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Special Olympics in Austria
Sport as the assisting medium for the inclusion of people with an intellectual disability into the mainstream society shown by Unified Sports® competitions at the Special Olympics World Games 2017.

verfasst von / submitted by

Tina Zenkl, B.A.

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Affidavit

I hereby confirm that my thesis entitled *"Special Olympics in Austria"* is the result of my own work. I did not receive any help or support from commercial consultants or others. All sources, data and materials applied are listed and specified in the thesis.

Furthermore, I confirm that this thesis has not yet been submitted as part of another examination process and neither in identical nor in similar form.

Vienna, 16. 01. 2018

Place, Date

Signature

„Let me win, but if I cannot win, let me be brave in the attempt.”

Special Olympics oath

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1 Introduction

> *"This is the forerunner of something really big, which will exceed all our expectations."* (Bildband Special Olympics 2017:58)

Imagine that society sees an individual with an intellectual disability solely for its ability instead of its disability. Imagine that society includes every individual with an intellectual disability in the equal way as individuals without, because there are no longer borders drawn between them. Imagine giving individuals with intellectual disabilities the change to show society their notable athletic performances in official recognized games throughout the whole year. Imagine that these games function as the basis for a total social inclusion of people with intellectual disabilities into the mainstream society by playing sports together with individuals who are not intellectually disabled.

The Special Olympics movement with the regularly held Special Olympics World Games make it possible to stop imagining these desired aspects, to start experiencing them closely and to see a change in awareness and the mentality of people, because *"what moves the hearts also moves the world."* (Bildband Special Olympics 2017:10)

In March 2017, the sportive spotlights were solely turned on the Special Olympics Winter Games in Styria, which were held for the second time in Austria since the first official games in 1968.

> *"Special Olympics is a worldwide movement of people, which establishes a new world of inclusion and community, where each individual is accepted and included, irrespective of their abilities or disabilities. We help to make the world better, healthier and more joyful."* (austria2017.org)

23 years after the last official Games in Austria, the number of participating athletes with intellectual disabilities and the number of disciplines has increased significantly. This year, 105 nations shared one goal – To win a gold medal with true pride and real joy (cf. specialolympics.org).

The Special Olympics takes place under the same terms as official sport competitions for individuals without an intellectual disability. Therefore, it is an interesting research field not only for the author, but also for Social- and Cultural Anthropology, because this scenario shows that people with intellectual disabilities are equal members of the society and argue against special treatment (cf. ibid.).

To emphasize this unequivocal statement, the Special Olympics developed a unique model in which people with intellectual disabilities and people without compete together as a team. Cooperation in the context of sport strengthens not only the understanding of oneself, but rather develops and reconsider the personal view of *"the other"*. That is why the Unified Sports Strategy claims to be the ideal starting point for the total social inclusion of people with intellectual disabilities (McConkey et al. 2012:5).

Due to the open-minded and inclusive environment in which the author was born and raised, there has always been an increased awareness of people with (intellectual) disabilities and an inner urge to contribute somehow to this topic. Since the author's parents are both involved in the topic in several ways, this desire was always supported and encouraged by them.

Because of the author's passionate work as a personal assistant for people with a physical and/or an intellectual disability for more than two years, it is a great issue to point out for her, that every life is worth living and that it is highly important to include every individual of society in an equal way, despite the gender, religion, cultural background or abilities.

As the Unified Sports Strategy represents the most interesting aspect of the Special Olympics, the author chose to concentrate on it. The author demonstrates this assertion by presenting an analysis of the collected data, which was conducted through precise observation and exclusive interviews.

1.1 Research question

The diverse research question calls for multiple answers and is moreover accompanied by several sub questions. The central question in the thesis is:

> *"In which ways does Unified Sports®*[1] *account to the inclusion of people with an intellectual disability into the mainstream society?"*

The author is interested in presenting the whole picture of Unified Sports and the way how this sports model leads to inclusion. Therefore, further questions are discussed to support my project and to be able to formulate a conclusion that answers the central research question. The sub questions are:

- How does sport contribute to the athlete's life?
- How does sport contribute to the partner's life?

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[1] Unified Sports is a registered trademark. However, to guarantee a more comfortable reading flow, the "®" is not used after the term.

- Does Unified Sports change a person's life?

It is important to show that the Special Olympics and especially the Unified Sports competitions have a significant influence on athletes themselves, and additionally to all persons who are involved. To be able to conclude, the thesis analyses all necessary components that are important to answer the central research question, but also all sub questions.

The thesis calls for the implementation of new perspectives in the research field of disability under the leading points of social perception instead of medical classification and how these approaches lead to an improvement in inclusion of people with intellectual disabilities.

1.2 Current state of research

One of the first published anthropological fieldworks in which disability was respected and made a subject of discussion was edited by Ruth Benedict in 1934. In her book *"Patterns of Culture",* she did a cross-cultural study in three different societies about their perception of epilepsy, which was considered and treated as a disability in those societies. Due to World War II, studies about disability were influenced by Nazi-ideals and their ideological thinking so that this period presents rather a grey area than a helpful source (cf. Reid-Cunningham 2009:101f).

In the 1950s, Margaret Mead, a student of Ruth Benedict recalled the subject area of disability and started to appeal that people with disabilities should be included into the *"normal"* society. Although this statement involves a significant devaluation of individuals with a disability in contrast to individuals without a disability, she stressed out, that the inclusion of all different types of people must be a precondition in (anthropological) studies about humans. By demanding equal treatment of all people, she formulated a strong message for the future (cf. ibid.).

Although the scholars had taken first steps, prior to the 1970s, any kind of disability made a person still change automatically into an *"object"* that was attributed with specific characteristics: from not being a valuable contribution to work or society in total, up to someone who should be treated like an object that has no needs, feelings or wishes for itself and must therefore be deprived from the majority or mainstream society (cf. Schulze 2012:103). This happened, because only few scholars back then had the courage to speak their mind about this tabooed topic (cf. Reid-Cunningham 2009:102).

> *"For centuries, people with disabilities have been an oppressed and repressed group. People with disabilities have been isolated, incarcerated, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experienced by any other minority group."* (Davis 2006: xv)

To cover the needs of an individual with a disability, a trustee, the so-called *"decision-maker"* determined over the person and sometimes even more people (such as family members) decided simultaneously, which made situations even more complex as they already were. The person in question had no saying in decisions, even if linguistic abilities existed. A court-assigned decision-maker is only ethically justifiable, if a person with a severely intellectual disability is likely to behave in a self-destructive manner (cf. Schulze 2012:103).

If the own family was not able to take care of a person with a disability, they were often put into welfare institutions like day-care centres, assisted living establishments or the family received alms from organizations or institutions to manage their day-to-day life with their family member in their own home. Nowadays, the named establishments still exist and face criticism daily. For example, in the concrete case about sheltered workshops – people with disabilities work there throughout a regular business week. The work is occupational therapy and people work up to 40 hours and are remunerated with a small amount of pocket money, instead of an appropriate salary. Manufactured products are often sold by the establishment, but the people do not result from profits. However, pocket money does not obligate a social security contribution, which means that people are neither insured nor do they have a pension entitlement. This example clearly shows social inequality (cf. Schulze 2012:103, bizeps.at).

The amount of financial aid was and is still decided upon the degree of disability. Disabled people were often handed around like commodities and regularly emotionally treated like them too, because of their complete social invisibility. Unfortunately, the opinion that all persons with any kind of disability are certifiable, insane, or retarded and therefore need guidance in how to live their lives is nowadays still supported by many people worldwide. You can even hear people regularly talking about it on public transportation. As soon as a person with a disability enters the subways for example, all eyes will be on the person, watching every move with silent comments or loud observations about the current situation and sometimes continue even after the person left. Scenes like this can harm the self-conscious the person and might lead to the fact that this person starts to avoid public spaces. That is why social invisibility of people with disabilities still exists (cf. Schulze 2012:103). These circumstances imply that studies about disability are not only an academic field of interest, but also a subject of political activities and furthermore a topic that must be discussed on a large-scale in order to anchor it in the general knowledge (cf. Davis 2006: xv, Naue 2012:443).

After the 1970s, the calls for an inclusive society became louder and Medical Anthropologists started to work on this neglected topic. They mainly criticized the medical model of disability by introducing a new approach, namely the social construct of disability (cf. Reid-Cunningham 2009:100). Another interesting aspect in this discussion is the question, if disability should still be classified as a deviance (referring to the concept of otherness) or not (cf. Linton 1998:532, 534, Reid-Cunningham 2009:99).

An additional catchword to Medical Anthropology for those chapters is Anthropology of Illness. Both approaches offer a variety of scientific articles and books that are included to strengthen the argumentation in the thesis.

Further literature research (regarding the situation in Austria) showed, that there is no other official definition of disability by Austrian law than the one that is related to the labour market. Since it is important for our society to be a functioning contributor to the labour market, the achievement principle measures disability. According to §3 BEinstG (cf. 2016, online), a person with a disability is someone, who has no or only little chance to participate on the labour market due to a permanent impairment. Disability must clearly be differentiated from illness, that is why the mentioned term *"permanent impairment"* stands for a period of more than six months.

These categories comprise a physically, psychologically or an intellectual impairment, as well as sensory impairment(s). Several mentioned categories can simultaneously apply to one person at the same time and defines the final degree of a disability. Left out in the wording of the law is the person itself, which means that only the official grade of disability plays a role, but not how the person handles it in her or his everyday life. This implies a relativity in the subjective and objective measurement of disability, because every disability disables a person in a different way: Being born with only one leg makes a person disabled with a high percentage, but this person can still be an important employee in the marketing department of a company for instance. The grade of disability might be high, but it should clearly not serve as an assumption for other areas of the (work)life of the person (cf. jusline.at, Cloerkes 2007:4f&10).

Recapped, disability hereby is only defined in the context of the labour market and how efficient a person can contribute to it. Considered critically, there is an enormous gap in this official definition, because disability affects much more areas of life than *"just"* work.

When it comes to sport for people with disabilities, the main focus is on people with physical disabilities. Thomas and Smith, with their book "Disability, Sport and Society" are the leading authors when it comes to sport for people with physical disabilities. Both authors are internationally respected scholars in this topic. Unfortunately for this thesis, they approach disability sport through the Paralympic Games, which take part every other year in a similar reference framework like the traditional Olympic Games. As a counterpart to the Paralympics are the Special Olympics, which offer athletic competitions for people with intellectual disabilities.

Due to the actuality of the event, that took place from March 14th – 25th 2017, there are no scientific publications about it, except newspaper articles, promotional material and content on various social media channels. Nevertheless, there has been a diploma thesis published in 2012 about the development history of Special Olympics and how sport, especially ice skating works as a factor of integration into the mainstream society. However, the author specialized on ice skating and did not cover any theoretical topics about intellectual disabilities or the other theories that I am discussing and analysing in the following chapters. Hence, I decided to write my master thesis about the Special Olympics in Austria and to set a special focus on the Unified Sports competitions, to discuss a wider spectrum of the Games.

Nevertheless, all discussed theoretical topics can be found in anthropological literature, just not to a sufficient extent. Therefore, the thesis fills the first parts of this gap.

1.3 Methods

As the field of Anthropology stresses out the importance of empirical research such as extensive fieldwork and active participation in societies or events as the initial source of data generation, the scientific work in this thesis was performed under the methodological approach of *"qualitative social research"*. The most definite characteristic in qualitative social research is the application of non-standardized practices in contrast to quantitative social research, which suggests a standardized census process, albeit partially conducting qualitative interviews. Usually, the qualitative method is used as a synonym for the research approach of an *"interpretative social research"* (cf. Lueger 2010:15).

> *"In social research, interpretative analyses focus on the logic and dynamics of social cohabitation."* (Lueger 2010:18)

It is important to understand how people generate their own perception, or rather how these stimulations are processed and then put into a specific context through being actively or passively involved in a certain research field. The created context forms structures that are crucial for social interaction. It is necessary to examine these processes to be able to understand actions. The interpretative analysis calls for *“a differentiated understanding of collective developments and structures”* (Lueger 2010:18), because an individual voice can easily be drown out by collective voices. Additionally, interpreting takes time, because not only the spoken words are important, but rather the combination of words, body language and gestures. They can be compared in different interview situations. Therefore, interpreting data takes time as it is an intense and detailed process (cf. ibid.).

In the following part, the author demonstrates the particularity of an interpretative social research:

- The research design is under constant adjustment due to recent results. Consequently, the research question is being modified and adapted continuously.
- The flexibility of adjusting the process of data collection and the analysis.
- Interpreting results is paramount at any stage of research.
- Cyclical basic structure of the research process that includes reflection about oneself and the preceded research cycle (cf. Lueger 2010:15).

Due to the highlight of flexibility at any stage of research, the mentioned methods function as a central framework to an interpretative social science but are not strictly formalized. They help to guide a research and must be specifically adapted to every context (cf. Lueger 2010:17).

1.3.1 Participant Observation

> *„Participant observation is accepted almost universally as the central and defining method of research in cultural anthropology.”* (Dewalt et al. 1998:259)

Hence, *“participant observation subsumes the bulk of what we call fieldwork.”* (Dewalt et al. 1998:259). It is the central method when doing ethnographic research in cultural and social Anthropology and is applied as the synonym for all informal and formal conversations and interviews during fieldwork (cf. ibid.). Therefore, participating in as many tournaments, situations and settings concerning the Special Olympic Games and Unified Sports events was crucial to the author to write this thesis.

The only way to gain implicit knowledge about the people an ethnographer studies is to share their lives, to participate in the everyday life and to get to know them as much as possible. There is no substitute to participant observation in cultural and social Anthropology (Dewalt et al. 1998:262f&291).

The most important attribute of an ethnographer is active engagement in the lives of the people who are studied. Thereby, it does not matter, if the studied people live on a different continent, organized as a group in the capital city or as a subculture of the own society. Every research field deserves equal sensitivity to be able to recognize particularity (cf. ibid.:291).

Important remarks in this discussion are the ethical issues and the possible problems resulting from crossing boundaries, which were not determined in advance. An ethical issue could be to establish limitations to the own participation, which could for example mean immoral or illegal behaviour or actions. It is necessary to set boundaries for oneself and to adhere them. However, the own perception, personal characteristics and biases are much likely to harm the research process but are naturally to a person and will account for numerous challenges and choices the ethnographer must face during the fieldwork (cf. Dewalt et al. 1998:272f&276f&287f).

Anthropologists must be aware of the own identity and about how much this could influence the fieldwork. That is why it is important to *"work toward scientific observation of people and their cultures"* (ibid.:291) and to reflect upon the own behaviour constantly to develop and to work more objectively.

As Bernard (cf. 1998:23) sums up this discussion in four goals, it is necessary for the ethnographer:

(1) To generate a non-judgemental understanding for the lived experiences of the studied people.
(2) To process the gained understanding inasmuch, as that causes for these lived experiences and the resulting consequences are comprehensible.
(3) To receive acceptance from the people, due to a corresponding understanding and sincere interest in their lived experience.
(4) To apply this gained knowledge on all research activities, such as the development of an interview guideline, a questionnaire, or further observations.

> *"Our responsibility as ethnographers is to try to ensure that the people we study are not negatively affected by the information we collect and write about them."* (cf. Dewalt et al. 1998:291)

1.3.2 Interviews

Through participant observations before the Games, as well as during the Games and in training sessions afterwards, the author was able to formulate precise hypotheses and adjust the following research process to them.

Since the hypotheses and the research questions are almost exclusively answerable through empirical data, interviews with four target groups were conducted. The target groups were:

- Special Olympics Unified Sports athletes
- Special Olympics Unified Sports partners
- Special Olympics coaches of Unified Sports
- Special Olympics Director of *“Youth Unified Sports and Research”*
- Special Olympics athletes

The author decided that guided and problem-centred interviews are the perfect method for the research, because problem-centred interviews generate subjective perceptions and it leaves individual actions unbiased (cf. Witzel, online).

Guided interviews are amongst the best options for collecting data. The guideline that has been drafted beforehand helps the author to make sure that all important areas of interest for the interviewer are covered during the conversation. In addition, it shows, that the interviewer already generated a certain knowledge about the topic, which can be appreciated by the interviewee (cf. Witzel, online).

During an interview situation, the author concentrated completely on the interlocutor. The conversation was recorded on a capture device a.) as proof about the generated data b.) to be able to concentrate solely on the interview without taking notes or typing on the laptop and c.) to have a reminder for the transcribing process.

All people were asked for their permission of recording before the interview. However, in some cases, the author decided not to record the interviewee due to an inappropriate situation or because it would have distracted the conversation flow enormously. During these interviews, which were conducted either on the phone or after the training in the locker room or a bar, the author took notes and edited them after the interview.

The interviews were conducted in German and after transcribing, the author translated scientifically significant sections into English. Not all parts of the interview were written down. Significant parts were transcribed and thoroughly analysed.

The interviews were between seven and eighty minutes and were conducted over a period of eight months, due to training schedules, the summer break, and personal matters.

To obtain a better idea of the conducted interviews, the following part functions as a detailed explanation.

1.3.2.1 Problem-Centred Interview

According to Witzel (online), problem-centred interviews (PCIs) *"aim to gather objective evidence on human behavior as well as on subjective perceptions and ways of processing social reality".*

The PCI consists of three basic principles:

1. Problem-Centred Orientation

   The first principle describes how

   > *"it is distinguished by a problem-centered orientation towards socially relevant problems, which also characterizes the organization of processes of cognition and learning"* (Witzel, online).

   Therefore, the interviewer asks questions that concentrate increasingly on the defined problem. The interviewer uses the formerly received objective explanations and statements and can thereby continue to re-question the interviewee or try to intensify the ongoing problem-centred discussion. Thereby,

   > *"the interviewer is already working on understanding the subjective view of the respondent while gradually making communication more precisely address the research problem."* (Witzel, online)

2. Object-Orientation

   The principle of an object-orientation includes a certain flexibility of the method through which it is possible for the interviewer to adjust the interview style to the interviewee. Examples for this could be a group interview, a biographical interview or a standardized questionnaire that is discussed qualitatively after its collection. An object-oriented interview with a focus group might be conducted *"in order to obtain a preliminary overview of the range of opinions among the sample to be studied."* (Witzel, online)

3. Process Orientation

   Object orientation happens throughout the whole research process. A respectful and sensitive communication process has positive effects on being able to reconstruct actions and orientations for the interviewer. Positive effects for the interviewee are the feeling of being heard and understand.

   > *"If the communication process is focused reasonably and acceptably on the reconstruction of orientations and actions, the interviewees respond with trust and thus open up; they feel that they are being taken seriously."(*Witzel, online).

   Trust is built, which is an essential part of the relationship between interviewer and interviewee. (cf. Witzel, online).

To strengthen the credibility of the arguments, it was important for the author to combine the empirical data collection with expert interviews.

1.3.2.2 Expert Interview

In general, expert interviews can be part of a so-called mix of methods, but can also be an independent method of collecting data. The main characteristic of an expert interview is the fact that not the person with her or his individual or collective assumptions is at the centre of attention, but rather the institutional character in the context of the research (cf. Meuser & Nagel 2005: 72f).

At first, everybody that has relevant knowledge about the topic of the field research can be considered as an expert, since the position or status as an expert is relational to the research interest. These experts mostly have knowledge about a specific area or, for example, about institutional context. Heavily summarized it can be said that experts have a certain knowledge and responsibility about the research topic. An expert possesses the ability to solve problems and to make decisions, either as an individual or in cooperation with other people who have privileged access to this information. Nevertheless, who is labelled as an expert and who is not, still underlies the personal view of the person who conducts the research (cf. ibid.).

Therefore,

> *"an expert is someone who is part of the area of activity that accounts decisively to the research. We are not talking about an expert as an appraiser, who takes the position from the outside."* (Meuser & Nagel 2005: 72f).

Although objectivity is an important factor in anthropological research, expert interviews cannot be conducted with people who are not familiar with the research topic (cf. Meuser & Nagel 2005:73)

Moreover, observation before and especially at the Games were a crucial factor for answering the central research question. Nevertheless, additional participatory observations in November took place to complete the final phase of observation.

1.4 Terminology

Each of the following chapters in this thesis examines, defines, and where necessary, explains the terms and concepts that are essential to the analysis. Since there are specific terms to every chapter, they are introduced chronologically, because the terms build on one another.

The only exception to the previous statement is about the term "person with an intellectual disability". During the paper, this term is used solely. The author always puts the individual first, instead of using the expression "disabled person" (cf. thearc.com, online). The writer dissociates herself from using an inhuman language by labelling people because of appearance and/or abilities. The author sets the highlight on abilities, not on disabilities. Thus, the person itself stands in the foreground and is not primarily labelled by an intellectual disability.

1.5 Outline

This paper is concerned with the effects of sports competitions on the inclusion of people with intellectual disabilities into the majority society. Moreover, it analyses the importance of respect, the desire of equality and functions as the call for an increase in appreciation when it comes to situations in the everyday life.

It is necessary to peruse the introductory chapter in order to achieve an overview of the ideas of the thesis. Therefore, the research question presents the guideline to the following analysis and describes the questions of interest. Through defining the current state of research, it becomes clear, why this specific research question was chosen. Thereby, the research methodology, as well as the terminology used are significant for the further understanding.

As the second and third chapters focus on the definition of disability and different approaches to it, the official legal approach and the medical model of disability, which is accepted internationally, is primarily discussed. By introducing the social model of disability, the theoretical approaches that were presented during the previous section are further processed and discussed in the third chapter about Disability Studies. This relatively new field of research covers a large part of the thesis. Disability Studies stress out, that people with a disability are not personally limited by the medical condition, but rather by the social and cultural construction of disability that is produced by society and medical professionals.

As mentioned above, the necessity to introduce a social model of disability into the strict medical associated area is strongly highlighted. To reinforce the importance of Disability Studies, a focus on the independent living movement is set. Questions about the foundation and the meaning for people who are disabled in any way (not only intellectually) are discussed. The independent living movement is a crucial component in the Special Olympics and furthermore in Unified Sports.

At the end of those chapters, the necessity of the anthropological discipline in this context is clear. By contrasting the medical model of disability with the social model, the different strategies and approaches in different scientific fields are stressed out.

The Special Olympics chapter includes theoretical considerations from official reports, the website and moreover from the special Austrian website. Extensive research was being carried out to recognize important data to be included into the thesis. It is recalled that due to the topicality of the event, no further scientific publications than the papers, which can be found on the website are included. That is why the emphasis on chapter four and five lays on the empirical findings and functions as the basis to answer the research question.

The final answer to the research question lies in the last chapter about Unified Sports. The empirical data leads through this examination, where subjective opinions and views along with observations guided the author to complete the analyses.

2 Defining Disability

Considering that statistically more than 15 % (around one billion people) of the world's population lives with a disability or an impairment points out, that this is a topic, which is indeed of great importance. Accompanied by the fact, that most of the people with a disability are situated in the poorest countries of the world or live on the line to poverty strengthens this argument. Although such a high percentage of the world's population is disabled, it provides an ideal breeding ground for discrimination, exclusion and other grievances (cf. Schulze 2012:103, Charlton 1998:21, McConkey et al. 2012:2).

Nevertheless, this figure only represents an estimated value, due to insufficient data. People are not obliged to declare a disability to any authorities, which explains the lack of information. There are personal reasons why people are not willing to make a disability public (cf. Kastl 2010:39).

Besides the fact that persons with a disability were and still are not taken as serious compared to people who are not disabled, an impairment always accompanies a certain kind of stigma or shame, which could be a reason to conceal disability - the shame and fear of stigmatization by the majority society. This does not only happen because of an individual's choice, but also because there is no global standardized definition of disability, also due to the complexity of the topic (cf. Schulze 2012:103, Charlton 1998:21).

Another reason why disability is not registered are family members and their fear of public display. It is no rarity that relatives hide their family member(s) who are disabled. They move the centre of living to the inside of the house to avoid scenarios of classification or devaluating incidents towards their family member. Occurrences like this do not solely happen to protect the person from memorable events, they function also as self-protection for the nursing relatives (cf. Schulze 2012:103, Charlton 1998:21, Kastl 2010:39).

As the fear of stigmatization and the missing standardized definition of disability are important factors in this thesis, the author discusses both concerns in separate chapters.

2.1 Intellectual disability

The thematic focus of the thesis is on individuals with an intellectual disability. That is why an overview is necessary at this point. The term *"intellectual disability"* is widely and officially used, but still contains ambiguity. According to official statements, the term describes people who have problems or are completely unable to lead their own life, due to dysfunctions of the brain. For that reason, it is necessary to obtain lifelong help, personal assistance and financial state support (cf. Speck 2007:136f).

Analysed under the medical lens, an intellectual disability cannot only be reduced to a dysfunction of the brain but is rather classified as a harm to the complete development process of an individual. How advanced an intellectual disability is, depends on different factors and especially on the time of the first diagnose. A diagnose can be made at three different stages. Either prenatal, during the birthing process or postnatal, which includes also diagnoses after accidents during the lifetime of a person for example. Disability can be caused by an infection, an illness or specific injuries of the body. In every stage, different precautions can be performed, which influences the further outcome and the degree of the disability (cf. Speck 2007:136f, Neuhäuser 2007:359f).

The main problem when using the term is not the term itself, but the negative social outcome or role that it may imply. Besides the medical definition and handling, the social effects that a disability may entail to a person concerned is one of the main arguments among the thesis. Social inclusion and educational development from the earliest age or the first diagnose are crucial factors for the outcome of an individual with an intellectual disability (cf. Speck 2007:136f).

Having stated the official definitions of disability in Austria, the discussion calls for a detailed analysis of the topic.

2.2 Disability as a disease?

The main focus of social- and cultural Anthropology lies on the social and cultural aspects of humanity and the coexistence of many different individuals. Thereby included are several factors, such as social organisation, mode of production, gender, locality and religion, just to name few. However, these factors can lead to situations of conflict. If a person’s behaviour deviates from cultural norms, social stigmas can be the outcome. Making those differences between individuals or certain groups visible establishes a notion of *“otherness”*. This topic is further covered in cultural Anthropology, as this field deals with the perception of a marginalized group in a majority group or society and how their co-existence is perceived by both sides. In respect to disability, this approach is applied because individuals with a disability are mostly assented as being other than the others in a biological context (cf. Reid-Cunningham 2009:99f).

When disability first became a subject of interest to science, it was analysed through a therapeutic theme, what means that a disability always needed to be cured. Doctors and medical professionals then tried to explain which harms a disability did to a person in order to find a way to cure it, because disabilities were seen and treated as a disease. However, this happened exclusively without any regard of social effects and impacts to the persons concerned. Studies solely covered the outsider's perspective but did not include data from individuals of the observed group themselves. A separation between disability and disease did not take part until the 1970s. (cf. Reid-Cunningham 2009:104, Hershenson 2000:152). That is why the following statement also applies to disability.

> *"A disease is always in need of healing [...] diseases (starting from a banal influenza) need to heal completely. For this, one must stay in bed for rest or take care on oneself. If the disease does not 'heal up' by itself, it must be healed (treated) though a human (medical) intervention or at least it must be stopped. Otherwise and under certain circumstances, one has to die."* (Kastl 2010:117)

Obviously, this argument exaggerates in a way that makes the statement sound dull. Disease and disability were more likely seen as one-way-street with a limited scope. Nevertheless, it shows and explains in a general sense what most scholars and societies understood about the term disease or disability and that it is always linked to medical treatment or at least the consultancy of a medical professional. This approach is discussed in more details in the following chapter (cf. ibid).

2.3 Disability as a deviance?

In this subchapter, the term *"deviance"* stands for every behaviour that is not classified as *"normal"* by society.

In Austria, a person may classify a committed crime as deviant behaviour. Moreover, working a job, that not every person would do (e.g. prostitution) or if a man works as a kindergarten teacher for instance shows deviant behaviour to social stereotypes. - behaviour that is not *"normal"* to the majority of society. Of course, deviance must also be seen relative due to different ideal images of people in every society (cf. Cloerkes 2007:160, Schramme 2003:57f).

To be able to survive in the society a person was born into, predominant rules and certain kinds of behaviour are obeyed by introducing categories in order to explain the environment a person lives in. Categorizing is important to understand, learn and differentiate between situations, to build the own identity and to be able to adjust to certain places and groups. Attributing disability to a person therefore implies a clear societal and cultural determination, which makes it an epistemological issue. Categorizing people as *"deviant"*, *"disabled"* or *"abnormal"* to societal standards and making those differences visual and obvious by comparing habits, movements or abilities to the *"normal society"* are solely constructed by humans, not by nature (cf. Schramme 2003:59f).

A simplified example for this theoretic discussion could be the fact, that it is normal to people in Austria to take off their shoes when entering an apartment. For Austrians, this is taken for granted and no one questions this behaviour, which is why it is perceived and treated as normal and natural. In contrast do Spanish people wear their shoes all over the apartment and think that it is strange to take them off (cf. Eriksen 2010:44).

> *"In this limited sense, deviance can be regarded a 'normal' human response to 'abnormal' social conditions [...]."* (Erikson 1962:307)

Durkheim, as a sociologist who concentrated his work on groups and how group dynamic works, is constructed and/or influenced by certain occurrences also mentioned, that any kind of deviance is a thread to the whole society or a group. Before Durkheim talked about deviance, he put the term in a proper context – the context of *"anomie"*. The desired effect would be a harmonic relationship between one's own means and one's own needs. If one side exceeds the other, a disparity, the so-called anomie occurs which can further develop into a deviant behaviour (cf. Durkheim 1983:279).

A deviant behaviour of one person can harm or cause a damage to the whole group. In his important analysis about suicide in two different religious societies he pointed out that single persons do play an important role when analysing society (cf. Erikson 1962:309). Keeping this in mind, the thesis calls for the understanding that people with an intellectual disability are important actors in the process of shaping the *"normal"* majority society.

Deviance has a lot in common with boundaries that are drawn by each group/society/nation state (and so on) separately. As mentioned above, boundaries also must be seen in a relative context due to different social standards. Up to a certain point, deviance is accepted and welcomed within a group. That means that for example in compulsory rite des passage rituals of a society, where people could behave differently than in the everyday-life, a deviant behaviour does not lead to a social and permanent stigma, it is rather wanted and welcomed for the purpose of showing the transition in the ritual. Another example could be particular days or periods in which deviant behaviour is accepted in a specific society. It is important to say that there is no clear dividing line between what is *"normal"* and what not. It is either a flexible and customized condition that can change from time to time and therefore be determined again at any time by any individual. However, if behaviour is normalized and then violated by a deviant performance, the critical point is reached, and the deviant behaviour comes into the focus of the society, which provokes further discussions and produces reactions (cf. Erikson 1962:310&313, Waldschmidt 2003:194).

> *"Human groups need to regulate the routine affairs of everyday life, and to this end the norms provide an important focus for behavior. But human groups also need to describe and anticipate those areas of being, which lie beyond the immediate borders of the group- the unseen dangers which in any culture and in any age seem to threaten the security of group life. […] As a trespasser against the norm, he [the person] represents those forces excluded by the group's boundaries: he informs us, as it were, what evil looks like, what shapes the devil can assume. In doing so, he shows us the difference between kinds of experience which belong within the group and kinds of experience which belong outside it."* (Erikson 1962:310)

Additionally, this process implicates a social Stigma of the person in question. After a person is medically classified with a disease or disability, they are released and need to handle further progresses often on their own. By being assigned as someone who is deviant form the majority, a stigma is consequently to be followed (cf. Erikson 1962:312).

Parsons (cf. 1975:257) was an important sociologist, but also a significant scholar in other disciplines such as Economy, Psychology and Anthropology because of developing a system theory. He introduced an approach on the sick role of a person and how deviance is linked to it, when talking about how social sciences can contribute to questions in medical contexts. However, he only concentrated on the medical components of disability, which is the initial point for the following chapters. As mentioned above, disability was officially treated as a disease until the second half of the twentieth century. Even though he formed these main ideas already in the 1930s, they were only first respected after World War II.

Although his theories got highly criticised in the 1970s, because his work was mainly theoretical, they were revived by Garfinkel, Foucault and Bourdieu and furthermore developed. These scientists are also known for their theoretical importance, which highlights commonality. Parsons stressed out, that especially a sick person drifts away from their normal behaviour and therefore shows deviance. However, being sick as a deviance does not imply any kind of stigma, whereas a disability does indeed (cf. ibid., Frank 2013:18f).

2.3.1 Stigma and Stigmatization

Before starting this discussion, a definition of stigma and stigmatization is important. During the ancient times of the Greeks, a term for the description of people showing exceptional, extraordinary or unusual features or characteristics of the body was introduced: stigma. According to Goffman (1992:7) a stigma is *"the situation of an individual that is completely excluded from social acceptance".* Accompanied by those discriminating descriptions of people was the appeal to avoid them consequently due to their impureness (cf. Goffman 1992:9).

> *"the term stigma is used in accordance to a characteristic that is deeply discredited [...] [and is] indeed a particular kind of relationship between a characteristic and a stereotype."* (Goffman 1992:11&12)

Explained by another scholar,

> *„stigmas mirror culture and society, they are in constant flux [...] viewing stigma from multiple perspectives exposes its intricate nature and helps us to disentangle its web of complexities and paradoxes. Stigma represents a view of life; a set of personal and social constructs; a set of social relations and social relationships; a form of social reality."* (Coleman 1986:211)

Expressed in other words, a stigma pictures an individual as someone who

> *"has a feature that could impose itself to attention and could cause that a person turns away when encountering each other. [...] It has a stigma, that means that it is undesired different as we anticipated it. We and the others [...] who do not deviate negatively will be called the normal."* (Goffman 1992:13)

A person therefore holds a stigma when he or she appears different compared to the majority and is then stigmatized by the surrounded people of the group or society. These people stigmatize a person by showing publicly that something with this person is *"not normal".* This behaviour is frequently accompanied by *"special"* treatment and intervenes in an individual's personal life, which mainly affects the identity. Goffman (cf. 1992:12f) presents three different types of how a stigma is classified:

1. Physical disability (any kind of physical deformation)
2. Individual fault in character (e.g. suicide attempt, criminal record, alcohol addiction, drug abuse)
3. Phylogenetic stigma (religion, political attitude, citizenship, ethnicity)

According to the literature, one stigmatized individual highlights the *"normality"* of a person when brought in contrast. If someone classifies herself or himself as *"normal",* it can function as a boost in confidence. On the other hand, this can put stigmatized individuals into the position of a scapegoat, which might lower the reputation even more. Besides this, stigmatized people are less likely to enjoy equal consideration, respect and opportunity compared to non-stigmatized people. This statement is analysed in the last chapter under the lens of employment opportunities for people with a disability (cf. Hohmeier 1975:13ff).

Moreover, it became legit to label someone as disabled as an insult and sometimes just for fun. The expression is used in situations, when a person does something wrong or maybe in a way that took much longer and is then ragged by friends or the surrounding to make the occurrence visible. The term is deeply anchored in the everyday language and in most cases not reflected. The word is additionally used to express strong feelings in certain situations. Someone receives a text message with upcoming chores at home and expresses the anger by calling the chores a disabled idea. This reality stresses out that the term disability is negatively connoted, although (cf. dasbiber.at) *"[...] a disability is neither good nor bad, it is simply a disability."* (dasbiber.at)

All the mentioned points imply power and oppression against stigmatized people on the micro- but also macro level of society (cf. Hohmeier 1975:13ff).

Additional factors that are important in the discussion about stigmatization are aspects like gender, sexual orientation, religion, political opinion and so forth. Including one or even more factors simultaneously enhances stigmatization. Consequences of these reasons might be: discrimination, rewriting of the own biography and acute danger with the own identity (cf. ibid).

Excurse: A stigma is not the same as a prejudice, although they might have some similarities. Those words are often used as synonyms for each other, although they are not. Stigmatization is accompanied by certain values and is considered to support an attitude. An attitude includes one's own ideas and concepts as well as emotions that could lead to a more subjective treatment of a person. According to the literature, attitude is neutral and therefore assigned to be either negative or positive but does not primarily set the focus on the former. The clear distinction between stigma and prejudice can be explained by this neutrality. A prejudice is always accompanied by negative connotations, whereas a stigma might not (cf. Goffman 1992:103&169).

To sum up and for a better understanding of the statements and theories concerning deviance and stigma that have been presented until now, Reid-Cunningham's (2009:105) conceptual map is presented. She clearly designed an overview. Thereby, liminality is also considered.

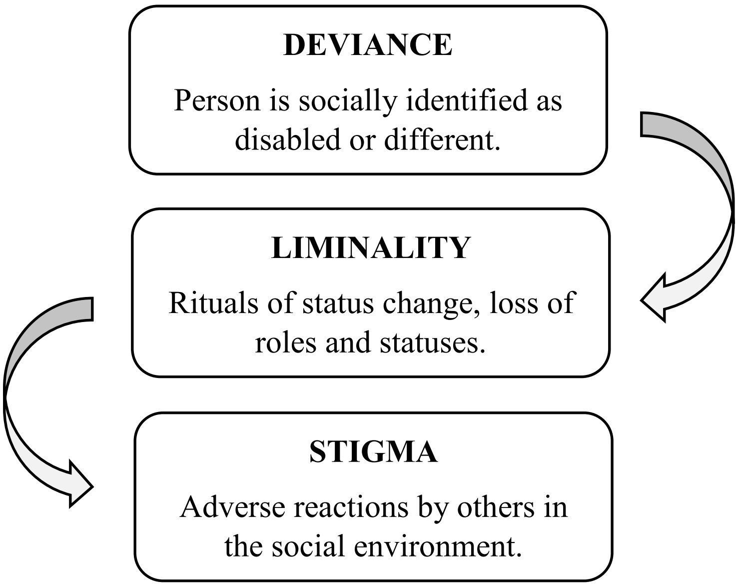

Figure 1: Conceptual map of deviance, liminality and stigma

As the issue is already raised, deeply interwoven with this debate stands the factor of one's own identity and how accusations, designations and actions against a person can affect it. As this topic would exceed the thesis, the author recommends further literature that deals with identity such as Fredrik Barth's classic *"Ethnic Group and Boundaries"*, the used literature of Erving Goffman, especially the second chapter of his book *"Stigma"* and Thomas Hylland Eriksen's *"Small Places, Large Issues"*.

2.4 Facing disability

The previous paragraphs point out that disability consists of multiple components. There are two different ways of how disabilities are seen – namely with either a medical or a social model. The former model of disability is considered when it comes to official (legal) affairs; to measure the degree of a disability for example. Nevertheless, it completely leaves out the latter approach, which contains the social factors of a disability and the most interesting part for Anthropologists. When information about disability is required, a person automatically thinks of consulting a doctor for any questions. The thought of discussing the social perspective of disability with either a social scientist or the concerned individual itself does not come into one's mind naturally, due to the tunnel vision of society (cf. Schramme 2003:43).

From an anthropological perspective, the distinction between the medical and the social model in terms of how disabled people are perceived is of great interest, since *"a disability is never absolute, but rather relative in different relations."* (Cloerkes 2007:15). Before analysing the models, which will take part over two chapters, an overview about the background of the establishment of the two models is provided.

Because of the second World War, an immense number of people were left physically and intellectually disabled and the topic became a public concern with acceleration. Due to this fact, the United Nations as the umbrella organisation created a special agency for all issues concerning public health in 1948 – the World Health Organization (WHO). Since then, this organization is the contact point for all international health matters, and as mentioned before the area of public health. The organization calls for a constant exchange of professional knowledge between the 180 member states of the UN. Health experts, doctors and other medical personnel cooperate closely.

By introducing the eight Millennium Development Goals (MDG) in 1980, the main aim of the WHO was to guarantee all citizens of the world *"a level of health that will permit them to lead a socially and economically productive life"* (WHO 1980:Prefix) until the year 2000. By demanding this, the WHO called for the unitary access to health institutions for all people in the world.
Summarized the MDG state the following:

- Preventing and controlling diseases like AIDS, Malaria or Tuberculosis.
- Establishing and promoting health for mothers and their children. Fighting against malnutrition and the infant death rate by making primary health care better accessible to everyone in need.
- Developing the environmental conditions like polluted air, including safe water supplies, also for people in remoted areas (many diseases distribute through contaminated water).
- More investment in health service combined with a development in biomedical research including training programs for personnel.
- Advertise mass immunizations to eradicate further epidemic diseases.
- Enhance the mental health level (cf. WHO 1980:Prefix).

Despite the strong work enthusiasm and many international improvements, the goals were not reached by 2000. With help from donors and a raise in funds, further development increased and by raising the target date up to 2008 and later to 2015, the WHO fulfilled more and more sub goals. Due to continuous working on an improvement, many little steps into a liveable future for all citizens of the world are accomplished steadily (cf. UN.org).

Out of the last-mentioned point of the MDGs, a discussion about disabilities and especially intellectual disabilities started. How these circumstances could be measured socially was the focus in this discussion. As the goals were formulated already in the 1980s, it is interesting to see, that mental health was already a concern to the organization back then. Recapping the development history of scholars who started to talk about disability, the inclusion into the MDGs happened fast (cf. WHO 1980:Prefix). But before the social components of diseases and disabilities are discussed, an outline about the medical point of view is necessary.

2.5 Medical Model of Disability (ICD)

The International Classification of Diseases (ICD[2]), issued by WHO *"is the diagnostic classification standard for all clinical and research purposes"* (who.int). It plays and important role in this chapter, as it functions as a universal classification of diseases throughout the world.

As mentioned, the ICD acts as the fundament for medical diagnoses and further treatment of *"indoor patients",* who are referred to as the patients in a public hospital. It was first published by the International Statistical Institute in The Hague under the name *"International List of Causes of Death"* in 1893 and since then constantly edited and improved. Until 1948, when the United Nations were entrusted with the codex, five more editions have already been published. From there on, a strong focus was set on the subsequent development of the codex under the aspect of including as many diseases as possible and enhanced treatment options, to uniform the health care system. Here, the connection point between the MDGs and the ICD becomes visible (cf. Guidebook on ICD-10 2015:Preface).

Regarding the fulfilment and to further uphold and maintain the Millennium Development Goals, it is necessary to adhere to something that is tested and trustworthy. Therefore, the ICD guide book functions as the official codex that is relied on when it comes to a measurement in

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[2] The designation ICD is normally followed by the number of the current edition. The edition I refer to is the latest, namely the 10th edition and would therefore be written "ICD-10". Since it would bring in confusion in my opinion, I renounced to add it after every time and will go on by the designation "ICD" throughout the whole thesis.

health standards. Nevertheless, it must be mentioned that such an uniformization of different categories obviously does not allow much deviance (cf. ibid.).

In addition to this critique it is relevant for this paper that, since the ICD was authored by medical professionals, a strict separation between the body and the mind is implicated. It describes how to classify the right disease, the future progress of it and recommends prefabricated treatment. Because it is only focused on the medical part of a disease and how it affects the body, the social part, which means the social outcomes to a person itself is left out. This thereby excludes one’s own perception of the disease, the own mind and what it could mean for the further life of a person (cf. ICIDH 1980:23, Leonardi et al. 2006:1220).

As more precisely clarified in the following chapter, disability was treated as the named deviance in health standards. That is the reason, why until the 1970s, disability was an insufficiently researched and neglected topic to society and therefore treated as a disease, rather than as a field on its own (cf. Leonardi et al. 2006:1220).

Due to the underrepresentation of disability in the ICD and the growing displeasure of individuals with disabilities after World War II, the medical model clearly could not cover the overall picture and new ideas and approaches resulted (cf. ibid.).

3 Disability Studies

From the 1960s on, more and more interest groups of people with disabilities formed, because they wanted to be heard and treated equally as people without a disability. They claimed for a change of the focus, namely from disability to ability. Scattered studies who concentrated on disability were solely covering physical disabilities. Therefore, academic support was strongly needed and desired to reach out to more people and to make this topic a worldwide debate. When Robert Edgerton first mentioned intellectual disabilities as his main area of research in 1967, he expanded the anthropological horizon and contributed significantly in this field (cf. Reid-Cunningham 2009:101f).

From there on, the number of scholars working in the field of physical and intellectual disability increased rapidly. That was the decisive reason why the call for revised model of disability became even louder. A counterpart to the strict medical model was desired. Additionally, not only did the scientific field expand, but also did the number of scholars who were disabled themselves increase and thus future authors of important theories and/or founders of movements (cf. Reid-Cunningham 2009:104, Hershenson 2000:152).

During the 1970s, the *"Union of Physically Impaired Against Segregation"* (UPIAS) was founded by three physically impaired activists in the United Kingdom. Founding the Union played an important role in the history of disability and the process of sensitization of the majority society for physical disability and how people are limited in their everyday life (cf. Kastl 2010:49). Remarked here is that intellectual disabilities are not mentioned.

> *"[...] it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairments. Thus, we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities."* (UPIAS 1975:4)

Based on this quote, a new perspective of disability was presented. A division between impairment and disability was drawn, which led to a further development of this new approach and the introduction of *"Disability Studies"* as an independent field of research in the 1980s (cf. Waldschmidt & Schneider 2007:12).

Essentially, Disability Studies criticize all the mentioned downgrading approaches to disability that have been discussed so far. Summarized they are:

1. Disability as a problem
2. Objectification of people with a disability
3. Subjectivity and imbalance in science
4. Intervention into private life of people with a disability
5. Risk of multiple jeopardy for people with a disability
6. Disability under the medical lens
7. Insufficient amount of information about disability
8. Disability as a neglected topic in media, work or leisure time activities as well as in classrooms and university
9. Social exclusion of people with disabilities (cf. Linton 1998:528ff)[3].

Disability Studies do no comprise of developed methods in *"special education, rehabilitation and other disability-related fields [...] and remain more clearly a reaction to social need than fields determined by a set of principles and ideas"* (Linton 1998:528). It rather functions as an interdisciplinary approach of social science and humanities to record and measure disability in society (cf. Schumann 2007:79).

> *"It is the socio-political-cultural model of disability incarnate. It provides an epistemology of inclusion and integration, formulating ideas that could not have been imagined from the restrictive thresholds of the traditional cannon."* (Linton 1998:526)

One of the main goals is to change predominant structures about disability that are deeply anchored in the society through political engagement. The desired benefit would be a more positive response about disability and the own identity (cf. dista.at).

It can be differentiated between two adverse streams within Disability Studies. On the one hand, there is the approach that is of main interest in the United States -The cultural approach, due to a majority of scholars from cultural studies. This approach calls for the understanding that people are not affected by disability, but rather by their surrounding and predominant ideal pictures of the human body. Disability is considered as a social variable, which is constructed by society. Other social variables are for example religion, gender or ethnicity. A certain kind of role is

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[3] In conformity to the mentioned points of critique, Great Britain, the United States and countries such as Canada, Australia, Norway, France and Ireland established new university programs and scientific institutes for Disability Studies (cf. dista.at).

ascribed to an individual with a disability, to show that this person is different from the others; different from the predominant norm in the society. This discussion is the central statement of the *"normalizing principle",* which is going to be explained later in this chapter (cf. Schumann 2007:79, Linton 1998:527, Dannenbeck:105).

The other stream was mainly developed in Great Britain. This stream criticizes the medical model of disability due to the strict division between disability and impairment. Disability in this sense, stands for the status of a person, which is invented and produced by the society. An individual gets disabled by society and not by the disability itself that she or he might have (cf. Schumann 2007:79).

To intensify this discourse, the official formulated social model of disability is presented.

3.1 Social Model of Disability

To enhance ICD's statement and to make it more transparent, broader and specially to include social aspects of diseases or disabilities, the ICIDH, the *"International Classification of Impairments, Disabilities and Handicaps"*, also issued by WHO came into force in 1980 as a supplementary component to the ICD. Up until then, disability was more a grey area that not many scholars set a focus on. People with a disability always existed on the margins of society, so did the scientific research about them (cf. WHO 1980:Prefix, dimdi.de).

By developing and introducing the ICIDH as a supplement to the well accepted ICD, a milestone in the recognition process of disability and the importance of studying and understanding the many different types was set. The classification divides the term disability into three separate contexts. By this method, the ICIDH provides a conceptual framework for impairments, disabilities and handicaps and offers information about estimated consequences of them. Equally important is early detection and the following identification of a disease, disability or disorder and the related treatment (cf. ibid.)

3.1.1 The International Classification of Impairments, Disabilities and Handicaps (ICIDH)

The ICIDH (cf. 1989:27ff) suggests an analysis based on three different levels to demonstrate the missing social part of the medical concept of disability:

1.) **Impairment:** the deviation of one's own biomedical status including anomalies, defects on limbs, organs or other parts outside or inside the body. Furthermore, any other malfunctions of the body and in the mental system are added. In a nutshell, all functional limitations of the body are classified as an impairment. This condition(s) may either be temporary or permanent.

2.) **Disability:** is the blurred space between impairment and handicap. It is highly dependent on an individual and how it perceives the own identity due do an impairment. A disability can either be temporary or permanent and determines one's own life.

3.) **Handicap:** the result on the social level for an individual with an impairment or a disability, or a combination of both is called handicap. In other words: the discrepancy between a person's actual status and the society's norm. Hence is why a handicap is a culture construct and is interpreted differently in all societies.

As stated above, the ICD classifies the disease, the disorder or the physical injury and suggests treatment or medical handling to control or abandon this status. With the following model, the ICIDH (1980:30) sees a disease or a disorder solely as the start of a social debate and thereby includes the social part of it.

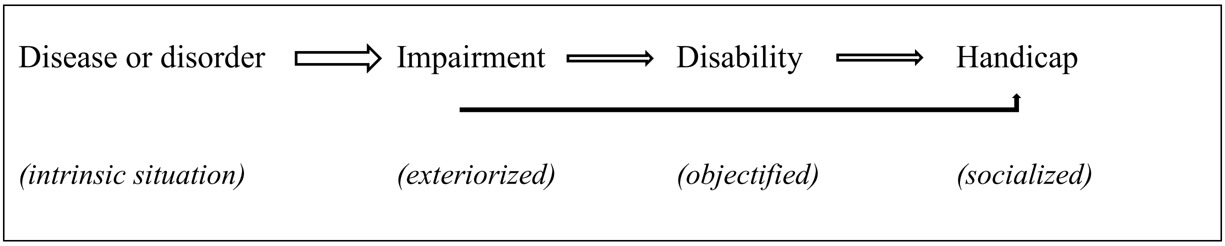

Figure 2: Three levels of disability

For a better understanding of the differences between these three levels and how they are interwoven, an example is presented:

When a child is born colour blind, this circumstance is classified as an impairment. Although it affects the quality of life of the child, it was born colour blind and is therefore not used to see the world in the colours that the parents do. Nevertheless, if the child suffers under this impairment during his or her life, for example because it cannot differentiate between colours when it is crucial to do so, this would be classified as a disability. If this child then cannot pursue a desired career in which colour recognition is essential, the impairment by birth transforms into a handicap for the life (cf. Cloerkes 2007:5).

The ICIDH is not only applicable to people with disabilities. In fact, every issue that leads to an impairment, disability or a handicap is covered in the classification, as long as it is in the context of health. That is also why the classification offers a wide spectrum (cf. ICIDH 1980:30, Kastl 2010:109, Schramme 2003:58f).

The acceptance of the ICIDH as an official classification demonstrates the success of a partially handover of a former exclusively medical issue to social sciences. This means that even though the level that classifies impairment is still measured and determined by medical professionals. Nevertheless, are the levels of disability and handicap shaped and defined under the lenses of social sciences. Respecting these three levels as crucial parts in the disability debate was counted as a big success to social sciences (cf. Waldschmidt 2003:94).

Although the levels were created to uniform definitions in the disability debate, it is not a universal, due to different cultural norms, constructs or interpretations of every society or group. Therefore, it can be said that this classification is characterized and shaped by eurocentrism, as the discussed topics are seen and interpreted differently in every culture (cf. ICIDH 1980:30, Kastl 2010:109, Schramme 2003:58f).

Besides these comments, more points of criticism quickly arose. One of the main points was that the ICIDH model always sees an impairment as the starting point that leads to a disability, which always ends in a handicap. It can be treated like a one-way street and that one factor always leads to the next stage without the possibility to a standstill, like a causal chain. A medical circumstance as the starting point for social discrimination. Hence, the social dimensions of a disability are not neglected in the ICIDH, but solely considered as the outcome of a biological defect of a person (cf. Waldschmidt 2003:94).

However, not only the model was condemned, but also the missing of other important components in this debate. Internal related factors of an individual combined with external (environmental)factors are some of these components (cf. dimdi.de, ICF 2005:10).

Another important argument was, that the ICIDH showed contradiction. The three different levels that underline social differences in those certain stages displayed recursive behaviour. In all definitions, a comparison to the *"normal measurement standard"* was drawn. Normality as the ideal in contrast to disability as the undesired variable and how to bring both conditions as close together as possible by drawing soft borders between them instead of setting clear delimitations. Those soft borders depend on specific situations and must be relational, also to social and cultural factors like age, gender and the environment (cf. Waldschmidt 2003:93).

This criticism already started in 1993 and was the occasional starting factor of the revising process of the model. In this framework, the image of ICIDH changed from the showcase model of possible effects and consequences of a disease or disability towards the ICF (International Classification of Functioning, Disability and Health), the new classification that included and stressed out multiple factors of health in a neutral perspective.

3.1.2 The International Classification of Functioning, Disability and Health (ICF)

During the World Health Assembly in 2001, all 191 WHO member states officially signed the new classification and from there on, the ICF became effective. Since then the classification is consulted to measure health and disability on the individual level as well as on the population level (cf. dimdi.de, ICF 2005:10).

To collect data on the population level is crucial for comparing societies or populations on an international scale and to define the level of health in an exact region. This is important for measuring causes that are hazardous to health and can additionally be an essential component in the decision-making process of the WHO. Due to the importance of an extensive data collection, more than 1800 experts from 50 countries worldwide were consulted and interviewed (cf. ibid.).

Other than the ICIDH, the primary focus of the ICF is set on the understanding of multiple factors of health and their simultaneous interaction. This includes aspects as one’s own body structures as well as the body functions, but also participation in activities and, as mentioned above, environmental factors. These factors represent the leading roles in this model (ICF 2005:23).

Although the ICF still uses the term impairment, it removed the others, namely disability and handicap. On the one hand, the reason for this modification is the negative connotation of the expression *“handicap”* in the English language and on the other hand, that *“disability”* should better be used as an umbrella term instead of being focused on as one component to the whole debate (cf. Waldschmidt 2003:95). Disability stands for the sum of many variables such as an impairment or a limitation due to a physical condition (cf. WHO 2001:8).

In contrast to the ICIDH, the relationship between environment and disability is no longer seen as a one-way street, but more of two correlating variables. Disability is explained as the outcome to a person when *“problems”* arise. A *“problem”* in this context could be an impairment, but also pain and anxiety caused by the impairment (cf. Waldschmidt 2003:96, Linton 1998:529).

In the ICF, disability is the counterpart to functionality, which makes it also pejorative compared to the older classifications. Although the recent classification also uses words that describe behaviour or conditions that comprise of devaluating content, the ICF strives for a neutral language that does not offend any person (cf. Waldschmidt 2003:96).

Additionally, comparisons are no longer made between an individual and a medical norm, but rather between an individual and the population norm. This means that the population stands for the reference value to which some individuals stand in contrast. With this reform, a highlight on the necessity to include social variables into the measurement of a disability, instead of classifying it solely by medical components was set (cf. Waldschmidt 2003:96f).

This approach demands an unbiassed perspective to make the model universally applicable to all individuals, which means that not only disabled individuals can be related to it, but also individuals without a disability. To make those components better considerable, they were illustrated as following in the ICF (2005:23):

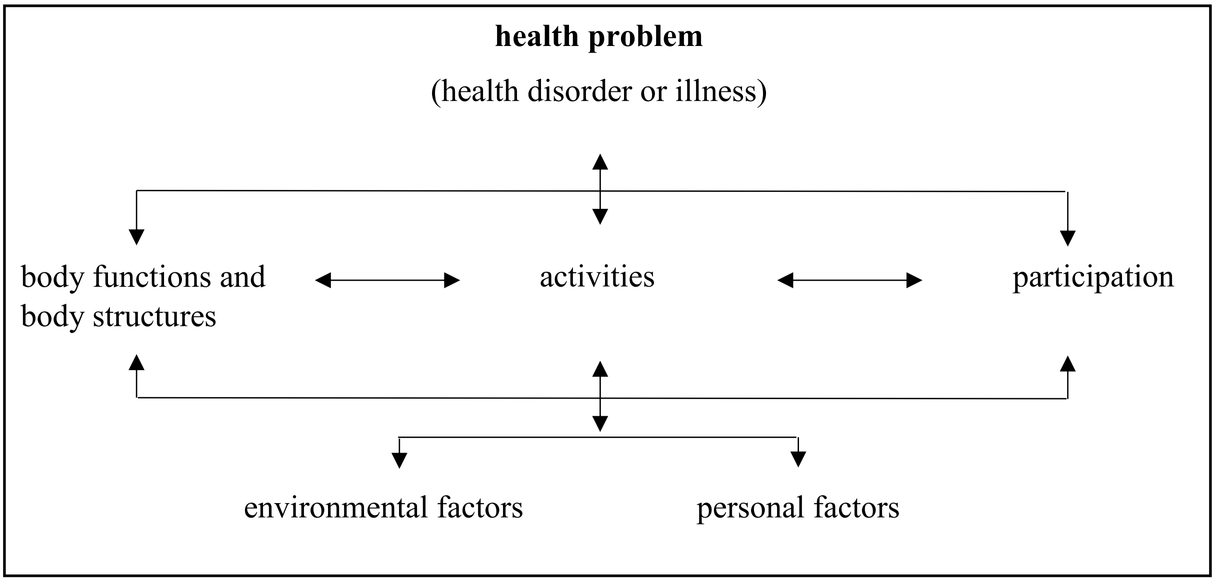

Figure 3: New model of disability

A brief definition of the named components will now show how they are interwoven. The health problem states either the impairment or the missing of a body function or /and a body structure and is the starting point of the ICF and this model. It correlates and stands in a close interaction with three core factors:

1. **body functions** describe all physiological and psychological functions of the body, whereas **body structures** cover all visual parts of the body like the extremities, but also include the inner organs of a human body.
2. **activities** are certain actions and performances that are made by a human in a specific context.
3. **participation** means to be involved as an equal and active part in a specific situation.

Then again, these factors depend on additional sub factors and are also interrelated with each other and contribute to the other facets of the model:

4. **environmental factors** comprise of a human's social and material environment and furthermore the attitudinal behaviour. This can be influenced by the individuum.
5. **personal factors** state all aspects of the individuum's lifestyle such as religion, gender, level of fitness, age, education and many more. These parameters shape an individuum personal where it can be said that they are independent from a disability or impairment as they comprise the way of life (cf. ibid. 16&22).

Personal factors, as they are too individual, and variable are not respected in the classification, although they are listed in the document and presented in the model. It simply shows, that personal factors have an impact on an individual's life. Critically viewed, leaving out exactly this information is devastating, as important sociological, anthropological and psychological factors are left out (cf. Waldschmidt 2003:198f).

Besides this remark, as clearly shown by this model, *"the ICF offers a multi-perspective approach to functionality and disability according to an interactive and evolving process. It provides components to users [...]."* (ICF 2005:23)

The current ICF's approach demands a neutral perspective on disability and furthermore the universal applicability to all individuals. This means that not only individuals who are disabled can be related to it, but also individuals without a disability, by including a broader spectrum of factors that shape the term disability in contrast to the ICIDH. The main difference between those classifications is *"the presentation of the connections between the dimensions of functionality and disability."* (ICF 2005:23).

The ICIDH clearly filled a gap in focusing on the social aspects within the medical model of disease and disability. The classification drew attention to the fact that impairments, chronic diseases and malfunctions of the body should not function as a synonym for disability (cf Waldschmidt 2003:93). It was the necessary predecessor of the nowadays used ICF and the perfect demonstration that Disability Studies accomplished a breakthrough.

3.1.3 Convention on the "Human Rights of Persons with Disability"

All the mentioned facts are parts of the reason, why the *"Convention on the Human Rights of Persons with Disabilities"* was signed in March 2007 as a treaty to the *"International Human Rights Declaration"* defined by the United Nations. The convention clearly states, that persons with disabilities have the right to decide for themselves and that any case of depriving them *"of their legal capacity is among the biggest human rights violation."* (Schulze 2012:103)

Certainly, it is not said that the convention will stop any exclusion or discrimination against persons with a disability, but it is a great starting point for raising awareness and to clarify and highlight the equality of all human beings. When an individual speaks for example about an occurrence in which it felt disabled, questions arise at the very same moment. Whereby did the individual feel disabled and while it was doing what? As disabilities are relative and multi-facetted, an issue of *"how much"* the individual was disabled *"through what"* by doing an activity can arise. Important to add in this discussion is always the dimension of what is "*normal*" for a person and what not, as it shows clearly differences to every individual. What a disability is to one society is none to another. Talking about an individual who is not able to learn comparative adjectives despite help, could be classified with a learning disability in the Austrian society. That means, that if this person would live in a hunter and gatherer society, it would not stand out from the others, because these societies are not using comparative adjectives at all (cf. Kastl 2010:44f, Schramme 2003:57f).

Hence included in this convention, laws about barrier-free public places, spaces and buildings can be found. Due to this law, cities started to reshape themselves and a constant improvement of barrier-free buildings are increasingly trackable. Of course, these readjustments are not always visible or noticeable for everyone, but especially important for people in wheelchairs, for people who need walking aid or for people with a sensory impairment. Barrier-free buildings, public transportation or public spaces increase the accessibility for people in need and therefore enhances their quality of life. What seems normal, naturally and obvious for people without disabilities implicates a new awareness of life for people with disabilities (cf. United Nations 2007:3&9).

One important point of criticism here is that accessibility is not an absolute reality either. This argument can be underlined by using the example of the kerbstone. People who are visually impaired or completely blind need the kerbstone to know where the pavement ends and the street begins, whereas these differences in height are disturbing and anything but barrier-free for people in wheelchairs (cf. Kastl 2010:54f).

This two-dimensional debate about accessibility and their beneficiaries is continued under the following headline.

3.1.4 Who disables whom?

As read before, labelling someone as being disabled for fun or out of a habit clearly signals societal and cultural determinations. They are solely constructed by human, not by nature. Therefore, it is an epistemological issue (cf. Schramme 2003:59f).

> *"In our view, it is society which disables [...] people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society."* (UPIAS 1975:4)

At this point, the statement *"Behindert ist man nicht, behindert wird man"* (bizeps.at) is introduced. Hitherto, there is no exact translation available in English, that is why the author used the expression in German. However, what does this assertion mean?

Explained by an example, this would mean that a woman who was born without legs is officially classified as being disabled. She cannot walk, run or move as people would be able to do with two legs. That makes her physically disabled. However, she is not disabled, because other people do not let her walk, but because she was born without legs and therefore uses a wheelchair to compensate walking. On the other hand, other people might disable her, if she cannot enter to a coffee shop, because the owner does not want to invest in a barrier-free entrance for wheelchair users. She is discriminated and furthermore disabled by others, because of her sitting in a wheelchair (cf. bizeps.at). This example calls for a critical reflection of the headline *"who disables whom?"* in combination with the statement, about how a person might get disabled by society.

> *„A person who is limited in her/his abilities only to societal circumstances is disabled by society."* (Schramme 2003:59)

Despite this statement about the multiple factettes of disability and the importance of including a social model to this debate, society and societal factors do obviously not solely construct disability. Many components play a crucial role in this discussion. Disability simply gets more visible if analysed and discussed through the lens of society. That is why the Convention on the Human Rights of Persons with Disability was developed and composed - To sensitize the majority society about physical and intellectual disability in the everyday life and to find an answer to the question *"who disables whom?"*. It is therefore important to guarantee a barrier free environment to all individuals and the understanding of those consequences for a harmoniously coexistence (cf. Schramme 2003:59).

3.2 Inclusion versus integration

At this point, it is crucial to talk about the terms *"inclusion"* and *"integration"* and the impact they have on the topic and the research.

> *"In the ongoing experts and political discussion, the term [inclusion] fulfils the function of a placeholder for an ideal involvement of disabled people into the society [...] no child should be treated differently."* (Kastl 2010:177)

In the current disability literature, as well as on the majority of governmental websites, the term inclusion is preferred over integration. A reason for that is the explanation, that *"inclusion is much more than integration"* (Kastl 2010:178) and should therefore be the only accepted expression in this discussion.

The main argument in the integration versus inclusion discussion is, that integration simply acts as the pioneer to inclusion because an individual can be integrated, but that does not necessarily mean that the person is also included. Someone is included, when seriously involved in all activities of a society by participating actively. To highlight this statement, inclusion occurs, when decisions could not have been taken without the presence of the person itself (cf. Hassan, et al. 2012:1280).

In addition, further attention should be paid to the correct meaning of inclusion. The term calls for a counter term, namely exclusion. They interact with each other, which is why a person is either included or excluded and can never take both statuses at the same time. A typical example verifies this statement – social organisation. People belong to a group, society, nation or they do not. In a group, certain marriage laws and regulations are performed. Being a member of a group entitles an individual to obtain the right to vote or to receive the right to specific resources. If an individual belongs to a neighbouring group, it is certain that those rights or social pattern do not apply in the same way as they do in the group the author mentioned first (cf. Kastl 2010:178f).

An individual is either included or excluded in those practices and cannot have a status in the middle. As seen by this example, inclusion and exclusion are related to each other in a social context. Further actions of including or excluding an individual that are not directly related to the social organisation itself but also happen when people encounter could be the expelling of a student due to a hearing impairment. This situation could occur, because a school may not be prepared for this particular situation. This shows exclusion on a different level as discussed above but it also shows how the inclusion/exclusion concept functions (cf. Kastl 2010:178f).

What is the difference between integration and inclusion then? *"Integration is gradual, inclusion is said to be either/or."* (Kastl 2010:179)

To map out the difference from inclusion/exclusion, the quote is presented again by using an example. An individual can be integrated as a student when attending an integration school due to the special focus on this school model. On the other hand, this individual can simultaneously be excluded from the majority society as soon as it leaves the school building, due to barriers or people, who simply do not share the same ideas and attitudes than fellow students. It shows a gradual downgrading and the dependence on human environmental influences. An individual can be more integrated or less but can never be a little excluded or included (cf. ibid. 2010:179). This distinction stresses out the difference between the terms integration and inclusion.

For an easier understanding of the similar sounding word a graphic (aktion-mensch.de) is presented:

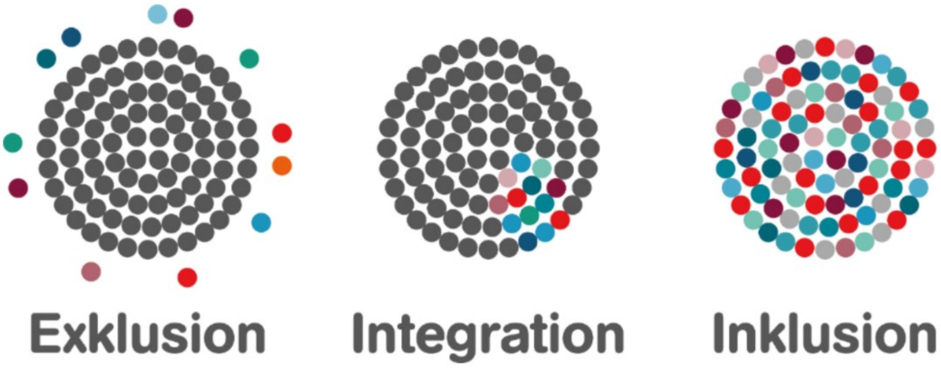

Figure 4: Exclusion - Integration - Inclusion

The term inclusion is interlinked with further concepts and principles. All of them are discussed in detail in the following subchapters.

3.3 "Nothing about us without us" - Independent Living Movement

In the previous chapters, the term *"normal"* or *"normal measurement standard"* in contrast to disability occurred repeatedly. The pioneers against the usage of those devaluating terms are clearly the ICIDH and the ICF. As mentioned before, the classifications aim for a better and broader understanding of disability and they claim for social inclusion of all people, who do not meet the normal measurement standard, which is defined by society or outdated and pejorative literature. To give this debate a concrete name, the *"normalizing principle"* was introduced (cf. Waldschmidt 2003:83).

The normalizing principle was first mentioned in 1950, in a Scandinavian reform concept about people with disabilities to underline, that accommodating people with an intellectual disability in sanitoriums is inhuman and discriminating, because – as the principle suggests – everyone is normal, no matter where he or she comes from or looks like. In the following decades, the expression increased awareness and the sensitization of this topic spread all over the world. (Waldschmidt 2003:83).

Walter Thimm, a German sociologist refined this approach by conducting empirical research on nursing homes and stationary care of people with an intellectual disability. He detected striking grievances and wanted to disclose these abuses to the public. He wanted to show that some lives are not respected in the same way as others and that power relations play the crucial part in this debate. People without a disability found themselves in leading roles of nursing homes and they made decisions for others based on their own understanding (cf. Gröschke 2007:242).

Besides the fact, that people with an intellectual disability were often excluded from society by own family members (see chapter 1), it was important for scholars to show, that people who are disabled have the same lifecycle, the same weekly routines and sexual desires as people without a disability. They must therefore have the equal opportunities to live an independent life in the desired way and socioeconomic environment. Only the individual itself is the best judge of the own strengths, abilities and desires. Decisions must be respected, even though they might differ enormously from what another person would do (Waldschmidt 2003:83).

> *"`Normality', as the set of `culturally valued social roles' is both naturalised and reified by this principle."* (Gleeson 1997:184f)

All these public disclosures, which were new information to numerous people, opened new horizons and gave people with disabilities new strengths self-esteem and self-consciousness. Hence, autonomous formed support groups of people with disabilities became more visible and respected by society and the government between the 1970s and 1980s. Therefore, the year 1981 was declared as *"the year of disability"* and functions as the official founding year of the movement in Austria and Germany (cf. slioe.at).

Although a highlight was set on people with disabilities by the government, many concerned people still feared about the outcome. Due to the increased attention of people with disabilities, negative outcomes were also predicted. For incidence, they thought that the government just wanted to invest more money for developing the rehabilitation policies. That is why there were repeatedly protests in front of the Hofburg by people with disabilities. Because these events, different support groups from all over Austria got in contact and built a network. Over the years, frequent meetings were held, and a growing number of members was recorded. By determining structures and official statutes, the *"Independent Living Association Austria"* was officially founded in 2001 (cf. slioe.at).

The associations

> *"goal is to achieve the true equality of people with disabilities and the full application of their citizen and human rights [and] works to achieve its goals mainly by means of consciousness-raising press releases, and statements on the progress in the implementation of national and international laws in Austria."* (slioe.at)

Their motto is *"Nothing about us without us"* and calls for the principles of equality and non-discrimination of all people including accessibility and accepted self-advocacy. Being able to live an independent life serves as the basis to inclusion and is therefore an important component in the debate about inclusion. Being able to live an independent life is also one of Special Olympics' main interest (cf. ibid).

Another important claim of the Independent Living Movement is the legal right to demand-oriented personal assistance for people with disabilities in Austria.

3.3.1 Personal Assistance – The principle to an independent life

> *"People with an intellectual disability [...] are special experts on their own behalf who only need help and assistance if necessary."* (Ebert 2000:9)

Personal assistance comprises of many parts. A personal assistant assists a person with a disability in all needed areas of life. It can start in the morning by helping someone out of the bed, assisting with hygienic routines, preparing food, running the household, accompanying the person to their workplace, university or doctor's appointments, but also visiting a museum, going to the cinema or rearranging the apartment. Personal assistance is a multiple working area for the assistant. The most important aspect hereby is that the person with a disability gives all the necessary instructions and the personal assistant must follow them. The whole concept is based on the person that gives orders to the assistant that must obey them without expressing their own opinion (cf. WAG.at, Rehfeld 2001:53ff).

Being a personal assistant means that the assistant functions as the legs and arms of the person with a disability and that the assistant must do everything exactly as asked for, even if it would be faster doing it in another way. However, the more the assistant and the assistance taker get to know each other and the routines, the easier it becomes to fulfil tasks.

Personal assistance determines that *"the person with a disability becomes an expert on their own account, while the assistant solely functions as the executive body."* (Haderer 2008:52) and that *"personal assistance is any sort of help that benefits people with an intellectual disability to life an independent life."* (ibid.)

Additionally, it is the assistance takers choice how often, how long and how intense she or he wants to have an assistant (cf. ibid.).

Due to missing laws in Austria, assistants must be financed through the assistant takers care allowance. This model is divided into seven levels; each of them describes a certain condition, for example in how far a person can use their own extremities to be self-sufficient. The basis of assessment consists of the monthly needed hours of support by an assistant (cf. help.gv.at).

> *"The care allowance has the purpose [...] to guarantee support as far as possible to a person that needs care to improve the opportunity and possibility to live an independent life."* (Bundesrecht, §1).

It must be highly criticized, that the care level is determined solely through a medical examination of a person.

Nevertheless, a person with a disability who is supported by a personal assistant can thereby experience self-advocacy. It can result in the reshape of the own identity, in a change of how a person sees herself or himself and can additionally broaden individual experiences of social inclusion. Self-advocacy contributes positively to any individual life and plays therefore an important role in the following chapters (cf. Anderson & Bigby 2017:117).

4 Special Olympics

After analysing the theoretical considerations and principles, the following part presents the empirical approach to apply the academic knowledge on the Special Olympics. The next chapters demonstrate and precisely exemplify all theoretically discussed terms, principles and concepts by empirical data.

The Special Olympics function as the prime example of all mentioned movements, principles and changes in mentalities and mindsets after World War II. Special Olympics show the impact of a movement to people with intellectual disabilities but also to people without. Out of the movement, so-called Special Olympics associations formed, which started to spread the message of inclusion throughout the world.

There are several accepted spellings of the Special Olympics. The notations used in literature, online and from athletes and other involved people itself in this context are the Special Olympics movement, the Special Olympics organization and the Special Olympics association. That is why the author also used these terms in the thesis to diversify in expressions. It is important to note that all different spellings describe the same reality.

The author first presents an overview about the Special Olympics in general and continues afterwards with underlining the importance to Austria. The importance of physical activity and the impact of sport to a person is analysed in detail. The following chapters are structured and designed in a comprehensible manner by the collected empirical data.

At this point it is necessary to distinguish between the Special Olympics and the Paralympics to prevent confusion. Athletes of the Special Olympics are individuals, who are intellectual disabled, whereas athletes of the Paralympics are physically disabled. In rare cases, people with physical disabilities who also have an intellectual disability can attend the Paralympics, but only under the consideration of fairness and measurement to the other athletes. In contrast, the Special Olympics are solely intended for people with intellectual disabilities (cf. paralympic.org).

Although the first sport club for people with physical disabilities was already founded in 1844, the importance of such programs was doubted for a long time. However, it was due to World War II, which left an enormous number of veterans and civilians physically impaired. To create new possibilities for those people who could not continue their life in the same way as before the war, the idea of sport clubs and furthermore sportive competitions for individuals with physical disabilities was revived. That is why in 1948, a demonstration competition of a wheelchair race took place at the traditional Olympic Games in London to raise awareness for this new reality. This happening turned out to be the decisive reason for the first official Paralympic Games in Rome in 1960. The *"para"* in Paralympics stand for the parallel existence besides the traditional Olympic Games and is nowadays the world's second largest sports competition (cf. paralympic.org).

After this clarification, the Special Olympic Games are now back in the focus. As explained above, the athletes of Special Olympics are people from all over the world with any kinds of intellectual disabilities.

> *"Special Olympics transforms lives through the joy of sport, every day, everywhere. We are the world's largest sports organization for people with intellectual disabilities: with more than 4.9 million athletes in 172 countries - and over a million volunteers." (*specialolympics.org*)*

In accordance to this self-description, the Special Olympics are *"an ideally suited organization for effecting change in people with developmental disabilities."* (Weiss et al. 2003:286)

To reflect upon this statement, there are eight major keywords, which stand for the statutes of the Special Olympics movement:

- **Real Sports**

  It is highly important that all sport tournaments take place under the same conditions as they would be for people without intellectual disabilities. Equal treatment stands in the foreground, which also requires equal competitive conditions. Sport moves the spotlight from disability to ability, which is why the focus lies *"on real sports, real competition, real achievements."* (specialolympics.org). Not only the competitive conditions are the same as in the traditional Olympic Games, but also health requirements and doping controls are in accordance to them (cf. ibid.).

- **Healthier Athletes**

  As implausible as it may seem, many athletes have never been in a health check before their first attendance at the Games. Therefore, *"Special Olympics is also the world's largest public health organization for people with intellectual disabilities."* (specialolympics.org).

  Many people cannot afford to pay several medical bills, because financial resources are often scarce, and many countries do not have the same conditions of the social system as in Austria. Therefore, people often do not consult a doctor until something life-threatening occurs. Hence, it is one of the superior priorities to guarantee the best health conditions, perfect consultation in nutritional concerns and the assurance of a healthy lifestyle not only to the athletes, but also to their family members, trainers and volunteers. During the Games, every athlete is carefully checked at least once. Among further examinations, the check-up includes dental care, optical inspections and pursuing treatment like glasses or orthopaedic aids. All these services are free of costs (cf. ibid., Myśliwiec & Damentko 2015:257f).

- **Leading Research**

  Additionally, Special Olympics is undoubtedly the leading organization for researches concerning intellectual disabilities. By conducting researches, the organization wants to show that the competences of people with disabilities are underestimated by the majority society most of the times. This is the crucial point for clarification. With the conducted data, those grievances can be pointed out to other organizations, governments or policy makers to achieve an effect. With those actions, a broader awareness is raised, which may lead to financial support and a broader visibility and attention (cf. ibid.).

- **Athlete Leadership**

  Motivated people are additionally encouraged to participate in the movement on a different level than the competitions. Special Olympics trains people with an intellectual disability to become (co-)coaches or mentors for other athletes. They assist the team, advise athletes and take care about the equipment. Besides these functions, individuals can moreover become official Special Olympics spokespersons. With special programs, chosen people undergo training in different fields to prepare themselves for being official speakers. The trained specialists then talk in public about themselves, the competitions, the training throughout the whole year and the challenges in everyday life. By telling stories about the management of the own life, people without disabilities are encouraged to reduce prejudices, to realize all abilities and to change attitudes (cf. specialolympics.org, Myśliwiec & Damentko 2015:256).

- **Changing Attitudes**

  Special Olympics are the epitome for overcoming prejudices about people with intellectual disabilities that many individuals without an intellectual disability still have. One principle of the Games is that *“We believe in a world where there are millions of different abilities but not disabilities.”* (specialolympics.org)

That is why sportive tournaments take place throughout the whole year in which people with an intellectual disability can compete with their abilities. On the one hand, athletes profit from the competition experience. On the other hand, these tournaments intensify the fight against the predominant bias of people with intellectual disabilities under the motto of *“sport unites people”* (cf. specialolympics.org).

- **Building Communities**

  A change in the attitude must result in building communities. Special Olympics want to reach out to every person in the world. Not only people with an intellectual disability should become aware of the Games and be motivated to participate, but furthermore all societies, groups and individuals. With national and international events and competitions throughout the whole year, a wider awareness for the importance of the Special Olympics is created. This statement also accounts for the necessity to involve children and teenagers in the Games (cf. ibid.).

- **Sports and Play for Children Under 8 Years – “Young Athletes”**

  The special program was introduced for children between 2 and 8 years to get them involved in sport activities and specially to train their hand-eye coordination and develop motoric skills from an early age on. By using colourful equipment and music, children are stimulated to become active. *“The essence of the program is supporting motor and psychological development through stimulating physical activity.“* (Myśliwiec & Damentko 2015:256)

  It is also important to show young individuals with intellectual disabilities that they do not have to be worried about getting in contact with other children who might look different from themselves, as it will happen for example at the playground or in kindergarten. This unique program functions as the starting point for dismantling barriers from early years on and encourages people to see everyone in the same way. Moreover, it encourages total inclusion (cf. specialolympics.org, Myśliwiec & Damentko 2015:256).

- **Youth Involvement and Unified Strategy**

  The involvement of young people in the Special Olympics is highly important. The more children and teenagers with an intellectual disability interact with people at the same age who do not have an intellectual disability, the greater the chance is that people stand up

> for each other. Playing unified means to form a team that consists of the same number of persons with and without an intellectual disability and is also a part of the Games. This program is constantly developed and refined. Playing unified thereby strengthens both sides and builds bridges. This strategy works against social exclusion. It increases self-confidence, respect and a team spirit for everyone involved (cf. specialolympics.org, McConkey et al. 2012:2, Myśliwiec & Damentko 2015:257).
>
> Since this is a recent and innovative strategy for training leadership skills while opening one's own horizon for social inclusion, this approach will be discussed extensively in the following chapter by using empirical data. The author chose to concentrate on the factor sport as the gateway to an inclusion into the majority society and demonstrates this approach with the example of Special Olympics Unified Sports (cf. specialolympics.org, McConkey et al. 2012:2).

A significant characteristic of the Special Olympics is that all athletes are awarded for their participation and efforts, regardless of which place they took in the tournament (cf. Harada et al. 2011:1132).

> *"When you attend Special Olympics Games…and watch the sheer joy on faces – not just of the athletes, but more overwhelmingly among spectators – you begin to realize there is much more at work than simply athletic competition. On one hand, it is the story of years of tragedy transformed into pure joy, driven by the beauty of sheer effort. But at the same time, it is a profound statement of inclusion – that everybody matters, everybody counts, every life has value, and every person has worth."* (Mandela in specialolympics.org)

The core principle that stands over all these values is the strengthening of human rights. Through an establishment of new sports models and competitions, a constant increase of the number of athletes is striven. Additionally, further cooperation with partner programs should also lead to an establishment of a global public relation that attracts more and more sponsors (cf. austria2017.org).

The next subchapter provides an overview about the development history of the Special Olympics.

4.1 Development History

Special Olympics is a self-ascribed movement, which started in 1946, when the *"Joseph P. Kennedy Junior Foundation"* was founded. This foundation functioned as a milestone for people with intellectual disabilities in the USA, because it was the first official authority that put a focus on intellectual disabled people who got neglected and excluded from people of the majority society and who were not disabled. At that time, the foundation was the first of its kind in the USA (cf. specialolympics.org).

The following year, Eunice Kennedy Shriver, the sister of John F. Kennedy, was named the trustee of the foundation. She showed no acceptance for devaluating treatment of people with intellectual disabilities by people who were not disabled. Due to her sister, who remained with an intellectual disability after a failed brain surgery, she knew at first hand that a disability did not equal a live that is worthless to live, but rather the contrary. Until the year 1957, when Eunice became the director of the foundation, a lot of money was raised to conduct research about intellectual disabilities and how they are caused (cf. ibid.).

The following years, Eunice and her husband Sargent Shriver started travelling around the US to collect data regarding institutions and hospitals for people with intellectual disabilities. They wanted to get an overview of the current situation to be able to become active (cf. ibid.).

In 1960, her brother John F. Kennedy was elected as the president of the United States, which was the perfect opportunity for Eunice to spread the word, make the foundation more public and raise awareness. Due to her urge, the president recommended the creation of the *"National Institute for Child Health and Human Development*" (specialolympics.org), which was officially introduced to the public in the spring of 1961. During the upcoming months, an emphasize was set on the development for better and broader possibilities for the inclusion of people with intellectual disabilities within the majority society. Money was raised, and aware programs were launched throughout the whole country until the first summer camp for people with an intellectual disability took place in the summer of 1962 in Washington D.C (cf. ibid.).

Only then Eunice revealed the truth about her sister. She kept the medical condition a secret to be accepted for the work she did and not because of compassion and empathy. The news went viral and strengthened people to support the own children with intellectual disabilities in public. Eunice implicated that there is nothing to be ashamed of. Although Eunice feared that people would only feel sorry for the family and her sister, it was precisely the empathy that made people finally treat this reality with more sincerity. The foundation grew and the public awareness too. Many conferences and newly endowed programs were supported by society and the media (cf. ibid.).

Luckily the assassination of president and supporter John F. Kennedy in 1963 did not harm the expansion of summer camps for people with an intellectual disability. It was in April 1964, when physical activities were first mentioned as a crucial factor for an improvement of living conditions of children with intellectual disabilities. Those developments were also visible inside the classrooms, according to an improvement of concentration for instance. From there on, plans were developed, pilot projects were performed and one year later, six universities throughout the USA did already offer special curricula in recreation treatment for people with intellectual disabilities (cf. ibid.).

By the end of 1966, there were already nationwide programs and Eunice proposed to additionally start with nationwide contests for people with intellectual disabilities to increase the awareness and to pave the way for social inclusion. In only one year, the concept for such a contest was developed in detail and realized just shortly after. On the 20th of July 1968, the first Special Olympics Games took place in Chicago with the total sum of 1000 athletes from all over the United States of America and Canada. Due to this success, Eunice announced that from there on, the Special Olympics will be held every two years in the same spirit and context as the traditional Olympic Games. For her relentless engagement in this area, Eunice was repeatedly awarded and honoured by different organisations (cf. specialolympics.org).

Before the opening ceremony started on March 18th in Schladming, Günther Ziesel, the main responsible person for representing the Special Olympics in the public service broadcasting in Austria, stated his opinion:

> *"I think the special aspect about the Special Olympics, not only the Games itself, but about the whole movement is, that it was successful to relocate people with intellectual disabilities from the margin of society into the middle of the society and that is the extraordinary aspect. However, it is not enough to organize the World Games, they are the highlights [...] for all athletes and attractive for the audience. But it has to continue after them, the 'flame of hope', which is ignited [...], this flame must continue to burn, even after the Games."* (Ziesel in FN, 18. 03. 2017)

The *"flame of hope"* functions as an important part throughout the whole Games. It was lit in Athens on the 2nd of March, in the same way as in the traditional Games. In the following days, the flame of hope travelled to Austria. On the 9th of March the *"torch run"* through all federal states began. With 45 stops in many villages, cities and regions, the torch run was

> *"honoring the spirit of the Special Olympics global movement and delivering a message of hope to communities where people with intellectual disabilities continue to fight for acceptance and inclusion."* (austria2017.org)

Over 133 people were engaged in this event. Besides Special Olympics athletes, law enforcement officers and logistics personnel participated in the run and brought the flame to the arena in which the opening ceremony took place in Schladming. The flame continued to burn throughout the whole Games and was extinguished at the closing ceremony (cf. austria2017).

4.2 Structure and organization of the Special Olympics

To provide a better understanding of the structure and the organization of the Special Olympics, this sub-chapter states all the needed information to proceed with the analysis.

The organizational structure of the movement is as followed (specialolympics.at):

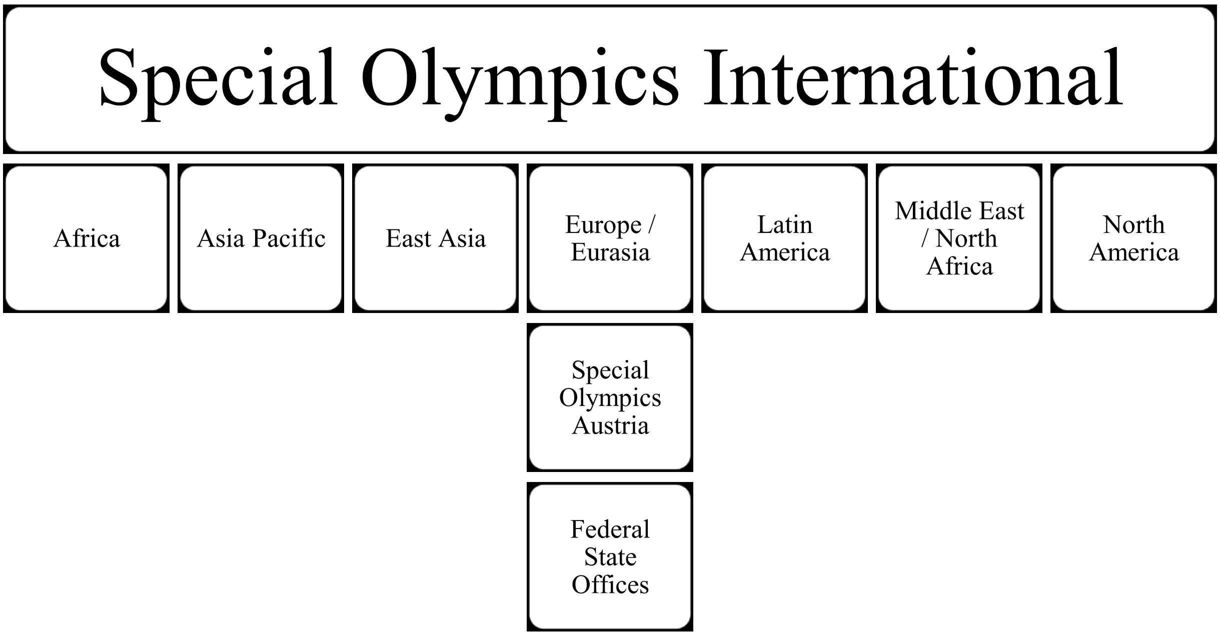

Figure 5: Special Olympics Structure

The author uses Austria as the example to explain the figure. The offices of all nine Austrian federal states form the *"Special Olympics Austria"* office, which represents the country in the European and Eurasian division. All country representatives of one geographical assigned division in turn form one office. All seven geographical divisions together make the Special

Olympics International. The entire organization constitutes of small pieces, which shape the whole (cf. ibid.).

As mentioned above, the Games take place every two years, alternating between winter and summer games in accordance to the traditional Olympic Games. To avoid conflicting schedules with them, the Special Olympics are held in odd years and have a duration of about two weeks.

The summer Games offer a wider variety of disciplines compared to the winter Games. Athletes compete in 21 different sport tournaments, whereas the Winter Games offer only nine athletic disciplines. This imbalance is due to a broader variety of summer sports but is constantly developed to guarantee the same possibilities for all athletes. This year's winter disciplines were as followed: figure skating, speed skating, floor hockey, floorball, snowshoe trekking, alpine skiing, Nordic skiing, snowboarding and curling (cf. austria2017.org).

People from eight years on can participate in the Special Olympics. However, every athlete must present a doctor's attestation and the *"sports pass"*, which proves and classifies an intellectual disability from the medical perspective. As mentioned before, this includes either a mental disability, a disability in cognitive development or any other significant problems, which cause the need for special support, often also fulltime. When meeting one or more of these attributes, people can apply for a Special Olympics sports licence (cf. specialolympics.at).

> *"You need the sports pass to become an athlete. If you do not have the pass [...] you are not allowed to participate in championships or tournaments. [...] You must renew the stamp in the pass every year. It entitles you to compete."* (I 4. 23. 10. 2017)

The requirement for the athletes' participation in tournaments is to hold a sports pass. An annual medical examination is necessary to obtain the sports pass.

Due to the immense organizational process of regular staff members, more than 3000 volunteers helped at the 2017 Games. Besides organizing the opening event in advance, they worked in different fields like media coordination, in the delegation service, as translators or in the marketing section, just to name few. Special Olympics mainly relies on volunteers. Although partially funding of the Austrian government and different sponsors, most people work for free or for a small expense allowance. Moreover, many people work in their private offices, because the funding of office facilities is not supported sufficiently (cf. austria2017.org).

> *"I started as a volunteer at national Games when I was a student and continued to work in the volunteer status. [...] I am now the federal state coordinator of Vienna and I do not have an own office. I have a regular job and work in the position as the coordinator for*

> *free. The administrative work is immense, and I even pay the bills for my car and the telephone costs from my own savings."* (I 12, 22. 11. 2017)

Another interview with an involved person in the movement disclosed that *"my career started as a volunteer in 1993, when I was still in school and I have been in this position for a long time, before I was officially employed by Special Olympics Europe in 2003."* (I 2, 26. 04. 2017)

Furthermore, she confirmed that *"We are always struggling with getting enough money."* (I 2, 26. 04. 2017)

Although there is no financial incentive for volunteers in the Special Olympics movement, the interviewees were eager to enhance their involvement in the organization out of personal interest and helpfulness. Only after 20 years of engagement, one of the interviewees was officially employed and works nowadays in an office that is financed by Special Olympics. She complained about the scarcity of money but appreciates every person who works for free and with passion, because that is the spirit that the Special Olympics need in her opinion. It is the spirit of helping and changing that motivates volunteers to spend time and energy without getting rewarded with money. They are furthermore rewarded with respect and the opportunity to be part of a change (cf. I 2, 26. 04. 2017).

4.3 Special Olympics in Austria

The first time Austria got in contact with the Special Olympics was in 1985, when the first three Austrian athletes participated in the Summer Games in Dublin. Shortly after that, the Austrian association for Special Olympics was founded, which set a milestone to disability sport in Austria and was the decisive reason for international cooperation. It was thus that in 1993, the 5th Winter Games were held in Schladming and Salzburg – the first Winter Games that took place outside North America (cf. specialolympics.at).

During a directors meeting in 2012 in Panama, Styria, more precisely Graz, Ramsau and Schladming, were confirmed as the venues of the Special Olympics 2017. This honour was achieved by *"the perfect preparation of the application material, the united support of Austria, the meaningful sustainability programs [and] the amazing humanitarian work since 1993."* (specialolympics.org)

The 11th Special Olympics took place from the 14th until the 25th of March 2017.

> *"You know, over 20 years ago the Special Olympics movement came here to Austria for the first time, globalizing our movement. And when we came here this time, there was*

> *[still] the heartbeat of Special Olympics Austria in Schladming and Styria."* (Shriver in MR, 18. 03. 2017)

According to the motto *"Heartbeat for the World",* 2700 athletes from 107 nations worldwide attended the Special Olympics Winter Games this year. Accompanied by 1100 trainers and more than 5000 family members and friends, people with intellectual disabilities showed their sport skills, team spirit and ambitions to make clear, that a disability is not a limitation to their life.

> *„[...] these Special Olympic Games are something special, it is not called 'Special Olympics' for nothing, because there are people who simply show that it is possible to overcome and conquer boundaries, which were set by society to displace people with intellectual disabilities to the margin of society. It is possible to overcome those boundaries. It needs outrageous courage, high endurance but in particular, support from all people, to make it possible to overcome those boundaries. We should not forget that every human is worth the same and should be treated with the equal respect and if there is someone who is different than the so-called 'normal' people, this otherness must be recognized. We are often afraid of what is strange to us, what seems foreign to us and we move back from that instead of approaching it with open arms. The Special Olympics World Games are the highlight during the years of this movement."* (Ziesel in FN, 18. 03. 2017)

This statement summarizes the core values of Special Olympics and served as the contextual transition to the imminent opening ceremony, which was broadcasted live in Austrian television.

4.3.1 Opening ceremony

The Games officially started with a grand opening ceremony in Schladming on the 18th of March 2017. Different show and music acts were presented and were alternated with speeches from chairmen, the president of Special Olympics Timothy Shriver and the president of Austria. After the first speech, music started, and all participating nations presented themselves to the audience in the so-called *"flag parade".* The athletes entered grouped by countries and walked through the arena to thunderous applause of the audience (cf. FN, 18. 03. 2017).

For the following 45 minute the searchlights focused solely on them. The whole show was based on the upcoming journey of the participants. From showing personal abilities and skills in the competitions, celebrating life and friendship up to overcoming boundaries, which are set by society. The whole journey was presented by an Austrian girl, who interpreted the different steps with a dancing choreography. To understand the part of the show in which boundaries were thematised, more actors joined the girl on the stage. An interaction between a music group and Perchten (traditional Austrian figures), who obviously had nothing in common with each other, started. Nevertheless, they became friends in the end, because they overcame fears and started to engage with their counterpart and showed thereby that differences are no reasons for exclusion. This example highlighted the key message of the Games –all individuals share the commonality in being human (cf. ibid.).

It was a great spectacle with more than 25000 people in the audience, which lasted for nearly two hours and ended with the words:

> *"You will experience it yourself at the Games – the outrageous sincerity, the openness, the honesty of the Special Olympics athletes – that is what is so impressive and touches us deeply, that is the heartbeat that one feels for him- or herself [...] and should continue from today on – the 'heartbeat for the world'."* (Ziesel in FN, 18. 03. 2017)

Despite the complex opening ceremony, which functioned as the reminder of the necessity of the Games, another example highlighted the key message of the Special Olympics before the Games started.

4.3.2 Host Town Program

The *"Host Town Program"* took place form the 14th to the 16th of March 2017. During these days, 83 cities, villages or regions from all over Austria became a host to different participating delegations from all over the world. With financial aid from an international active club, the municipalities and other big (Austrian) companies, this program could take place (cf. MR 15. 03. 2017).

Every delegation, which means all athletes, partners, coaches and family members from one country were assigned to a specific Host Town in Austria. Committed people of these Host Towns developed introductory programs to the Austrian culture, society and tradition to make everyone comfortable during the first days by showing engagement and hospitality. The main aim was to welcome the delegations, sometimes after a long journey, sometimes just to facilitate them the start of the Games (cf. austria2017.org).

Because of a teacher for special education, the author was able to participate for one day in the Host Town activities in Gamlitz, a village approximately 40 minutes outside from Graz. The teacher was one of the main responsible persons for making the town a Host Town (cf. MR, 15. 03. 2017).

> *"supporting events like the Special Olympics is an affair of my heart and as soon as I heard about the host town program, I mobilized other people and they agreed on this program. As a preparation for the children, we learned in school how to interact with people who are disabled, how someone should treat them and that no one ever should make a difference between a person with a disability and a person without, that there is absolutely nothing to differentiate about. We sensitized the children about the topic by introducing role plays […]"* (I 1, 14. 03. 2017)

Two school classes from the local primary school participated in the program and awaited the Ukrainian delegation in front of the Motorikpark in Gamlitz, which is a special designed area for people at every age to train the motoric abilities. The children held a huge poster in their hands, *"welcome"* was written on it. Additionally, they made small flags and wore special designed scarfs with the Ukrainian flag on it (cf. MR, 15. 03. 2017).

When the bus arrived, and the athletes walked out, the local people started to clap while waving their flags. The children welcomed the athletes in Russian before they went closer to introduce themselves. After this, the Austrian children lined up in pairs and started dancing while an accordion player played a typical Austrian song. Right after they finished, all kids took an athlete by the hand and encouraged them to dance the same dance with them again (cf. ibid.).

This part of the program gave the athletes a taste of traditional Austrian music, combined with an easy, but expressive dance. This happening underlined the idea of the Host Town concept and the key message of the equality of all people perfectly. However, not only the ideas were realized, but also barriers were relieved. Although the Austrian children are used to be with children who are intellectually or physically disabled in their school, the first moment of encounter with the Ukrainian athletes left them shy (cf. ibid.).

After this welcome, the whole group started to walk towards the park and the previously formed dancing teams stayed together and walked side by side. The big group was then divided into three smaller groups and everyone started to move. 30 different attractions were tried out in the park and encouraged a further communication and teamwork of the people, because all stations required athletic performances. Despite the language barrier, gender, age or disability, everyone worked together, helped someone in need and looked after another. The ulterior motive of the Host Town Program became clear. People forgot about disability and otherness and formed diverse teams to profit from all abilities (cf. ibid.).

The hypothesis that physical activity unites people became thereby visible. The following discussion about the aspect of physical activity from an early age on and the impact that sport can have on people is reviewing this topic once again in more detail.

4.4 Physical activity and the impact of sport

People with intellectual disabilities are especially vulnerable to suffer from mental and physical health problems. Several global studies indicate that nearly 50% of all people with intellectual disabilities worldwide are regarded to be overweight. Besides the aspect of living an unhealthy life, overweight may cause further reactions. The strongest reaction to the body image could be social exclusion (Grandisson et al. 2012:217).

Corporal movement in the context of sport has been proven to evoke several physical benefits, including the reduced risk of cardiovascular illnesses and diabetes. Simultaneously, a consensus about exercising regularly says that sport participation is highly interwoven with positive effects on the psychological and emotional household. It creates self-esteem, self-consciousness and pride while decreasing depression and anxiety. Additionally, the involvement in sport has also been proven to have a positive influence on school attendance and the ability to study more concentrated and in staying focused. Moreover, sport increases the opportunity to learn new skills, contributes to the own development and can result in reductions of behavioural problems or in other deficits (cf. Tint et al. 2017:301f, Grandisson et al. 2012:218, Weiss et al. 2003:285)

Therefore, corporal and physical movements are the significant preconditions to a person's individual development. Through movement, the environment and especially the own body is perceived on many different levels, because those factors are highly interwoven with each other. These perceptions further shape the development process and the awareness of the own identity and contribute significantly to interpersonal relations (cf. Wegner 2007:323). To verify this argument, the importance of physical movement in the developmental process of a child is displayed.

Through early movement experiences, children learn how to grab correctly and can thus apply the knowledge on how to use cutlery while eating. Children learn how to sit, walk and jump, to balance and to climb and with every further learned action, they explore themselves and strengthen their confidence in what they are doing. Body language, in the context of movement is a way to communicate with others or to be understood by others. It can also contribute to the own identity (cf. Wegner 2007:323).

This example functions as the desired development for a child that was born without any disability. On the contrary, children with a physical and / or an intellectual disability are not able to experience these stages in their development in the same extend as children who were born without a disability. An early detection of disability can be a decisive contribution to special therapies and support, which is largely financed by state. Nevertheless, these therapies and the support can only function as a substitute to a certain extent, compared to the path of a child that was born without a disability. Therefore, making commonalities obvious instead of differences between people with intellectual disabilities and people without and highlighting them is crucial on the way to inclusion. One mean to gradually approach this goal is the factor of sport. The clear message must be: Abilities instead of disabilities (cf. Wegner 2007:323f).

Until this point, a lot has been heard about intellectual disability and how it can affect a person in their individual and self-shaped independent life. Most examples showed only the negative outcomes that are associated with a person being disabled. Based on the Special Olympics, it is therefore essential to highlight that an intellectual disability is neither a limitation to compete in sports tournaments, nor a limitation to life.

> *"I need to do sports in my life, I simply cannot live without being active."* (I 11, 09. 11. 2017)

The main hypothesis of the paper is that sport is an assisting medium to accomplish social inclusion for people with an intellectual disability in the main stream society. More precisely, the model of Unified Sports, to which a separate chapter is devoted, has focused on this assertion.

> *"Sport should unite peoples. It should have an integrative [and inclusive] function."* (I 13, 22. 11. 2017)

In this context, it is important to add that

> *"the value of sport extends beyond its physical challenges, health benefits or competitive expression; it is known to hold an integral social value with the potential to bring together different groups, dispel stigmatising myths and promote community cohesion."* (Unified Sports Handbook, 2014:3)

The authors implicate that people with intellectual disabilities can use the power of physical activities to find the strength in themselves, to gain new and enhance already existing abilities and skills and to take their achieved success as a further motivation not only for their day-to-day lives, but also for following sports competitions (cf. specialolympics.org).

> *“Sport keeps me physically and mentally fit”* (I 5, 08. 11. 2017) and *“doing sports gives me a great feeling.”* (I 4, 23. 10. 2017)

Joy and inner fulfilment is emphasized and stands in the foreground of the athletes and the Games itself.

> *“To participate in Games or championships is the best feeling I could ever have […] the atmosphere is amazing.”* (I 8, 08. 11. 2017)

In many cases, sport means much more than being physically active to the athletes.

> *“Sport helps me to achieve my dreams.”* (FN, 24.03.2017)

All interviewed athletes strive for the first place in every competition. They want to win medals for their efforts and abilities and they want to participate in as many tournaments as possible. The greatest dreams of the interviewees were to participate in the next official Summer Games in 2019 (cf. I 4, 23. 10. 2017 & I 5, 08. 11. 2017 & I 10, 09. 11. 2017).

The Special Olympics also function as a platform for people of the majority society, because *“there are two things that are the same all over the world – music and sports.”* (I 13, 22. 11. 2017). Hence, *“sport is a universal language.”* (I 13, 22. 11. 2017). People can *“understand one another just through sports.”* (I 13, 22. 11. 2017)

Making society aware that every life is worth living and that every person has their own potential, talents and especially the right to show all of them in the same setting as people without disability can do is crucial.

> *“Athletes are given special attention for participating in the Games and are also appreciated in many ways. I think that through Special Olympics, people with an intellectual disability are supported, appreciated and they can feel free and have good times, which they would probably not have without the competitions.”* (I 13, 22. 11. 2017)

To increase the visibility of people with intellectual disabilities is one of the reasons why the Special Olympics were founded (cf. specialolympics.org). That is why

> *“in 2007 the European Commission highlighted the importance of sport as a vehicle for generating a shared sense of belonging and participation and as a valuable tool in the development of social inclusion.”* (Unified Sports Handbook 2014:3)

During the closing ceremony, an athlete revived this statement and recapitulated the ended Games with the words:

> *"At the end, our participation in the Special Olympics is the real achievement."* (FN, 24. 03. 2017)

4.5 Special Olympics from the athlete's perspective

Although there was a high media presence during the Games, most of the times it was talked about the athletes and not with the athletes. That is why the author decided to conduct interviews with athletes and asked them about their own opinion on the Special Olympics. It was necessary for the author to discover additional aspects of their participation in the Games compared to the ones that have already been mentioned before.

> *"Spending so much time together, because the Games last more than two weeks, makes me feel good and I like to meet new people, talk to them and spend time with them. Also playing against other teams makes me feel confident and good."* (I 8, 08. 11. 2017)

Special Olympics functions as the ideal platform to establish new contacts with people from all over the world. Attending the Games together with people who share the same mindset and experiences, creates a sense of belonging and solidarity. With projects such as the former discusses host town program, first encounters between athletes, coaches and family members happen and can function as the decisive reason for further friendships.

> *"[...] everyone and everything there is so sincere and kind and that is exactly what I like. And there is simply no difference between the people ... oh, I really like that."* (I 4, 23. 10. 2017)

Besides the prospect of networking, it is of great importance to athletes to compete against other international teams or in individual events to measure the own performance and to acquire positive experiences and memories from it.

> *"The whole journey is something really special. Being able to participate at World Games [...] and playing against different opponents than the ones from Austria is something special. [...] Just to be gone for some time. [...] wearing the sports suit from Austria ... that is ... I am representing Austria. Wow, that is something really different."* (I 4, 23. 10. 2017)

The Austrian individual athletes and teams meet throughout the whole year in national tournaments. It is therefore important to have diversity in opponents to ensure an improvement in the training success. Nevertheless, the level of fairness plays an important role (cf. I 4, 23. 10. 2017).

> *“I like to exchange tricots with people from other countries as a memory and as an act of respect, because one party always loses. I like the fact that everyone is competitive, but still pleased for the person or team who won. It is a community in which I like to be a part of. I enjoy spending time with other Special Olympics athletes.”* (I 8, 08. 11. 2017)

The summarized representation of the discussed aspects reads:

> *“Everyone helps everyone, despite the country of origin or other circumstances. Everyone looks out for the other and that is why it is so important for me to participate in the Games and in tournaments.”* (I 8, 08. 11. 2017)

To pick up on the point that everyone looks out for the other (cf. I 8, 08. 11. 2017), the keyword *“selflessness”* appeared.

> *“I did not participate in the last Games in LA in 2015 due to a knee injury, but that was not a problem at all for me. Anyway, I wanted that the younger athletes would also be able to participate in the Games, because everyone should experience the feeling that I always get during the Games.”* (I 8, 08. 11. 2017)

The athlete wants all other team members to experience the same joy and happiness that he always had when participating in World Games and is supporting the participation, even if he cannot.

Besides the athletic and social background for athletes, the Special Olympics function additionally as an opportunity for people with intellectual disabilities to travel the world (cf. I 8, 08. 11. 2017 & I9, 08. 11. 2017).

> *“I see the Games as a chance to travel and I love it. Besides the sport activities I really enjoy leaving Austria for some time to see something new and especially other people. I love to do sports with other people.”* (I 5, 08. 11. 2017)

The aspect of being able to leave Austria and the day-to-day life behind for some time is one of the great incentive to the athletes.

> *„Unfortunately, the [Winter] Games only take place every four years. That is what makes them so special. Additionally, that they are in different countries where you must fly to […] I would never be able to travel to this country on my own.*” (I 4, 23. 10. 2017)

Common memories and events are experienced, which contribute to the sense of communality and thereby strengthens the team spirit. During the interviews, the author was told several stories that athletes remembered from one of their journeys. They mostly covered funny incidents or situations that happened, but also involved scenarios of fear and insecurity. Especially in relation to the fear of flying (cf. I 4, 23. 10. 2017 & I 8, 08. 11. 2017 & I 9, 08. 11. 2017).

The Special Olympics function as the opportunity for people with intellectual disabilities to participate in serious sport tournaments. Besides the factor sport, other components, such as the possibility to travel around the world with friends were stated. This chance functions as an additional incentive many athletes enjoy. There are additional benefits to athletes, which is why the next chapter analyses those opportunities in detail.

5 Unified Sports

The Special Olympics are the leading example of sports tournaments for persons with intellectual disabilities and not only during the official World Games but also throughout the rest of the year (cf. Hassan et al. 2012:1276). At the Games, people with an intellectual disability from the age of 8 years on can participate. Although the low age level might imply the fact that many young people are eager to participate in tournaments, reality shows that the desired numbers of young newcomer athletes are still not reached. That is why a new model in the Special Olympics movement was developed. To motivate especially young people with intellectual disabilities to become active and to participate in the Special Olympics is amongst the biggest goals of the organization. Early involvement does not only contribute to the personal development, but rather functions as the primary step for the inclusion into the mainstream society from a young age. The Unified Sports model officially was introduced in 1986. The groundwork for the successful implementation in the Special Olympics was done by

> *"American parents who lived in remoted regions and simply could not find enough other children with an intellectual disability to develop a sport team. That is how it started and of course it has changed drastically since then. What first started in the USA has now spread all over the world, but with an extended background, because nowadays it is not any more focussed on parents who play together with their children, but it is much more divided into three different models of playing Unified."* (I 2, 26. 04. 2017)

Since then, the Unified Sports models and regulations are constantly being further developed, because *"to experience meaningful community inclusion is important for all people, especially for those with ID [intellectual disabilities]."* (Hassan et al. 2012:1276)

Through the Convention on the Rights of Persons with Disabilities, *"standard rules on the equalisation of opportunities for persons with disabilities"* (ibid.) were resolved to enable *"people with disabilities to achieve full participation and equality in society."* (ibid.)

The official description and declaration of Special Olympics about Unified Sports is, that

> *"Unified Sports promotes inclusion through bringing together people with intellectual disabilities (known as athletes) and people without (known as unified partners), to train and compete on the same teams and in the same competitions. Unified Sports participants can improve their physical fitness, sharpen their skills, challenge themselves through competition and have fun whilst participating in a variety of sports, ranging from football to basketball to tennis."* (Unified Sports Handbook, 2014:3)

Recapitulated, the main purpose of the program is to encourage physical activities and to make sport competitions accessible for people with an intellectual disability and furthermore to inspire the athletes to develop and use their skills *"while offering a platform to socialize with peers and the opportunity to develop new friendships, to experience inclusion and to take part in the life of their community."* (McConkey et al. 2012:2)

Based on the same values as those on which Disability Studies are constructed, Unified Sports supports the claim *"that people with ID can experience meaningful inclusion, have a valued social role to play within team sports and achieve a level of participation in their communities."* (Hassan et al. 2012:1276)

An athlete's statement underlines this demand.

> *"At the Games, every athlete has one partner. You warm up together, you talk about the Game and you rely on each other [...] you play together as a team."* (I 8, 08. 11. 2017)

Since 2010, Unified Sports is one of the fastest growing sectors in the Special Olympics movement with a static increasing number of athletes and partners every year (cf. Hassan et al. 2012:1276). In 2016, the number of participants increased by 14.7%, which stands for the total of 1,39 million unified team members (including athletes and partners) (cf. Reach Report 2016).

> *"It is an integrative and inclusive way for people with intellectual disabilities and for people without."* (I 13, 22. 11. 2017)

To present the idea of Unified Sports as an initial point for inclusion, compared to predominant models, the following figure is presented (Menke 2011:22):

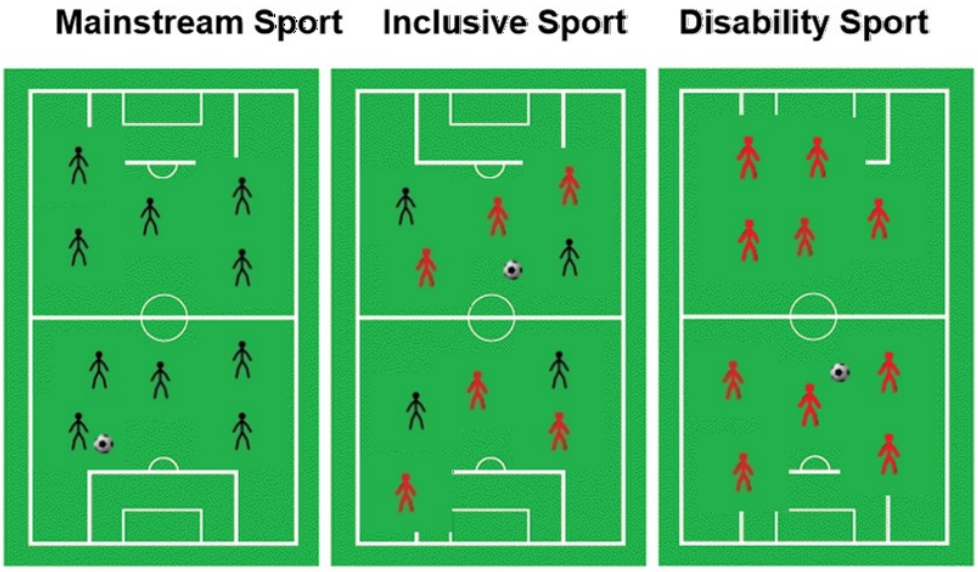

Figure 6: The CHOICE Model

This model shows, that Unified Sports (inclusive sport) functions as the balance between total exclusion in mainstream sport and restriction in classic disability sport.

5.1 How and why to play Unified?

To deepen the understanding of the unique character of Unified Sports, a detailed description is presented. The program

> *“combines players with intellectual disabilities (called athletes) and those without intellectual disabilities (called partners) of similar skill level in the same sports teams for training and competition. Alongside the development of sporting skills, the programme offers athletes a platform to socialise with peers and to take part in the life of their community.”* (McConkey et al. 2012:1)

It is important to acknowledge that the athlete and the partner are on the same or a similar level of ability and skills. They train together on a regular basis to be able to compete regionally, nationally and internationally against other teams (cf. McConkey et al. 2012:2).

> *“A partner must play well, but not too well. The team must be on the same level. It is not the purpose for the whole team and the message of Unified Sports to win a game, because of good partners. Moreover, everyone must be on the same level to make the game fair, inclusive and fun.”* (I 13, 22. 11. 2017)

The interviewee highlighted this statement by using an example from the last Special Olympics in Los Angeles in 2015. There was a Unified team in which all partners were professional volleyball players from the national team and hence the only ones who played and not the athletes. Following several complaints about this situation, the team got disqualified (cf. I 13, 22. 11. 2017).

> *“You must play together and not on your own. Only cooperation leads to success and encourages and supports the athletes even more.”* (I 13, 22. 11. 2017)

Besides this single and inexplicable incident, *“I like that the different levels of athletes are respected. Before the games, division tournaments take place to find out, which team plays in which class and against whom, to make the Games fair to all participants.”* (I 13, 22. 11. 2017)

Respecting individual diversity and different abilities to guarantee fairness to everyone who is involved makes him smile and functions to him as the definition of inclusion (cf. I 13, 22. 11. 2017).

Before a team can participate in the World Games, the athletes need to have the sports pass, which was explained in chapter 4.2. Apart from this, a participation is only possible by qualifying themselves in national Games in the year before the World Games.

> *"Due to the regulation that you have to qualify yourself one year before, it can take some time until you can finally participate in the World Games. But meanwhile you can compete in national events."* (I 4, 23. 10. 2017)

Throughout the whole year, Unified Sports offers various official tournaments for all Olympic disciplines in the federal states, as well as nation-wide. The events are organized to guarantee sufficient competing opportunities for athletes. A constant exchange between athletes, partners, coaches and family members is thereby established and supported (cf. specialolympics.org).

Besides the official tournaments itself, schools, colleges and local sport clubs also participate by offering unified training programs. By doing this, new athletes and partners are recruited, and the message of the necessity of social inclusion is further circulated (cf. Unified Sports Handbook, 2014:5).

It is important to state that the mindset of sport club have only changed in the recent years.

> *"During the last centuries, most sport clubs acted achievement oriented, which means that not everybody was able to meet the requirements."* (I 13, 22. 11. 2017)

Another example was discussed in an interview.

> *"We already started to build Unified teams [in schools] 15 years ago. [Students] should build the team by themselves, train together and what is the most important to us, they should all have the same chances to participate in tournaments. The main reason for this was that school sports and school sports tournaments are highly selective and performance-oriented. We launched a study about this topic and found out, that a maximum 5 percent of all students from one school were allowed to participate in such events, because they were simply better than the other students. The others are just allowed to sit in the audience and cheer for them."* (I 3, 13. 07. 2017)

The statements underline the importance of the Unified Sports concept and encourages to critically reflect upon the predominant system.

> *"A unified event [...] allows all children to participate, to show ambition, but also to push the own limits."* (I 3, 13. 07. 2017)

The following chapter analyses the different levels of involvement in Unified Sports.

5.2 The three models of Unified Sports

Unified Sports as an independent competition model was introduced in 1986. Since then, many changes in requirements, procedures, guidelines but also in organizational areas occurred (cf. I 2, 26. 04. 2017).

Due to the diverse levels of fitness, skills and ability of athletes and partners, and specially to make the competition as equal as possible compared to traditional sport competitions, three different models of Unified Sports were developed.

> *„The adjustment that led us to these three models did not happen a long time ago. A global working group in which I have also been involved started the development in 2011, and it [the models] already appeared the first time in the general rules of the year 2012."* (I 2, 26. 04. 2017)

The following sections present an overview of the three different models, their communalities and differences. It is important to acknowledge that these models are relatively new, due to their official introduction in the year 2012. The experts successfully introduced three different models, which measure the diverse levels of ability and skills of athletes and partners.

5.2.1 Recreation Model

The *"recreation model"* comprises of recreational sport possibilities for athletes and partners. Both parties do not have a regular training schedule, they rather come together whenever it is comfortable to them. They do different kind of sports in different locations at different times. The unified team does not prepare for a competition (cf. Fact Sheet, 2012:1).

This model functions as the demonstration example of Unified Sports. It should give an understanding of the importance of doing sports together. To increase the visibility of this model and the idea behind it, one-day events in schools, sport clubs or in the municipality are organized to raise awareness. Athletes and partners function as the *"showpiece"* of Unified Sports to awaken interest to others. Workshops in schools, exhibitions or demonstrations in public places and presentations in universities might incentivise interest and future engagement. However, it is important to mention that the team is not created by others to function as an example. It is much more the intention of the team to bring Unified Sports closer to society by letting others be part of their union (cf. ibid.).

5.2.2 Player Development Model

Although the statement of Unified Sports says, that the athlete and the partner are both on the same level of abilities, the *"Player Development Model"* is the exception to this statement. First, it is no longer a 1:1 situation in this model. A whole team is created with the equal number of athletes and players. This could for example be a whole volleyball team. Second, everyone on the team acts as an individual that is needed to form the group. This means that an athlete does not play together with the same partner for the whole game, but rather plays with all partners and athletes. The attention projects on the whole team, not on one partner, which can be challenging in some situations (cf. Fact Sheet, 2012:1).

The teammate with improved abilities must thereby act as a mentor to the players who are less enhanced and must support everyone her or his skills. This scenario contributes to a cooperative team and additionally strengthens the team spirit. Nevertheless, there are constant modifications of the rules for this special model to ensure an equal involvement of all parties, because of the great variety of people involved, the level of abilities might diverge. Although the requisites for playing unified are that everyone must be on the same level, a greater tolerance range in abilities is accepted (cf. ibid.).

5.2.3 Competitive Model

The most intense involvement in Unified Sports is provided in the *"competitive model"*. As in the model above, athletes and partners train together as a team to prepare for competitions. The main difference is that those teams are most likely eligible to compete in regional or World Games due to their level of fitness and ability. Longstanding training programs and the adequate time for preparation are the preconditions to participate in this model. This goal can be reached, because all team members achieved a certain level of sport-specific proficiency through their intense training and involvement over the years (cf. ibid.).

As clearly defined as the descriptions may seem *"naturally, the realization of those models is not easy."* (I 2, 26. 04. 2017)

Before the revision and the new development of the current general rules, there was only one Unified Sports model, that, compared to the actual models, did not allow deviation and *"as I would say, [is] actually different than the competition model today."* (I 2, 26. 04. 2017)

Certain problems arose, because there were no clear distinctions between age, levels of ability and skills and the different types of competition.

> *"Of course, there are difficulties. Practical, philosophical, human, mental, and whoever had a different opinion on it, led to frustration [...] often because the regulations were not performed in the way as they were written down in the general rules. Additionally, a specific target group was excluded, because they did not fit into the model."* (I 2, 26. 04. 2017)

The interviewee did not go into more detail about the mentioned target group, but based on the whole interview, Unified Sports consisted of only one model, which was narrowed and did not support all diversities of athletes and their partners before the three models were developed. For example, children were excluded from playing unified (cf. I 2, 26. 04. 2017).

Another aspect that encouraged and led to the new development of Unified Sports was that a sportive interaction between people with an intellectual disability and people without also happened outside Special Olympics. The organization wanted to support these formed teams by creating a name for the interaction and thereby making it officially. Additionally, to be able to compile statistics that were needed for funding and official recognition, a clearer division and exact details were required (cf. I 2, 26. 04. 2017).

> *"And that was why the other two models were additionally developed. They are less formal, [...] than the competitive model, but you always must be aware about how you say that. There were many discussions about it, because we do not want to present the three models in a hierarchic context. [the competitive model] should not be presented as the super high-level and that everyone who does something else, meaning that a person participates in one of the other two models, is devaluated. However, it actually should be seen equally."* (I 2, 26. 04. 2017)

Although the development took place to relieve the tension, the correct wording and meaning of the new models are still under discussion. Nevertheless, the models function as a broad division of abilities and is especially open to all levels of involvement. It should therefore be treated as the increased opportunity for inclusion (cf. I 2, 26. 04. 2017).

5.3 Unified Sports from an insider's perspective

The author conducted fieldwork before the Games, at the Games and furthermore intensive observation and participation after the Games in a Special Olympics Unified Sports volleyball team in Vienna. This unified team named themselves *"the penguins",* due to their black and white team clothes. They play in the competitive model of Unified Sports, which is why they participate at regional, national and international tournaments and World Games (cf. I 12, 22. 11. 2017).

There is a great diversity in the unified volleyball team. The athletes joined the team at different times. Most of the interviewed athletes exercise frequently since they were teenagers. There is no fixed age limit for athletes and partner, because everyone plays together, despite the gender, age or intellectual disability (cf. MR, 08. 11. 2017).

Reasons why athletes joined the team vary from friends, who told them about the existence of them team, because they were once a part of it themselves, to public tenders at the workplace or at university for instance. Some athletes went to a trial training, because of their life partner by that time (cf. I 4, 23. 10. 2017 & I 8, 08. 11. 2017 & I 9, 08. 11. 2017 & I 10, 09. 11. 2017 & I 11, 09. 11. 2017).

> *"Both of us did sport before we even knew each other. Actually, I poached her from the sport she did before we met, because I thought that she would be better in another discipline. So, she changed the sport and we trained together until I had to stop due to a serious illness."* (I 4, 23. 10. 2017)

Despite occasional situations like this, most athletes stayed in the volleyball team after their first training session (cf. MR, 08. 11. 2017).

Every person has their own and unique personality and contributes to the team in a particular way. Naturally, the skills and tactics needs to be trained hard. Due to an accident of the former coach 12 years ago, the team continued to train with a new coach, who said about herself that she was not a sports person back then. With text books and a lot of creativity, she designed an own training schedule and pursued it from there on. After three months, the former coach was able to come back and was highly surprised by the improvements (cf. I 7, 08. 11. 2017 & I 12, 22. 11. 2017).

> *"The team really hated me for making them run and for demanding their active participation in the game. But when they saw how much more fun it was to play like this, they started to like my training plan. The team developed over the years and so did the partners and the coaches."* (I 12, 22. 11. 2017)

Coaching people in Unified Sports with all their different skills, abilities and goals can be a great challenge to a coach. The coach must respect all different levels and needs to design unique training routines while making sure, that the athlete as well as the partner do not exceed the other. Therefore, communication skills, empathy and the right amount of seriousness is necessary (cf. Unified Sports Handbook, 2014:7).

> *"The team is extremely ambitious, especially when it comes to Games or (inter)national tournaments."* (I 12, 22. 11. 2017)

As it is the only unified volleyball team in Vienna, it makes them unique. Consequently, it is hard to practise for real unified tournaments. To guarantee variety in game partners, but also to be able to improve the strength and the team spirit, the penguins started to compete in a Vienna wide hobby league. The unified team competes in games throughout the whole year against other teams (who do not play unified) in this league. They do it to train real situations and to get in contact with other teams *"and although we only play in the lowest league, we are completely accepted and sometimes even feared by our opponents."* (I 7, 08. 11. 2017)

The fear on the one hand is because of the good reputation of the penguins. They are well known as the Special Olympics athletes who won many tournaments during World Games. On the other hand, *"other teams normally have a fear of contact with the team and are not sure how to play against them."* (I 12, 22. 11. 2017)

There was one situation that got stuck in the head of their coach:

> *"Last year the opponent team played really soft because they felt empathy for the team and they were not really sure how to react. It went on this way until one of our athletes started to scream at them. He demanded them to play normally and that they must stop with being too nice."* (I 12, 22. 11. 2017)

The coach said that the athletes realize when someone feels sorry for them and gives them special treatment. However, they see themselves in the same way as they see their opponents and therefore want to be treated equally (cf. I 12, 22. 11. 2017). However, this is often easier said than it can be done.

5.4 A partner's possible bias

One of the main statements when talking to people who interact with people who are intellectually disable is that they learn a life lesson through it. The same applies when talking to Unified Sports partners. Many of them say, that their engagement is much more than the sport experience. It is rather the ability to develop new skills such as *"listening to others, understanding differences, not judging through stereotypes and seeing the world from other people's perspectives"* (Unified Sports Handbook 2014:6) through their engagement. Additionally, it can change the attitude, which leads to overcoming prejudices about people with intellectual disabilities (cf. ibid.).

Overcoming prejudices and borders when it comes to the interaction with individuals who are intellectually disabled is an important aspect in this analysis. Therefore, the following section describes possible difficulties that a partner might experience when playing unified.

Unified Sports is not only a perfect opportunity for children with an intellectual disability to become physically active and to experience inclusion from an early age on, it is much more a great chance for children without an intellectual disability to profit from diversity. When growing up, the social surrounding teaches values, attitudes and ideals. Every person grows up in a different setting, with different values and attitudes. Therefore, every person from a certain age on is responsible for her- or himself to create an own picture about the reality, despite the learned mindset to form an own opinion about it. Thereby, it is important to mention that the same assumption counts for adults, but it is much more difficult to be objective in an advanced age than for children (cf. I 3, 13. 07. 2017 & I 13, 22. 11. 2017, Unified Sports Handbook 2014:6).

> *“we found out that the first contact and further relationships were established fast, when emotions were involved [...] Through emotions, people could learn faster from each other and gained knowledge about other athlete’s behaviours. Through this, students realized that students with a disability were much more than disabled, because they could show what was really in them.”* (I 3, 13. 07. 2017)

The equality of both involved parties stands in the foreground. It is not only the partner’s function to give commands and motivate the team. In the unified volleyball team, athletes and partners plays the role of equivalent members. A person to whom all other players listen when he or she weighs in recommendations or critique and every person is treated especially as someone on whom the whole team can rely on (cf. I 6, 08. 11. 2017).

During the training it was clearly recognizable that these words were true. Both parties seemed eager to train and motivated the others constantly. Everyone encouraged everyone to play and this energy brightened up the room. Every time someone did a good service or contributed to the game in a successful way, athletes and partners cheered equally (cf. I 6, 08. 11. 2017).

> *“Partners in our team play with the athletes in a friendly manner and it is important to me that the partners do not feel sorry for the athletes, but rather see them as the same person that he or she is.”* (I 6, 08. 11. 2017)

This statement directs the focus to the former mentioned learned values and ideals that people grew up with. Instead of feeling sorry for the athletes, their abilities must be recognized, and personal prejudices must be faced.

> *"I play in this team as a unified partner since 2010 and I have to say that it is challenging, but really broadens up the own horizon."* (I 13, 22. 11. 2017)

To broaden up the own horizon by facing the own bias accounts for a gradually change of the own attitude (cf. Unified Sports Handbook 2014:6).

> *"All athletes are people like you and me. Who classifies disability? What attributes makes someone disabled? Who draws these boundaries? Who defines what?"* (I 13, 22. 11. 2017)

Although unified partners are open-minded about people with intellectual disabilities, it is very unlikely that a total objectivity will ever exist. One partner for several years remembered an incident:

> *"One time, our team played against another team and I looked at our opponents and was wondering. I did not know who of them was an athlete and who of them the partner. I looked at them and tried to search for obvious attributes, which would classify someone as the athlete. I found myself thinking in boxes. Searching for characteristics that would make me different from someone else, because I tried to find out who of them had an intellectual disability. Only after some time the team was told, that we would play against a [team of sponsors], hence all people were "partners" and none of them was intellectual disabled. At first, I had to laugh, but then I was mad about my way of thinking, because I am a partner myself."* (I 13, 22. 11. 2017)

This example underlines the previous assertion and shows that it is natural for partners to struggle with the own objectivity when playing unified. Although the partner has an open mindset about people with intellectual disabilities and is engaged in what she or he is doing, a certain bias will always exist. Nevertheless, Unified Sports presents the first step of the opportunity to engage and overcome the fear of contact or the own bias, even if that outcome will never lead to a total objectivity (cf. Unified Sports Handbook 2014:3&6, Grandisson et al. 2012:218).

Subsequently, the benefits of being involved in Unified Sports for the athlete are further being discussed.

5.5 Benefits to the athlete

Being an active member of society or a group might seem normal and legit to people without a disability. Special Olympics continues to pursue their target of the total inclusion for people with an intellectual disability into the mainstream society when they introduced the Unified Sports models. In contrast to what seems *"normal"* to the mainstream society stand people with disabilities.

> *"Taking part in Unified Sports enables athletes to develop their personal and life skills alongside sporting skills. This enables them to access places that they would normally be excluded from and / or feel that they cannot access. It also helps them to develop relationships with other athletes and unified partners, essentially providing the opportunity for friendship and building self-confidence."* (Unified Sports Handbook 2014:4)

Besides the active part of doing sports, athletes can improve their knowledge about correct nutrition for a sportsperson, how water can improve the own performance and especially how important it is to know the signs that the own body sends (cf. ibid.).

Establishing friendly connections to competitors, maintaining friendships with other team members, coaches or involved people is equally encouraged as training hours. The building of a strong self-esteem stands in the foreground as it functions as the basis of the desired social actions. All this is provided in a secure environment (cf. ibid.).

> *"Sports makes me feel good and it gives me a great feeling to participate in this team and to be with all the other people."* (I 5, 08. 11. 2017)

In contrast to situations concerning certain aspects of the daily life in which a person with an intellectual disability might rely on another person for a proper execution of a task, they are an equal and trusted part of the team who shows good performances during a competition and on whom the others can count (cf. Unified Sports Handbook 2014:4).

> *"Playing unified is great, because our partners often motivate the athletes. They support, and they make them continue the game."* (I 10, 09. 11. 2017)

The athletes accept the partners completely and see them as equal members. That is why no one is safe from accusations when a move did not work out exactly as it should have been. However,

> *"I always have fun with the other team members. The atmosphere is excellent, and I enjoy my time here. I like to play unified better than just with other athletes."* (I 11, 09. 11. 2017

Participating in official tournaments involves additional factors.

> *"It is always an incredible feeling to participate in Games. You have Goosebumps, your whole body shakes, and you cannot stop to smile. As soon as I put on my tricot I feel amazing."* (I 9, 08. 11. 2017)

Furthermore, *"it gives me the best feeling I could ever have when I can play. That is why I am always playing with 100% and there is no game in which I did not try my best."* (I 9, 08. 11. 2017)

All athletes enjoy their participation in Games, as well as in the training sessions. Being active together with like-minded people motivates them to accomplish goals and helps them to gain energy and strength for the daily life. The following section discusses the assumed perception of athletes from the outside and how it is connected to the mentioned keywords like motivation for instance (cf. MR, 08. 11. 2017).

5.6 The assumed perception of Athletes

An interesting and simultaneously important aspect of the thesis is the question about how athletes think that they are perceived by their close surrounding and by people from the outside, due to their participation in sports events.

The first part in this section covers the assumed perception of family members. To complement this aspect, the presumed perspective of acquaintances is presented. To round of the analysis, the assumed outsider's perception is described.

Besides two athletes, all interviewees responded to the question about the reactions of their family members, friends and life partners positively.

> *"My family and friends are proud that I participate at World Games and in other tournaments. They wish me good luck and are always interested in my activities."* (I 10, 09. 11. 2017)

Another athlete recounted that

> *"My mother supports me a lot. She is always there for me and she supports me in every aspect of my life. As soon as I told her that I wanted to go to the volleyball training she encouraged and motivated me to go there every time."* (I 11, 09. 11. 2017)

Equally as the athlete, the family itself can benefit from an involvement of their daughter or son. Their child is more active and able to travel to different places for tournaments, to which the family can accompany them. The family life can be designed in a broader way, which may lead to more independence of each family member and to an easier handling of family dynamics. The parent-child relationship is more likely to improve and the stress level for parents caused by their child to decrease. Additionally, the relationship between the parents can profit from the involvement of their child, as it releases stress and can lead to a mutual approach and appreciation (cf. Unified Sports Handbook, 2014:7, Thimm & Wachtel 2003:226, Grandisson et al. 2012:218, Weiss & Diamond 2005:263f).

Examples thoroughly highlighted the addressed support of the own family. For instance, an interviewee testified that

> *"My family is proud of me. Especially my sister. She always asks about any news, new tournaments, new games and that I have to inform her first about every news, because she is always so nervous and excited about it."* (I 7, 08. 11. 2017)

The sister also organized a group of friends to come to the airport after the Games in Los Angeles in 2015 took place. When the team exited the luggage room, the whole hall was full of people welcoming them back. Although the plane was delayed, the people awaited the Austrian team (cf. I 9, 08. 11. 2017). *"It made me really proud and I could not believe my own eyes."* (I 9, 08. 11. 2017)

An interview partner mentioned that

> *"the feeling that I always have during the Games, during the opening ceremony and especially when the team arrives at the airport and the entrance hall is full of your loved ones."* (I 8, 08. 11. 2017)

He added that this would be the best feeling he could ever have. He sees situations in which non-athletes cheer for athletes as a gesture of respect to them (cf. I 8, 08. 11. 2017).

The support is not only related to the athlete themselves, but furthermore to the whole team and their effort as a community.

> *"My boyfriend is extremely proud of me for being successful at playing volleyball and that the whole team works together."* (I 5, 08. 11. 2017)

While talking with the interviewee, the author was able to recognize changes in the body language. The athletes straightened up in their seats when they explained about their delighted family members or friends. They started to smile, and a certain sense of pride became visible. Pictures of memorable moments were shown to the author to make it more comprehensible to an outsider (cf. I 8, 08. 11. 2017).

Apart from the question about the support and recognition of family members and friends, the opinion from acquaintances is equally important when analysing the assumed perception.

> *"My colleagues from work always ask me how I can manage to win and that it is great. Naturally, I am bringing my medals with me to work to show them."* (I 4, 23. 10. 2017)

Respect and recognition received from co-workers seems to be a factor that increases the self-consciousness and motivates the athletes to continue (cf. I 4, 23. 10. 2017).

The third group of interest comprised of outsiders to the Games. The assumed perception of people who do not have anything to do with Unified Sports or the Special Olympics itself is explained.

> *"I think that people who do not have a connection to the Special Olympics think that it is cool that the Austrian team wins and that they train hard."* (I 9, 08. 11. 2017)

The statement of a team member further validates this statement.

> *"Other people see that I have a talent and that it is of great fun for me to play. I think other people see me like this."* (I 11, 09. 11. 2017)

During the closing ceremony, an athlete testified that *"Basketball helps me turn around people's misconception about disabilitie*s." (FN, 24. 03. 2017)

With these statements it becomes clear that athletes are aware of the fact that most people without intellectual disabilities see them in a different way as they see athletes of the traditional Olympic Games. Besides the own will to win, it is therefore important for the athletes to exert themselves in the tournaments to demonstrate their strengths and abilities to prove others wrong. To achieve the best performance, it is important to be surrounded by people who show support. Support and endorsement from the outside correlate with the factor of success of athletes. Hence, caring family, friends and work colleagues play an important role in the discussion about self-perception and self-confidence.

During one tournament, the coach talked about the same observation concerning emerged emotions and endorsement. As the players who were currently not playing themselves were cheering on the side of the playing field, she explained about the positive reactions of the athletes and how much better they would play when there is a group of people or even a big audience cheering for them. She recounted that there is an increase in their performance by 50 % if people cheer for them (cf. I 12, 22. 11. 2017). This statement shows that support from outsiders has a clear and positive impact on the athletes.

Assumed perception does not represent a scientific statement, because the arguments are highly subjective. Nevertheless, it is important to present the messages in the analysis to show how positive emotions are produced and how support from outsiders is appreciated by the athletes and how it affects the game performance of them.

The discussion about the assumed perception of athletes from outsiders leads over to the final aspect of Unified Sports, namely the factor inclusion.

5.7 Divisiveness and unification as starting point for inclusion

Sport can be considered as the link between people of all social and cultural backgrounds, all ages, genders and especially of all ability levels. In many ways, sport has always been of great importance to all societies. People from Ancient Greece established official tournaments, in which they competed against people from other cities. The main reasons were to demonstrate the own abilities and to be able to compare themselves to others. Since then, sport contains of two different social experiences for the athletes but also for the audience: unification and divisiveness (cf. Harada et al. 2011:1131).

The importance of sport in modern times has even increased its role in society. Sport improves the health, the own well-being and the sport skills of a person. Additionally, it functions as a way of communication and strengthens solidarity. When speaking of a way how the inclusion of individuals with intellectual disabilities can become reality, sport is the answer (cf. ibid).

> *"To me, inclusion means 'everyone is different, everyone is the same', which means that everyone can participate in everything that they want."* (I 3, 13. 07. 2017)

A chairman of an association, which encourages people to play inclusive sport stressed that

> *"In general, the definition of inclusion means that all people, in this case especially people with disabilities, are able to participate in all social events. In particular, it was important for us to point out that the factor sport is the best approach to work integrative and inclusive. It all depends on one's own attitude. What do I see in sports? Is it only the performance or do I see social aspects and so on?* (I 3, 13. 07. 2017)

This statement ended with pending issues. With reference to one's own attitude the coach wants to encourage people to think about themselves, about the own ideology and furthermore to critically reflect upon it. After a short interruption, he continued to emphasize the advantages of playing unified.

> *“I think it is an opportunity. That is exactly what it is. You are standing together on the playfield, and in team sports everyone depends on the other. Inclusion sport shows that clearly – Everyone on the court has a purpose. They can have fun with responsibility.”* (I 3, 13. 07. 2017)

He explicitly highlighted that every player in a team sport is needed in the same way, because everyone depends on the other. Therefore, every player is an equally important member of the team. The same statement can be applied in the context of inclusive sport, which then highlights the equality between people with and without an intellectual disability.

Unified Sports is important, *“because a gap must be closed.”* (I 3, 13. 07. 2017). The addressed gap revives the mentioned point of divisiveness and how it leads to unification within inclusive sport.

> *“Unified Sports accounts for a better inclusion of people with an intellectual disability. I can see that people overcome their prejudices about people with disabilities. I can see that particularly in partners, but also in the audience.”* (I 6, 08. 11. 2017)

To disseminate the consensus of Special Olympics and furthermore the program of Unified Sports, the Games and tournaments throughout the whole year must be made more visible.

> *„I hope that the Games will be as much shown on television as the traditional Games.”* (I 4, 23. 10. 2017)

It is only possible to overcome prejudices about people with disabilities if they become more visible. Therefore, inclusion starts in one’s own head, is developed on the playfield and continues to increase by treating it with an equal importance compared to traditional or learned preferences.

But do athletes themselves think that Special Olympics has the power to show that all people are the same?

> *“I hope so [...]. We are fighting for it right now, because we want to be heard more intense.”* (I 4, 23. 10. 2017).

The athlete added that it is crucial to show that a disability does not automatically connote inability to work. That is why the Special Olympics and their special program of Unified Sports functions as the bridge to an inclusion of people with intellectual disabilities into the mainstream society.

Because, *“All athletes came here as champions of their country and they will go home as heroes of the world.”* (FN, 24. 03. 2017)

6 Conclusion

Summarily, one can talk about a person with a disability if a permanent (which signifies a period of more than six months) deviation from the socially defined standard or *"normality"* of a certain society occurs. A disability is classified to be a visible discrepancy either in the physical appearance, the mental or psychic sphere of a person. Making these deviances obvious by highlighting the otherness of a person mostly indicates negative feedback towards the person and causes social inequalities and humiliating reactions (cf. Cloerkes 2007:8).

Unlike the categories gender, age, religion, education, sexual preference or ethnicity, which exist for a long time already, the category of disability, as it is analysed and discussed in the thesis, is comparatively new. Although more than 15 % of the world's population lives with a disability, the topic is underrepresented not only in Cultural- and Social Anthropology but also in other academic researches and field of studies (cf. Davis 2002:231).

The thesis primarily focusses on intellectual disabilities. According to official statements, people with intellectual disabilities are not able to lead their own life without help from the outside, due to dysfunctions of the brain. Furthermore, does an intellectual disability harm the development process of an individual, which calls for special rehabilitating and supporting measures in every stage of life (cf. Speck 2007:136f).

Before the 1970s, disability was not seen as a political and cultural discourse but rather as a self-contained problem for the majority society. People with disabilities were excluded and lived a life on the edge of mainstream population. Due to specific difficulties such as poor social and communication skills of people with intellectual disabilities, their increased dependency on family members and a level of fitness that is generally lower than the level of a person without an intellectual disability, the marginalization was and still is intensified. Moments of exclusion happen more likely. If no action is taken against it, this marginalization has a knock-on effect in relation to the own social role in society and might account for a total exclusion from the majority society. A scenario like this establishes barriers to enter the labour market, effects the economic situation and produces further difficulties, which are related to these factors (cf. Hassan et al. 2012:1275).

Hence, it was not uncommon that individuals with disabilities were already excluded from the majority society by own family members before society would do it. They moved the centre of living to the inside of the house to avoid situations of classification or devaluating incidents towards their family member and for reasons of self-protection. The fear of stigmatization was constantly present, and a paradigm shift was highly necessary (cf. Kastl 2010:39&126, Schulze 2012:103, Charlton 1998:21).

Enhanced visibility of people with disabilities was eventually reached in the 1980s, when the first people found the courage to speak up for themselves and other individuals with disabilities. By that time, scholars who were disabled themselves started to talk about the discourse publicly. Additionally, they began to do research in this field and started to advocate for a greater visibility and the inclusion of people with disabilities into the public sphere (cf. Kastl 2010:126).

In 1981, the Anthropologist Joan Ablon was amongst the first scholars who switched the focus of the disabling force to the majority society and how the society interacts and responds to a person with a disability. He stressed out that through judging someone based on an external difference or a deviant behaviour, an individual is clearly disabled by society. With the advent of the disability rights movement and the deriving model of an independent living, disability was inexorably brought back into the foreground of current debates and thereby arouse again interest in Medical- and Cultural Anthropology. Additionally, the dual function of the disability discourse, namely the medical and the social part became a great interest (cf. Reid-Cunningham 2009:104, Hershenson 2000:152).

> *"From a social/ cultural perspective there is no such thing as disability being a fixed, ahistorical, bodily or mental condition that somehow differs from normality given by nature. Rather, the focus is on societal processes and structures that bring to the fore the social embedding of disability (e.g. socially produced inequalities, dependencies, oppressions, etc.)."* (Schillmeier 2008:611)

Due to the enhanced visibility of individuals with disabilities and the call for a change in the public discourse, the World Health Organization developed the International Classification of Diseases (ICD) and set thereby a milestone for the recognition of disability. Unfortunately, the classification did not support the social components of a disability and implied thereby a distinct bias. Disabilities were classified as a problem and people were objectified. Although disability was finally mentioned, it did not account for a change in the mindset. There was not enough information about disability to construct a universally applicable classification (cf. Guidebook on ICD-10 2015:Preface).

Hence, the model was revised with the help of medical professionals and social scientists and the International Classification of Impairments, Disabilities and Handicaps (ICIDH) was the outcome. Disability was therein no longer treated as a disease that needs to be cured but rather intensively discussed and exemplified based on three factors. The social part of disability was given priority. The ICIDH called against the equalization of disability and chronic diseases or permanent malfunction and endorsed that these terms should not function as a synonym for disability. This shift in values happened in the 1980s, at the same time when the first scholars started to include disabilities in their research (cf. Linton 1998:528ff, ICIDH 1989:27ff, Waldschmidt 2003:93).

However, after just some years, there was a growing criticism about the ICIDH. Although the social components of disability were highlighted and respected, the classification compared disability to the *"normal measurement status",* which implied devaluating circumstances. Additionally, the ICIDH constructed disability as a causal system of an impairment, a disability and a handicap and suggested that one factor influences the next in a unidirectional way, quasi a one-way-street (cf. Waldschmidt 2003:93).

During the World Health Assembly in 2001, the ICIDH was therefore replaced by a new classification. All 191 WHO member states signed the International Classification of Functioning, Disability and Health (ICF) and turned it thereby into a multi-perspective approach on disability by including more parameters such as factors of the environment to set a neutral view. Today the ICF is still the dominant classification in use for people with a disability (cf. ICF 2005:23).

The Convention on the Human Rights of Persons with Disabilities constantly takes up on these definitions and transforms them into a legislative text. All the analysed classifications depend on each other; the ICD as the initial classification of disability, although disability was only treated as a deviation to a normal medical condition. The ICIDH is the development to the ICD and the predecessor of the ICF, which then became the basis of assessment for the Convention as the legal action (as discussed in chapter 3.1.1. in relation to barrier-free buildings). One factor cannot exist without the others, that is why this working area claims for a continuous development (cf. ICF 2005:3&9f&23, Waldschmidt 2003:197).

As an incidental remark about the discussed classifications, it needs to be stated that from an objective point of view, a clear differentiation between a medical and a social model of disability never took place. When the social model developed, scholars of this movement needed a counterpart to which they could assign the facts they were criticizing. This occasion started the from then ongoing differentiation between a medical model and a social model of disability. Since doctors were related to any health care issues, they were also responsible to treat people with disabilities and did the same procedures as with diseases - They searched for a cure. Supporters of the social model of disability questioned their medical authority and criticized their power to classify disability as a disease or an illness. They stressed out that disability does also have social components. Supporters were against the solely medical classification and wanted to make others aware of this situation. That is how the social model of disability was developed (cf. Kastl 2010:48).

Another remark in this discussion is that it seems that the ICD (as an example) is used by a society to find an explanation for the deviant behaviour or appearance of a person. Every irregularity needs to be named to make it fit into the majority society and to set a cornerstone for acceptance and integration. Through naming a disease or disability, the *"phenomenon of otherness"* is downsized. Such a classification can almost be compared to a court case. The *"person in question"*, who would be the individual with a disability, is examined by a doctor to determine the grade of deviance from a *"normal"* member of the society. The next step is to classify and categorize the deviation, which is followed by developing and preparing a plan to cure or to arrange the further treatment of the disability (cf. Erikson 1962:311). Thereby a connection between deviance and the medical model of disability is presented.

In this context, the question about who disables whom and in which ways is raised. While a person with learning difficulties may not be able to write a letter, she or he could still be a gifted musician or an elite athlete. Disability is no longer a reality that harms persons. These circumstances must be accepted by the majority, and abilities must be respected in their particularity and not in a universal way. Only this understanding will make an inclusive society possible. This fact acknowledges that a social model of disability is necessary to point out all aspects of disability and not solely the negative characteristics. The ICF with the collaboration of the Convention on the Human Rights of Persons with Disability and the mentioned relating movements and organizations sensitize the majority society about the discourse (cf. bizeps.at).

There are only few things in the world, which are the same for everyone – sport is one of these aspects. Sport can be considered as the link between people of all social and cultural backgrounds, all ages, genders and especially of all ability levels (cf. Harada et al. 2011:1131). Therefore, the author decided to concentrate on the factor sport in the context of disability out of personal interest and due to the topicality and the locality of the exemplified event.

The prime example of a movement that developed out of the discourse are without a doubt the Special Olympics. This movement, which is generally referred to as the Special Olympics organization is the world's largest public health organization for people with intellectual disabilities. The official Games take part every other year and are divided into Summer and Winter Games. Athletes from all over the world can participate in the Games to show their abilities, skills and tactics in tournaments and to compete against other athletes. The Games are held under the same conditions as the traditional Olympic Games. Health checks, doping tests and a fair competition stands in the foreground. To achieve this objectivity, all athletes must qualify themselves before the official Games and then once more on the day before the tournament to provide absolute fair conditions to everyone involved (cf. specialolympics.org).

In 2017, the Special Olympic Winter Games took place from the 14th until the 25th of March in three different locations in Styria under the motto *"Heartbeat for the World".* The Games were attended by over 2700 athletes from 107 nations who were accompanied by more than 5000 family members and 1100 coaches. It makes them the biggest World Winter Games in the history of the Special Olympics and functions as the highlight during the years of the movement.

> *"The Special Olympics World Winter Games 2017 – Not only a great sports event with emotions and memorable moments galore, but also a beacon of hope that together we can bridge barriers of any kind. In this spirit, let us all send a strong heartbeat into the world. A heartbeat that will be recognized!"* (specialolympics.org)

Based on eight major keywords, which stand for the statutes of the Special Olympics, the organization presents their claims and separate directives. The statutes are as followed (specialolympics.org):

1. Real Sports
2. Healthier Athletes
3. Leading Research
4. Athlete Leadership
5. Changing Attitudes
6. Building Communities
7. Sports and Play for Children Under 8 Years – "Young Athletes"
8. Youth Involvement and Unified Strategy

The highest principle that stands over all statutes is to strengthen the human rights. Through the establishment of competitions also outside of the official Games, a constant increase in the number of athletes is desired. The majority society needs to be alerted by making disability in sport tournaments a public discourse and concern. That is what the founder of the Special Olympics, Eunice Kennedy Shriver, did. She prepared concepts, travelled through the United States to make the majority society, but especially people with intellectual disabilities and their families aware of the newly founded movement. She wanted to establish a basis for people with intellectual disabilities to become more visible and socially accepted and with the first official Special Olympic Games in 1968, she reached this goal (cf. specialolympics.org).

Since then, more and more athletes joined the movement and started to become active members of the organization. Besides their physical involvement, many athletes started a career as coaches or service technicians. One of the statutes determines that athletes can become official spokespersons of the Special Olympics and the rate of applications increases from year to year. The Special Olympics organization is much more than just an opportunity to compete in sport tournaments for people with intellectual disabilities. It is a chance to show that every unique individual has the equal right to become whatever she or he wants (cf. ibid.).

> *„Special Olympics is a testament to the indestructibility of the human spirit... you, the athletes, are the ambassadors of the greatest of humankind. You inspire us to know that all obstacles to human achievement and progress are surmountable."* (Mandela in SOA2017 2003:8)

Several global studies indicate that nearly 50% of all people with intellectual disabilities worldwide are overweight. This reality does not only implicate an unhealthy lifestyle but also accounts for further negative reactions (cf. Grandisson et al. 2012:217).

If children are motivated to do sport from an early age on their physical and social developmental process can also profit from the corporal movement. Active children are able to understand their body in a more intense and diverse way than children who are not keen on sports and can use this gained knowledge in many situations in their life. Making own experiences are a crucial factor in building one's own identity and especially pivotal for the whole development process. Additionally, sport helps the brain to develop and former learned movements can be applied in different contexts. Moreover, physical movements strengthen the confidence and can contribute significantly to interpersonal relations (cf. Wegner 2007:323).

To encourage people with intellectual disabilities to start with physical activity is amongst the core objectives of the Special Olympics. Diverse image campaigns are developed and extensively distributed on several (social) media channels to reach as many people as possible. The primary goal thereby is to motivate especially young people to become active. By means of the Unified Sports strategy of the Special Olympics, the start of a sports career is facilitated because of the special regulations (cf. McConkey et al. 2012:2).

The Unified Sports Strategy is a unique way of sports competitions. A person with an intellectual disability (the athlete) forms a team with a person without an intellectual disability (the partner). They compete together against other unified teams. It is thereby important that the athlete and the partner are on the same level of skills and abilities to make the competition as fair as possible (cf. Fact Sheet 2012:1).

There are three different levels of engagement in Unified Sports. The *"recreation model"* functions more as a leisure time activity than an intense competitive training. It is designed for people who like to try out different sport disciplines to stay in shape and to connect with each other. People who train in this model are often invited to sport clubs, schools or universities to demonstrate the idea of Unified Sports. Nevertheless, it is still a real sport and does not only function as a showcase model. Many people who competed professionally and now want to slow down choose this model because of the competitiveness (cf. Fact Sheet 2012:1).

The *"player development model"* prepares athletes and partners for regional and national tournaments and is classified by weekly trainings and commitment to the sport. Additionally, it is no longer a 1:1 situation but rather a team sport like basketball or floor hockey. It is highly important to train with people who are on the same level - and if not to support and motivate - to reach the goal of sportive equality (cf. ibid.).

The *"competitive model"* stands for the most intense involvement. It is based on the same regulations as the former described model, but the teams are most likely eligible to compete in international and World Games (cf. ibid.).

The goal of Unified Sports is to achieve the total social inclusion of people with intellectual disabilities into the mainstream society from the earliest age on. Children from eight years on can participate in official tournaments. Moreover, there are special introductory programmes for children between two and eight years. These projects function as an incentive to become active (cf. specialolympics.org).

Furthermore, the Unified Strategy is important because it was proven that physical activity is highly interwoven with having positive effects on the psychological and emotional household of a person and reduces several life-threatening illnesses and diseases. Besides these advantages, children who train on a regular basis are more likely to increase their concentration and their school performance (cf. Tint et al. 2017:301f, Grandisson et al. 2012:218, Weiss et al. 2003:285).

In addition to the mentioned benefits of participation, there are further reasons to become active. According to the interviews, the benefits to athletes are:

- The development of personal and life skills through sports
- Providing the opportunity for friendship
- Competing on a professional level against others
- Meaningful activity and occupation
- Gaining knowledge about the own nutrition and health
- Regular medical check-ups
- The basis for social inclusion

Besides the mentioned benefits, there is likewise one additional profit to a partner. Unified Sports offers the opportunity to overcome prejudices and borders about individuals with intellectual disabilities, which represents the dominant aspect in this discourse.

An aspect, which was only introduced briefly in the thesis is the benefit to the family. To be able to exchange opinions, knowledge and expertise about the day-to-day life with other people who are in the same situation is also important for the people who care for their child, sibling or friend. It is necessary to be surrounded by people who know exactly what a person performs when it comes to the loved one. By sharing experience with other families whose family member also participates as an athlete, communality is created (cf. Unified Sports Handbook, 2014:7, Thimm & Wachtel 2003:226).

The author did intense fieldwork before the Winter Games, at all venues in Graz during the Games and at a Unified Team after the Games. The main purpose of the fieldwork was to collect empirical data about the reality of inclusion, which functions as the main concern in the thesis.

Through interviews with athletes, partners and coaches, the question about the own perception of inclusion and about the assumed perception from outsiders was measured. As a result, the athletes spoke about feeling more accepted from the majority society because of their successful sports involvement. Athletes mentioned that their athletic participation in the Special Olympics movement makes family members and friends proud and arouses interest in colleagues and complete outsiders.

Additionally, athletes mentioned the joy in being physically active and that they are keen on doing sport. Besides this, athletes see their involvement in the movement as a chance to travel the world and to meet people from all over the world – an opportunity they would not have without their involvement. However, the partners and coaches also spoke about a wider acceptance and inclusion of people with intellectual disabilities because of the sportive involvement of the athletes. Although examples of prejudices and the fear of contact was mentioned and also observed by the author, after a phase of acclimatization, most outsiders realized the equality of all involved athletes and continued to play without making a difference. They simply included.

After the analysis, there is one more question that needs to be answered, namely, does Unified Sports account to the inclusion of people with intellectual disabilities into the mainstream society?

> *“I agree on this statement right away.”* (I 12, 22. 11. 2017)

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7.2 Table of Figures

8 Appendix

To provide the reader an overview about the conducted data, the following tables are presented. In the course of the paper they were referred to according to their given designation.

The author decided not to include the whole empirical material in the appendix, because of the great amount of data. However, if there are any remarks or ambiguities, please do not hesitate to contact the author.

Conducted Memory Records and Fieldnotes

DATE	TYPE OF DATA	PLACE
15. 03. 2017	Memory Record (MR)	Host Town Program Motorikpark Gamlitz,
18. 03. 2017	Fieldnotes (FN)	Opening Ceremony of the Special Olympics in Schladming
24. 03. 2017	Fieldnotes (FN)	Closing Ceremony of the Special Olympics in Graz
08. 11. 2017	Memory Record (MR)	Volleyball Training Deublergasse 19 – 21, 1221 Wien
22. 11. 2017	Memory Record (MR)	Volleyball Training Deublergasse 19 – 21, 1221 Wien

Interviews

#	INTERVIEWEE	DATE	PLACE / REMARKS
1	Inclusive education teacher	14 03. 2017	Motorikpark Gamlitz
2	Director Youth Unified Sports and Research	26. 04. 2017	Via Skype
3	Teacher & 2 Unified Coaches	13. 07. 2017	Radiointerview about Unified Sports Basketballtournament in Kalsdorf Radio Helsinki, Podcast title: Unerhört, https://www.youtube.com/watch?v=1eSPDaRWJPU [17. 07. 2017]
4	Special Olympics Athlete & Special Olympics former Athlete	23. 10. 2017	Landgutgasse 1100 Wien
5	Unified Athlete	08. 11. 2017	Deublergasse, Training field 1210 Wien

6	Unified Partner	08. 11. 2017	Deublergasse, Training field 1210 Wien
7	Unified Coach	08. 11. 2017	Deublergasse, Training field 1210 Wien
8	Unified Athlete	08. 11. 2017	Deublergasse 13 1210 Wien
9	Unified Athlete	08. 11. 2017	Deublergasse 13 1210 Wien
10	Unified Athlete	09. 11. 2017	Via Telephone
11	Unified Athlete	09. 11. 2017	Via Telephone
12	Unified Coach	22. 11. 2017	Deublergasse, Training field 1210 Wien
13	Unified Partner & Coach	22. 11. 2017	Deublergasse, Training field 1210 Wien

Abstract

Although the social perception of people with intellectual disabilities (IDs) increased over the last decades, these individuals are still living in the shadow of the majority society. Until the 1970s, disability was solely addressed as a medical phenomenon, which resulted in social exclusion, paternalism and stigmatization. It was time to recognize the social factors of disability, the right of self-advocacy and the strong desire of total social inclusion. By developing the social model of disability, the great versatility in approaching disability was highlighted and the first step of moving individuals with IDs from the edge of society back into the centre was taken.

Furthermore, did the first official Special Olympics Games set a significant milestone for reaching this goal. The focus of classifying someone by a disability shifted to perceiving someone for their ability. Through year-round sports competitions and biennial World Games, the Special Olympics provide a platform that counteracts against social invisibility of people with IDs. With athletic performances, athletes take the opportunity to break down existing barriers.

Within the Special Olympics, unique Unified Sports® competitions further promote social inclusion. Athletes (with an ID) and partners (without an ID) build a unified team and train together for the Games, in which they compete against other unified teams in their discipline. Thereby, the self-perception and the self-confidence of athletes increases, while prejudices from partners and outsiders decrease. Unified Sports® competitions sensitize all involved parties for the other by highlighting their main commonality: being human.

Abstract

Obwohl sich die gesellschaftliche Wahrnehmung von Menschen mit intellektuellen Beeinträchtigungen in den letzten Jahrzehnten verbessert hat, leben diese Personen immer noch im Schatten der Mehrheitsgesellschaft. Bis in die 1970er Jahre wurde das Thema Beeinträchtigung ausschließlich medizinisch kontextualisiert, was zu sozialer Exklusion, Bevormundung und Stigmatisierung führte. Daher mussten die sozialen Aspekte einer Beeinträchtigung, das Recht auf Selbstbestimmung und der starke Wunsch nach totaler sozialen Inklusion in den Vordergrund gebracht werden. Durch die Entwicklung des sozialen Modells von Beeinträchtigung wurden die vielseitigen Zugänge dieser Thematik betont und der erste Schritt, um Menschen mit intellektuellen Beeinträchtigungen vom Rand der Gesellschaft zurück in die Mitte zu bringen, getätigt.

Darüber hinaus waren die ersten Special Olympics Spiele maßgeblich daran beteiligt, den Fokus auf die Fähigkeiten der AthletInnen zu richten und nicht auf deren Beeinträchtigung. Durch ganzjährig veranstaltete Bewerbe und die zweijährlich stattfindenden Weltspiele, bieten die Special Olympics eine Plattform, die gegen soziale Unsichtbarkeit von Menschen mit intellektuellen Beeinträchtigungen wirkt. AthletInnen nutzen die Möglichkeit um durch sportliche Leistungen Barrieren abzubauen.

Im Rahmen der Special Olympics finden einzigartige Unified Sports® Bewerbe statt, die soziale Inklusion fördern. Ein(e) AthletIn (mit intellektueller Beeinträchtigung) und ein(e) PartnerIn (ohne Beeinträchtigung) bilden ein „unified Team“ und trainieren gemeinsam für die Weltspiele, bei denen sie gegen andere unified Teams in ihrer Disziplin antreten. Durch gemeinsame Erfolge werden vor allem Vorurteile von Außenstehenden verringert, während die Selbstwahrnehmung und das Selbstbewusstsein der AtheltInnen wächst. Unified Sports® Bewerbe sensibilisieren alle involvierten Menschen für die gegenüberstehende Person, indem die wichtigste Gemeinsamkeit hervorgehoben wird: das Menschsein.