 2020) refers to the measurement of body differences. It is constructed based on the biomedical criteria considered the most determinant of performance, be that according to sex, age, or weight. Moreover, “pre-competition” categorization usually implies a process of inclusion/exclusion of athletes.

¹ In this paper, I use the terms “people with dis/abilities” or “people living with dis/abilities” in reference to the Human Development Model and Disability Creation Process (HDM-DCP) (Fougeyrollas, 2010). I also thereby imply that when we look at “people with dis/abilities,” we should not only focus on their “disabilities,” but also on their many “abilities.” In their daily interactions, the research participants sometimes use identity-first language and sometimes person-first language without consistency. For clarity, unless citing a direct quotation, I use person-first language.

Sociologists show that sports categories can be considered a dispositive of body governmentality (Fassin & Memmi, 2004). They also explain that this dispositive creates, disseminates, and perpetuates a collective “hierarchized imaginary of bodies” (Liotard, 2004).

Thus far, sociological research has focused on sexual bi-categorization in sport. This body of work documents the social construction of sex categories over time and how women must prove their normative femininity to be allowed to compete (Bohuon, 2008, 2012; Pape, 2019). These authors study the ethical issues surrounding the exclusion/inclusion of women who do not meet the eligibility criteria. They also denounce the inequalities and discriminations produced for those excluded (Bohuon & Gimenez, 2019; Pape & Pielke, 2019).

The purpose of this paper is to contribute to the scientific debate on the management of body diversity and dis/ability variations in the social world of (para) sport. The article analyzes the dispositive of body governmentality that is sports categorization from an original and as yet little-researched angle, focusing on its impacts on the participation dynamics of those who are included. Given the partial misalignment of PCH with “able-bodied sport” and the characteristics of the social group practicing it, a case study of this parasport offers great heuristic potential. PCH has developed innovative eligibility and classification² regulations, which on one hand, provide a form of equity between players and teams, and on the other, allow for the possibility to keep participating as one’s physical impairments worsen. In other words, the idea was to implement a dispositive that could govern both inter-individual (between players and teams at a given time) and intra-individual (for the same person over time) body diversity and variations in dis/ability.

As such, this article aims to elucidate how physical dis/ability variations are managed in a single-category team sport. It also offers insights into how this classification system shapes athletes’ opportunities to compete and to keep participating as physical impairments gradually progress.

LITERATURE REVIEW: PARASPORT CLASSIFICATION SYSTEMS

Since the beginning of its development, the regulation of competitions has been a central concern of the parasport movement (Brittain, 2009; Ruffié & Ferez, 2014). A key issue addressed is the inclusion of people living with different types and degrees of impairments and dis/abilities (Marcellini & Lantz, 2014). Classification rules have been implemented to govern the diversity of subjects’ dis/abilities. According to Howe (2008), these regulations fulfill two objectives: they seek to conciliate uncertainty in the outcome of the competition with a degree of fairness among participants, and they aim to ensure the opportunity of participation for all. Thus, parasport seems to be an arena of experimentation regarding the management of body diversity and dis/ability variations, and a sphere of innovation in terms of sports categorization (Marcellini, 2018).

² While the terms “category” and “sub-category” are widely used in the field of “able-bodied sport,” in the world of parasport, the term “class” is used by consensus to designate either one or the other. Throughout this paper, the term “class” is used to refer to the “sub-categories” that exist within the single category that prevails in PCH.

First, “disability-specific classification” systems (also called “medical classification”) were implemented, relying on the measurement of differences between bodies and thus following the same rationale as that for “able-bodied sport.” This classification involves assessing the types and degrees of impairment to include in the same category people whose biological bodies are relatively similar in terms of efficiency (Piera & Pailler, 1996).

In the late 1980s, a new classification principle emerged, namely a “functional integrated classification system.” This system referred to the dis/abling situations athletes face when playing a given parasport. The IPC intended and supported the transition from a “disability-specific classification” to “functional integrated classification” (Brittain, 2009), which seeks to regroup people with a wide range of impairments in the same categories (Howe & Jones, 2006). The functional classification process is based on an assessment of skills relevant to the specific parasport and evaluation of the impact of impairments in the given sports setting. For team parasport, a rule exists to equalize the volume of dis/ability between teams. Over time, functional classifications have become prevalent. Nevertheless, some parasport such as those practiced by people living with visual impairments, continue to use medical classifications (Powis & Macbeth, 2020). Moreover, federations that organize competitions for people living with intellectual dis/abilities waver between adopting functional classifications or classifications centered on the measurement of performance produced in previous competitions (van Dijk, Dad’ová, & Martínková, 2017).

However, research in the social sciences on classification systems, their application, and their impact is limited (Powis & Macbeth, 2020). A handful of studies focus on how the adoption of different classification systems reconfigures the relationship between sports competitions and inclusion/exclusion dynamics (Howe & Jones, 2006; Purdue & Howe, 2013; van Dijk *et al.*, 2017). According to Howe and Jones (2006), the transition from medical to functional classifications has contributed to improving the mediatization of parasport, making it more attractive to the public. However, it has also led to the marginalization of athletes living with higher degrees of impairment and those with cerebral palsy. Powis and MacBeth (2020) and Cerqueus *et al.* (2023) describe the identity and comparison dynamics between athletes induced by the experience of being classified. They show that classification results can be a source of suspicion of cheating and lead to a sense of injustice. Peers (2012) and Howe and Jones (2006) add that athletes, depending on the class to which they have been assigned, must embody and perform the behaviors commonly expected of those belonging to that class. Any athlete whose performance departs too far from these norms is immediately suspected of cheating by other athletes and classifiers. Peers (2012) elaborates that being labeled “eligible” for parasport competitions supports the construction of a sense of self as a person with dis/abilities. This body of research provides rich insights on which to build future work. However, apart from preliminary findings from Cerqueus *et al.* (2023), Peers (2012), and Powis and Macbeth (2020), knowledge about classification processes in team parasports remains incomplete. In particular, classification systems have not yet been considered from a participation dynamics perspective. Furthermore, the impact of classification on the development of athletes’ sport careers has not yet been studied. Thus, this study aims to address these gaps in the literature.

THEORETICAL FRAMEWORK: ANALYZING THE MANAGEMENT OF BODY DIFFERENCES IN SPORT THROUGH A DIS/ABILITY STUDIES LENS

Since the “biologization” of society that took place during the Age of Enlightenment (Stiker, 1982, p. 140), actors from the medical world have defined body normalcy and aimed to cure and redress bodies labeled as pathological or abnormal (Grue, 2011). According to this medical perspective, “disability” is conceived as an individual-based problem that is a direct consequence of an impairment (Ville, Fillion, & Ravaud, 2015). Within this framework, the stigma experienced by people living with dis/abilities stems from the “deviance that [people with dis/abilities] maintain with respect to the social norm” (Ville *et al.*, 2015, p. 95).

To produce social science-based knowledge on sports categorization, I suggest departing from the biomedical prism through which bodies are most often studied. To move away from this approach – often the prevailing one in the social world of “able-bodied sport” – I propose drawing on numerous critical models of dis/ability developed since the 1970s. While these models refer to different theoretical traditions, the aim here is not to engage in an epistemological debate. Rather, as Crawley (2019) advocates, I use them cumulatively to capitalize on the benefits of how each may inform the object of research.

In this context, the “social model of disability” is interesting, because it engages in a radical criticism of the medical model (Fougeyrollas, 2010) by reversing the chain of causality behind dis/ability. According to the “social model of disability,” the origin of dis/ability is no longer considered related to individuals, but exclusively to the capitalist system that fails to meet their needs (Oliver, 1990). Thus, this model allows for a de-essentialization of dis/ability, which is then considered “a matter of societal organization and social construction rather than of biology and the individual” (Masson, 2013, p. 113). However, a limitation of the social model is that it eludes the issue of the body and its functions, thereby establishing dualism between dis/ability (as a social disadvantage) and physical impairments (Goodley, 2011). This is problematic for research in the sociology of sport, which investigates social phenomena in which the body plays a central role.

The Human Development Model and Disability Creation Process (HDM-DCP) developed by French Canadian scholars and activists is useful for conceptualizing the body experiences of PCH players in interaction with their environment. The authors define a dis/abling situation as the result of the interaction between individuals and their environment. People living with impairments, through their interactions with personal, community, and societal environments, can be in a social participation situation (i.e., the full realization of “normal life habits”) or in a dis/abling situation (i.e., the limitation of the fulfillment of “normal life habits”) (Fougeyrollas, 2010). Therefore, a person living with impairments may in some environments encounter dis/abling situations, but in others, be in a social participation situation.

However, the HDM-DCP does not address the normative system by which efficiency and impairment, ability and disability, and “normal life habits” are defined. Here, the contributions of critical dis/ability and crip studies are

useful in resolving this pitfall. Drawing on postmodern feminist theories, several authors have investigated “how culture saturates the particularities of bodies with meanings and probes the consequences of those meanings” (Garland-Thomson, 2002, p. 2). The idea is not to deny the materiality of bodies or the differences and variations between them. Indeed, we cannot all use our limbs, vocal cords, or brains in the same way. Rather, critical dis/ability and crip studies scholars consider that our body and how it functions are always defined by socially constructed discourses and norms (Grue, 2011).

Garland-Thomson (2002, p. 6) refers to an “ability-disability system” that normalizes and benefits certain bodies and functions, which it establishes as standards – ability-disability norms – and devaluates those that deviate from these standards. This system of differentiation and inequality produces and legitimizes “an unequal distribution of resources, status, and power within a biased social and architectural environment” (Garland-Thomson, 2002, p. 5) to the advantage of those who can use their bodies in accordance with ability-disability norms. Following Garland-Thomson, some authors use the term “able-bodied,” which refers to the culturally shared definition of what it means to have normal physical and cognitive abilities (Egner, 2019). They explain that dis/abilities are always defined with reference to what is deemed “normal” abilities. Thus, “normal life habits,” as referred to in the HDM-DCP, actually reflect the life habits of the “able-bodied.” Finally, the concept of “ableism” is now well established in the Anglo-Saxon literature (Paccaud, 2024). Campbell (2008, p. 5) defines ableism as a “network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human.”

MATERIALS AND METHODS: AN ETHNOGRAPHIC STUDY OF PCH

This study is based on multi-sited ethnography (Marcus, 1995) of PCH in French- and German-speaking Switzerland. Between 2015 and 2021, I conducted this study as part of my doctoral thesis in the sociology of sport. The main objective of this research was to understand how sports socialization shapes the life-course of people living with “severe” physical dis/abilities (Paccaud, 2021).

I initially conducted participant observations (550 h) at national and international competitions. I also observed practices in three clubs and national team’s training camps, assuming different roles and positions based on the demands of the PCH actors (Paccaud, 2020). I recorded all my observations in a field journal. In addition, I distributed a questionnaire survey to collect socio-demographic data on all players in Switzerland. In total, 99 of 115 players responded to the questionnaire. I completed these data by collecting numerous institutional documents (successive regulations of the practice, online publications, archives of clubs and the national federation, players’ classification files, etc.).

A second part of the research involved conducting 11 case studies with players (6 men and 5 women) to understand their life trajectories. Each case study began with a “life-course interview” (Bertaux, 2013). A few weeks later, I performed a seven-day immersion in the life of each participant according to the “go-along method” (Kusenbach, 2003). On the last day of immersion, I concluded with

a “photo elicitation interview” (Harper, 2002), during which the interviewees were asked questions about 20 pictures they chose to best represent their different life phases (Paccaud & Marcellini, 2022). The interviews lasted from 1 hour 50 minutes to 4 hours 50 minutes.

I conducted a life-course analysis of the data collected through the case studies (Dubar & Nicourd, 2017). I also performed a thematic analysis (Paillé & Mucchielli, 2012) of the whole dataset, focusing on the “systems of symbolic opposition” (Messu, 1992) that emerged in interviewees’ discourses. Throughout the research process, I tried to reflect on my “standpoint” as an abled-bodied researcher in sports sciences interested in adapted physical activities, aligned with an epistemology of gender to which I relate (GenERE, 2018).

RESULTS AND DISCUSSION

The findings are presented and discussed in four sections. First, I detail the PCH classification system that has been in force since 2016. Second, I analyze how the experience of classification shapes players’ identity. Third, I uncover the forms of hierarchization produced by the dis/ability-related division of labor on the field, which is partly calqued on classification results. Fourth, I highlight the interconnections between the progressive worsening of physical impairments, experience of shifting class and roles over the sports career, and players’ participation dynamics.

A functional classification system that does not fully consider body-technology interactions

Throughout the development of PCH, numerous eligibility and classification regulations have been successively implemented. In 2005, as PCH became recognized as a discipline of the International Wheelchair and Amputee Sports Federation (IWAS), the Federation’s medical commission was commissioned to implement a functional classification system. The members of this commission, mostly doctors, were driven by a biomedical understanding of the body and how it functions. Thus, they designed a system that could be described as hybrid – medical and functional – that selects etiological categories and attempts to assess the impact of impairments on sports performance (Paccaud, 2017). As the Chairman of this commission explains, their primary concern at the time was to protect those considered the most disadvantaged to secure them a place in the game: “Players with Duchenne muscular dystrophy often have a short life expectancy, so it’s very important to make sure they have a spot to protect them from being excluded from their only sport.”

This initial system received much criticism. In response, the PCH international committee drafted a new classification system in 2015, which was still in force when I conducted the research. Throughout the rewriting of the regulations, the only criterion invoked by members of the classification commission was athletes’ physical dis/abilities to perform specific PCH – tasks. The athlete’s age, weight, or sex were not considered significant factors.

According to the new regulation, to be eligible, a player is required to meet the following two criteria. The first is having at least one of the seven “impairment types” considered to impact PCH-specific tasks (impaired muscle power, impaired passive range of motion, limb deficiency, short stature, hypertonia, ataxia, or athetosis) among the ten types listed by the IPC. The second is not exceeding a maximum of 4,5 points when adding the results of arm and trunk Medical Research Council (MRC)³ strength tests. For players living with impairments other than impaired muscle power, correspondences have been established between the MRC scale and assessment of the degree of their impairment. In addition, to ensure a relatively even distribution of physical dis/abilities between teams, the total points of the 5 players of a team may not exceed 12. Finally, at least two players using a T-stick per team must be on the field, thereby ensuring a place in the game for the most physically dis/abled athletes.

The classification process involves several steps. First, players are required to submit a medical certificate listing all health conditions and medical treatments they have undergone. Next, classifiers measure various physical motor skills of the arms and trunk, which can be considered a medical assessment of physical impairments. Next, players are required to perform ball-handling drills to assess the impact of their physical impairments on certain PCH-specific tasks. Finally, players are observed in competition to either confirm or invalidate the class assigned after the first three steps. The PCH classification process is thus similar to that of other wheelchair team sports such as basketball (Peers, 2012).

Although PCH actors unanimously acknowledge that the current system more accurately assesses the impact of impairments than the previous one, one pitfall remains. A key component of PCH performance is only partially considered in the assessment, namely the impact of physical impairments on the dis/ability to operate the powerchair. As a result, this system penalizes players who do not have the physical abilities needed to control the powerchair precisely and quickly. During the fieldwork, I observed great resistance to considering this factor when classifying, which may be linked to the ambiguous relationship between the Paralympic movement and technology (Hardin & Hardin, 2004; Howe, 2011; Purdue & Howe, 2013).

Classification results: intersecting participation and identity dynamics

The classification results determine who among the players may or may not participate in competitions. Those assigned a class of 4.5 or lower are eligible to compete, while those assigned a class higher than 4.5 are ineligible.

According to the players, beyond the issue of whether or not they are allowed to participate in competitions, being recognized as “eligible” is intimately intertwined with the matter of belonging to the identity category of “severe dis/ability.” The following interview fragment from Nicolas is a typical illustration of these interconnected issues.

“Thanks to powerchair hockey and everything that goes with it, the people I’ve met helped me to... to accept my illness, my disability... to realize that I am really disabled. But when

³ The MRC scale is a gradation scale from 0 to 5 for muscle strength. The assessment is carried out in a medical setting, and therefore does not assess dis/ability in performing PCH-specific tasks.

I went through the classification process for the first time... they took away my license. So, I wasn't disabled enough. It was like they were denying me a place in the world of disability when I'd just found one." (Nicolas, 37, ineligible to class 4.5, offensive midfielder)

For PCH actors, being labeled as "ineligible" is equivalent to not "belonging" to the category of "severe disability." This means that being labeled as "eligible" is synonymous with being recognized as belonging to this category.

While players declared eligible after classification may maintain their commitment to PCH, this is not always the case for those not eligible to compete. The players have mixed reactions to the experience of the potential withdrawal of their ineligible teammates from PCH. Here, the ineligibility of players who do not use an electric wheelchair in their daily lives and whose impairment worsens only slightly over time is well accepted and not a matter of debate in the group. In contrast, the ineligibility of players who use an electric wheelchair as part of their daily routine (the former eligibility criteria before the introduction of classification) and/or who are living with a progressive condition is considered an injustice. In that sense, the functional rationale underlying the classifications collides with a community and identity rationale that has prevailed since the emergence of the PCH in the early 1970s in the Netherlands up until the introduction of classifications (Paccaud, 2017).

PCH players consider these exclusions unfair because some have to "wait until they get sicker before being able to participate in competitions." Liam – who is living with a progressive condition, was 17 at the time and about to undergo a life-threatening surgical procedure – explains this by referring to the situation of one of his ineligible 13-year-old teammates, who is also living with a progressive muscular dystrophy:

"It's awful to think you have to wait to get sicker to be allowed to play, especially as there's a limited period of time before you can't play anymore because the condition is progressive..." (Liam, 17, class 3 to class 1.5, forward striker to mobile defender/blocker)

Given the limited time window for a sports career, they find it absurd that this group of players is forced to wait for their physical impairments to worsen before being allowed to participate in competitions. Most PCH players have a shorter life expectancy (i.e., 20–35 years) than able-bodied people, and their life-courses do not reflect a normative able-bodied timeframe. In this respect, PCH eligibility and classification systems, as they are designed, shape sports careers by referring to an able-bodied time that comes into tension with the "crip time" (Baril, 2017; Kupperts, 2008) that shapes the life-courses of players.

For eligible players, in addition to their belonging to the "severe dis/ability" category, the assigned class becomes an identity category that they use to compare themselves with others and define their position in the group. Florian's discourse is symptomatic of these recurring interaction dynamics between players.

"I'm still a class 3. If you compare my 3 points with others... Well, for example, Erich is also a 3, even though he's got more strength in his upper body. He can bend over, whereas I can't. He's fast and strong. We're not the same 3 in my opinion." (Florian, 22, class 3, playmaker)

Players whose body impairments worsen also rely on classification results to compare themselves over time. As they are classified several times throughout their sports career, they are witness to the evolution of their physical dis/abilities.

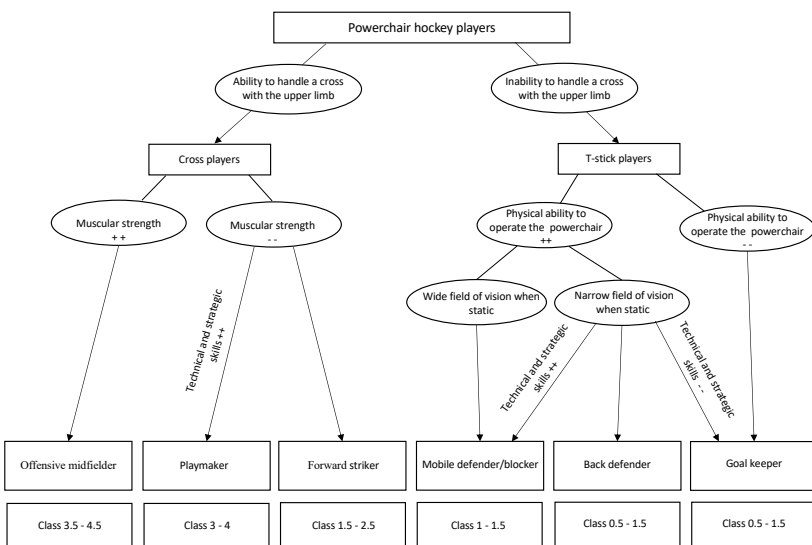
“It really hurts when I remember what I used to be able to do. And then, you’re being reclassified, because you’ve become weaker. It’s like attested. You’ve weakened, no question about it. You’re a 2! It’s good for the team, we’ve got an extra advantage, but for oneself...” (Martin, 48, class 4 to class 2, Offensive midfielder to forward striker)

On a personal level, this concretization of the evolution of dis/abilities may be difficult to cope with, as Martin testifies above. This result confirms Peers’ (2012) findings in the context of wheelchair basketball. However, this class transition also leads to the reconfiguration of players’ position in their team, and of the team’s position vis-à-vis other teams. Transitioning to a lower class, which occurs after reaching a new stage in the evolution of the player’s illness, can also result in a gain in terms of “sports capital” (Faure & Fleuriel, 2010) for both the player and the team. Overnight, a player could be “worth one point less,” even though his/her physical dis/abilities and sports skills have not diminished at that precise time. Given the 12-point maximum for an entire team on the field, a player’s value to the team increases. Thus, moving down a class might result in consolidating the player’s status in the team. The negative momentum the player may experience on a personal level might actually translate into a positive dynamic on the collective level, and therefore reflect favorably on the player’s participation.

Dis/ability-based distribution of roles on the field and body hierarchization

As part of the PCH’s sportification process, a division of labor between players on the field has emerged. *In situ* observations and interview analysis show that the distribution of roles is mainly organized according to players’ physical dis/abilities, and secondarily according to their technical and strategic skills. As Figure 1 shows, the distribution of roles is also closely correlated with players’ class.

Figure 1: Dis/ability-based division of work in PCH



While each role has specific aspects, belonging to the group of cross players *versus* the group of T-stick players shapes to the greatest extent the way people participate when playing.

Interviewees describe the roles performed by cross players as requiring “a great deal of strength” (Maria); being “rough, tiring for the body” (Dominik); and consisting of “being center stage” (Florian). For cross players, PCH is an activity in which the “structural axis” is highly important (Bui-Xuân & Mikulovic, 2007)⁴. Their main duty is to score goals. Those who assume the role of playmaker rely also heavily on their technical and strategic skills. T-stick players, on the other hand, describe their roles as requiring a high level of strategic skills. For these players, the functional axis of the game is dominant. Their main duty is to defend and create room to enable the cross player to strike.

“My job on the field is to stay in the shadow of the cross players, to support them and to help them to score.” (Yvan, 25, class 1.5, mobile defender/blocker)

“Yeah, building room to enable cross players to move freely, having a good vision of the game, anticipating their needs.” (David, 32, class 2 to class 0.5, playmaker to forward striker to mobile defender/blocker to back defender)

Moreover, each player’s work is not rewarded with the same level of recognition depending on the group to which he/she belongs and role he/she assumes. This raises further questions about the “hierarchized imaginaries of bodies” (Liotard, 2004) these modes of participation produce. Indeed, as several players explain, forms of inequity between players exist. Such inequities, which are “taboo” and generate considerable discussion among PCH actors, are related to the dis/abling situations some players face when playing.

“You know, the whole principle of adapting the way of playing to our own physical limitations sometimes reaches its limits. For example, for our goalkeeper, it’s clear that with her disabilities, the way she handles the powerchair, she can’t really do a good job. So, we assigned her the role of goalkeeper. You can look at it as positive, because she takes part in the game, but as far as the team is concerned, it’s a disadvantage, because she’s not at the same level as the other players. But there’s a taboo around this issue: it’s not politically correct to get upset over that.” (Kristoffer, 38, class 4, playmaker)

Kristoffer’s comments highlight the limits of players’ acceptance of the principles of team parasport classification and of equalizing the volume of dis/abilities between teams. This player’s (taboo) desire to reproduce the principles of “able-bodied sport” is considered wrong by the governing body of PCH, as it goes against the ethos of parasport classification, which is to ensure participation for all. This underlines some of the limitations of PCH as an inclusive sport. In other words, some players face dis/abling situations in the context of the PCH; i.e., restrictions in terms of participation.

The discrimination suffered by players who face difficulties when navigating with the powerchair is the tip of the iceberg of a wider phenomenon, namely the marginalization of T-stick players. This hierarchization of players is linked

⁴ These authors classify sports disciplines according to three axes: structural, technical, and functional. The way an athlete wins or achieves excellence and the predominant skills it requires serve as indicators of the guiding principle of that sport: measuring the performance/physical abilities (“structural axis” predominates), conforming to a model/technical skills (“technical axis” predominates), or scoring/strategic skills (“functional axis” predominates).

to the “ability-disability system.” As the majority of players switch from playing with a cross to playing with a T-sticks throughout their sports careers, PCH clubs are continuously recruiting cross players, who are considered “a rare and precious resource” (Mike, coach). In contrast, no one involved in the PCH seems to be looking to recruit new T-stick players. Furthermore, the work accomplished by T-stick players is often overlooked and not rewarded as much as that by cross players. For example, until 2021, there were no awards for the best T-stick players of the championship, whereas, as in “able-bodied” team sports, top strikers are almost systematically rewarded.

This result partially confirms the findings of Wickman (2004, 2007) and Berger (2010) for other parasport. These authors demonstrate a clear hierarchy of athletes with dis/abilities. At the top of this hierarchy are those whose physical impairments are acquired at adulthood and/or those with a relatively low degree of impairment. However, this result is nuanced. First, in the PCH’s elite level, the work accomplished by T-stick players is better recognized, as all those involved display significant strategic skills and can appreciate the wide scope of expertise deployed by T-stick players. Second, some T-stick players embody and stand for a positive sense of self as specialists of strategy. This claim relies on the sports excellence criteria established in the PCH elite level, where strategic skills are very important. Third, in 2020, the Swiss Technical Commission for PCH introduced the rule that every goal scored by a T-stick player is worth double points. This was to (re)valorize the work of T-stick players and encourage teams to teach them how to play offensive roles.

Thus, the hierarchization of bodies seems to result from the contamination of the PCH’s rationale by a hierarchy based on physical dis/ability that prevails in the world of “able-bodied sport.” As such, there is a tension between the competitive and selection-oriented logics of “able-bodied sport” and inclusive ideology pursued in the “parasport world,” which aims to encourage participation for all people regardless of their dis/abilities. Players marginalized by this system do not passively endure these forms of domination, but resist this process of hierarchization. Their claims receive some attention from the governing body of the PCH.

Transition from playing with a cross to playing with a T-stick: continuing or quitting PCH?

Most PCH players, whose physical impairments worsen over time, have the highest volume of physical efficiency and physical abilities during the initial phase of their sports careers. Later, despite extensive practice and the acquisition of new technical, strategic, and social skills, their volume of neuromuscular efficiency and some physical abilities decrease. As a result, the worsening of physical impairments caused by the degenerative disease they are living with leads to a shift in class, group, and role over their sports career.

The interviewees explain that the most significant of these transitions is the shift from playing with a cross to playing with a T-stick. This “status passage” (Glaser & Strauss, 1971), which is closely interwoven with the experience of the withdrawal of physical efficiency and physical abilities, is described as particularly

challenging. PCH players may experience this transition differently: while some positively embrace their new status and role in the team and pursue their commitment, others experience it as a downgrading and may withdraw from PCH.

Players who positively endorse this status passage describe playing with a T-stick as a continuum of their earlier parasport experiences. As cross players, they had already developed a penchant for the functional axis of PCH; a taste for strategic skills and team effort. They therefore perceive a form of continuity or coherence between their corporeal and sports experiences garnered through their previous sports socializations and those as T-stick players. As a result, they immediately enjoy playing a “behind-the-scenes” role and are willing to help cross players score and to support them.

“Well, it was like a piece of cake. Right from the start, with the cross, I was at the top of my game in terms of tactics, being able to read the game and predict what was going to come. So I had no problem switching to T-stick.” (Céline, 23, class 2 to class 1, offensive midfielder to mobile defender/blocker)

Moreover, these players and their coaches carefully planned the timing of this transition to avoid the risk of being relegated. For these players, the transition to playing with a T-stick is an opportunity to consolidate their place in the team. Thus, the involution experienced in their body’s biological trajectory is coupled with a process of development of their social participation.

“I switched quite early on, because I figured I was going to lose quite a bit of strength the following year, and then I wouldn’t be able to play in the national team as a cross player. However, as a T-stick player, it was possible for me to qualify for the national team if I trained differently. The national coach quickly noticed that I’m one of the few T-Stick players who can read the game that well and who also very well knows how to help my teammates.” (David, 32, class 2 to class 0.5, playmaker to forward striker to mobile defender/blocker to back defender)

Players who experience the transition to the T-stick group as a downgrade describe playing with the T-stick as a rupture with their previous sports experiences. When playing with a cross, they were striker and developed a taste for the structural axis of PCH; a taste for both the corporeal engagement and individualistic dimension of the role of striker. Martin’s quote below, from an interview conducted when he was worried about his impending transition from playing with a cross to with a T-stick, illustrates this point. Six months after this transition, this player ended his sports career.

“I still try to play using my upper body a lot. Of course, it’s very tiring, obviously, but I find it more satisfying this way.” (Martin, 48, class 4 to class 2, offensive midfielder to forward striker)

Playing with a T-stick, these players do not retrieve (as much) the structural axis they enjoy. In addition, they can no longer capitalize on their physical abilities to be competitive, but must instead learn new technical and strategic skills. As long as these skills have not been acquired, they face dis/abling situations when playing. To keep enjoying playing, they must develop a taste for the functional axis of PCH. However, depending on the habits they embodied prior to this

transition and their skills, these players may or may not be adequately armed to respond to their new role in the team.

Moreover, players who withdraw from the PCH following this “status passage” had not anticipated this transition to avoid being relegated to a lower position in the team. Whereas they were essential to the group when playing with a cross, this is no longer the case when playing with a T-stick.

“Since I got the T-stick, I haven’t been on the field as much. I’m aware that I’m not as good as other players, and well, being a substitute is okay for a while, but...” (Thomas, 22, class 2.5 to class 1, forward striker to back defender)

The transition to the t-stick compromises the position of these players in the team. For them, the switch from playing with a cross to with a T-stick comes with the risk of not being selected and of being forced to sit on the substitutes’ bench. The involution experienced in their body’s biological trajectory is coupled with a relegation in the team. They suffer the consequences of this transition, which can lead to a withdrawal from PCH.

For most PCH players, the progressive worsening of physical impairments and gradual loss of certain physical abilities inexorably lead to shifts in class, group, and role over the course of their sports career. That said, the worsening of physical impairments is not necessarily synonymous with the end of competing, whereas this is often the case in “able-bodied sports” (Moret, 2017; Navel & DeTyche, 2011). Nevertheless, to be able to maintain their commitment, players must embody a taste for the functional axis of PCH, which is central to the game with a T-stick. On that condition, PCH, with its various modes of practice, is a parasport that enables players to maintain their commitment up to an advanced stage of the disease’s progression and in most cases, even until they die.

CONCLUSION

To manage the diversity of athletes’ physical dis/abilities in competition, the PCH developed an innovative and complex classification system featuring a single category in which women and men, children and adults, and people with various types and degrees of physical impairments play together. Points are awarded to players according to the impact of physical impairments on PCH-specific tasks to guarantee a place for people with the most severe physical dis/abilities on the field. To balance the volume of physical dis/abilities between teams, the combined points of the 5 players of a team cannot exceed a maximum of 12 points. The PCH classification system excludes people whose physical dis/abilities are deemed not severe enough based on the principle of protecting those considered “the weakest physically” and/or those who belong to the original community of this parasport (i.e., people living with a neuromuscular disease and/or using an electric wheelchair in their daily life). Thus, in PCH, the establishment and management of a single category relies excluding people who are “too able-bodied.” In this respect, the PCH categorizations are shaped by a logic of inclusion/exclusion, as is the case for the categorizations in “able-bodied sport.” However, this inclusion/exclusion process is not based on the biomedical measurement of bodies, but on the measurement of the impact of physical impairments in the

situation. PCH players view this system as ableist, as it refers to an able-bodied temporality of sports careers, which comes into tension with the timeframe of the life-course of people living with progressive neuromuscular diseases.

For PCH players, the experience of classification contributes to raising awareness of the worsening of their physical impairments and loss of certain physical abilities. Nevertheless, this experience, often lived as a downgrading on a personal level, can also result in a gain of capital for the team, and therefore a consolidation of the player's participation.

In PCH, a division of labor exists between the players, and the distribution of roles is closely correlated with the assigned classes. The findings demonstrate that these roles are hierarchized and that the ability-disability system plays a key part in this process. The classification does not eliminate inequalities related to the ability-incapacity system. Nevertheless, at the elite PCH level, this system of differentiation and inequality has less influence on the process of hierarchization of bodies. While this paper focuses solely on the ability-disability system, this hierarchy is also shaped by other systems of differentiation and inequity, such as gender (for more detail, see Paccaud, 2022).

The PCH classification system is interesting in that it enables adapting the modes of participation over time, while allowing players to continue playing on the same team. Therefore, assuming they develop a taste for the functional axis of PCH, players can continue to participate in PCH. This result contrasts strongly with those found in the context of "able-bodied sports" (Fleuriel & Schotté, 2011; Guiot & Ohl, 2007). In elite "able-bodied sport" – activities that require extraordinary efficiency of the body – the decline of physical abilities due to health conditions, injuries, and/or ageing, almost inevitably leads to sports retirement. In PCH, even though players live with severe physical impairments and their physical abilities decrease faster than those of able-bodied athletes, most manage to pursue their sports career to the end of their lives.

In conclusion, despite the limitations highlighted above, PCH has developed a system to manage body differences and inter- and intra-individual variations of dis/abilities, which overcomes some of the pitfalls of the often-criticized categories of "able-bodied sport" (especially the sexual bi-categorization). Uncovering how this system functions and its impact on players' participation offers insights into how to (better) manage body diversity and dis/ability variations for other (para)sports.

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