The Sport and Exercise Experiences of Physically Disabled Women in Iran: Shame, Stereotyping, and Goffman's Stigma

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Abstract

To date, there is a scarcity of research in Iran exploring disabled women's sport and exercise experiences. However, it is evident that widespread challenges exist for disabled people to participate in daily life on an equal basis to their non-disabled counterparts. Using sixteen interviews, our research aimed to explore the intersecting identities of disability and gender in Iranian women's sport and exercise participation, using Goffman's theory of stigma and the social model of disability. Our findings suggest numerous environmental barriers to participation. As traditional gender beliefs still prevail in Iran, this often created a 'double disadvantage' for women. Both enacted and affiliate stigma were highlighted by interviewees, with negative perceptions around disability internalised, resulting in self-exclusion from sport and exercise spaces and disempowering elements to their participation. This research adds to the literature on sport/exercise and disability, focusing on Iranian women's voices which are largely absent from the current literature.
Key words: Disability; gender; sport; exercise; Goffman's stigma

Points of interest:

- Prevalence of disability is considered high in Iran, with perceptions of under-reporting, particularly for women and girls.
- In Iran, disability is often classed as a negative, with widespread discrimination and stigma apparent.
- The aim of this study was to consider the barriers to sport and physical activity participation in Iran amongst physically disabled women, using semi-structured interviews.
- Using Goffman's theory of stigma, this research found a range of barriers to disabled women's sport and exercise participation, including environmental obstacles and societal attitudes.
- Discrimination and negative perceptions were internalised by some women, often leading to their self-exclusion from sport and exercise.

Introduction

Approximately 1.3 billion people worldwide - sixteen percent of the global population - report having a disability, and according to Sajadi and Zanjari (2015), this includes 14.4 percent of those in Iran. However, it has been argued that there are no official or up-to-date statistics on the number of disabled people in Iran (see Brighton et al. 2021 for a justification of the term 'disabled people'), and there is a likelihood of under-reporting for disabled women and girls due to entrenched stigma and broader gendered restrictions in the country (Human Rights Watch 2018). Regardless, prevalence of disability is considered high in Iran, a country with many road traffic accidents (Rabieh et al. 2017), 5.8 percent of which lead to a permanent impairment (WHO 2018). Furthermore, there are a high number of non-communicable diseases, which may lead to a range of impairments as these progress (Safarpour et al. 2022). Research in Iran suggests those with impairments may have a lower level of physical functioning, and poorer emotional, social, and mental health compared to those without an impairment (Khodayarian et al. 2015; Tahmasebi et al. 2016).

In Iran, disability is often classed as a negative (Mousavi 2022), and environmental structures, including inaccessible transport, buildings, and a lack of differentiated support, has resulted in widespread discrimination and stigma towards disabled people (Hosseini and Safari 2008; Human Rights Watch 2018). According to a report by Human Rights Watch (2018), disabled people in Iran face serious challenges in participating in daily life, including going to work or school, and seeing friends, family, and healthcare providers. These obstacles may also be exacerbated in smaller cities or rural areas, where there are increased accessibility issues. Furthermore, the Iranian government arguably fails to provide community-based services or adequate funding for disabled people; this is particularly problematic as around 60 percent of disabled people are unemployed, with many not eligible for financial support (Human Rights Watch 2018). In turn, this may increase feelings of isolation amongst disabled people who are

marginalised within society, and who may be largely dependent on family members (Human Rights Watch 2018; Sad Abadi, Aramipour, and Fartash 2021).

With the aforementioned research in mind, inclusive sport and physical activity spaces are vital, due to the associated physical, mental, and social health benefits (Darcy and Dowse 2013; Zar et al. 2018). However, considering disabled people's daily lives in Iran and the obstacles outlined above, it is highly unlikely sport and physical activity settings are accessible. Importantly, when considering disability, other aspects of a person's identity should also be acknowledged; as an example, a person's ethnicity, social class, or gender (amongst other factors) intersect to form a disabled person's experiences (Hardin 2007). Gender may be particularly prominent here, as studies suggest traditional gender beliefs still prevail in Iran (Don, Salami, and Ghajarieh 2015) and sport/physical activity are regarded as highly gendered spaces (Cottingham et al. 2018). To this end, in this paper we aim to explore the experiences and perceptions of sport and physical activity amongst disabled women in Iran, including a range of participants who are both active and inactive. In doing so, we address a clear gap in literature whereby Iranian women's sport and exercise experiences have been largely neglected.

Disability in the Middle East

According to Scalenghe (2019), disability studies remains a largely Western-centric endeavour; this is despite over 80 percent of the disabled population inhabiting the Global South (O'Dell 2023). Therefore, we are yet to achieve a global perspective on understandings of disability outside of the West, particularly regarding the lived experiences of disabled women, as well as research which moves beyond statistical data (Alshammari 2016). Research that has taken place in the Middle East has found disability is regarded as taboo, especially in

relation to women’s bodies and identities (Alshammari 2017). Disabled women may be double marginalised, failing to meet society’s standards of both normalcy and femininity (Alshammari 2016; 2022). Importantly, Alshammari (2019) highlights that stigma (and disabled people's own self-stigma) is perpetuated through societal views and understandings of disability - as opposed to the disability itself - marking disabled people as deviant. As a disabled woman in Kuwait, a country with a similar religious context to Iran, Alshammari (2016) reflects on feelings of guilt and rejection, attempting to hide her disability due to shame. She also highlights how this can extend to families and the wider collective.

Alshammari’s published works (2016; 2017; 2019; 2022) demonstrate similarities to other literature based in the Middle East. For instance, O’Dell (2023) outlines extreme shame and stigma attached to disability, highlighting that women may be more likely to face marginalisation. In the United Arab Emirates specifically, Crabtree (2007) discusses significant social stigma towards disabled people who are often devalued and may even be assigned stigmatising labels from their parents. Like Alshammari’s (2016) personal experiences, Crabtree (2007) found disabled children and their parents – often mothers - used concealment strategies to avoid being blamed for disability. Similar themes are reiterated by Alenaizi (2017) who states that disability in Kuwait (and in the Middle East more widely) may be regarded as a test or a punishment for disabled people, based on religious discourses. Finally, while research by Hansen, Wilton and Newbold (2017) took place in Canada, disabled immigrant women originally from the Middle East outlined the negative cultural associations around having a disability, which has significant implications for social relationships (for example, marriage). Disabled women drew on their experiences of being labelled as outcasts, with high levels of stigma attached to disabled identities. Ultimately, many women were alienated or avoided social situations, a concealment strategy to avoid having to explain their disabilities (Hansen, Wilton and Newbold 2017).

The intersections of gender and disability in sport and physical activity participation

While there is a scarcity of research on sport and physical activity participation amongst disabled people in the Middle East, more widely research suggests engagement in sport and physical activity amongst disabled people can result in a wide range of benefits (Ives et al. 2021). For instance, improved self-esteem, increased independence, the development of wider friendship and support groups, maintenance of a healthy weight, and increased muscle mass and bone density have been reported (Ascondo et al. 2023; Ives et al. 2021), providing similar advantages to those who are non-disabled. Despite this, participation remains low amongst disabled people globally, who often have high levels of sedentarism, and several barriers may remain to access sport and physical activity spaces on an equal basis to those who are non-disabled (Ascondo et al. 2023; Ives et al. 2021). Experiences of sport and physical activity – and barriers faced – may of course differ depending on variables such as type of impairment, social class, age, ethnicity, and whether an impairment was acquired at birth or later in life (Hardin 2007). Gender is another factor; according to Hardin (2007), disability never operates independently from gender norms, and it is important to understand how these identities intersect. As an example, sport and exercise spaces continue to remain male-dominated and based on gender stereotypes (Cottingham et al. 2018), while disabled athletes remain significantly less visible than non-disabled athletes, resulting in what Seth and Dhillon (2019) term a 'double disadvantage' for disabled women whose social status is deflated. In other words, normative assumptions dictate that sport is for men and non-disabled bodies (Taub, Blinde, and Greer 1999), creating a multitude of issues for disabled women in sport. This is supported by Ascondo et al. (2023), who found disabled women (with a range of physical, intellectual, and visual disabilities) perceived more barriers to sport and physical activity compared to disabled men.

In wider society, disabled people often face high levels of social exclusion, including stereotyping and biases (Ives et al. 2021). Ives et al. (2021) use the broad concept of ableism as a framework to consider how society disables people with impairments through discriminatory policies and attitudes, alongside environments which often make participation in society more difficult for disabled people. Importantly, sport and physical activity often reflect wider society, and disabled people may face a high level of social exclusion in these spaces due to environmental barriers such as lack of (or high cost of) transport, lack of accessible buildings, insufficient advertising, and few qualified coaches (Ives et al. 2021; Jaarsma et al. 2014). Personal and internal barriers may also be apparent, impacted by perceptions of self-worth and confidence; this is supported by Hardin (2007) who suggests feelings of shame and stigma attached to disability can be internalised. While sport and physical activity may be a means to disassociate with stigma, disabled bodies are often regarded as 'lesser' and 'other' within these spaces; this can be due to the explicit bodily performances in these contexts whereby disabled people are perceived to deviate from the norm (Hardin 2007; Ives et al. 2021).

The medical and social models of disability are useful to explore how disability is conceptualised in sport and physical activity spaces. The medical model focuses on 'curing' or rehabilitating disability, with these interventions aimed at 'fixing' or 'normalising' (Cottingham et al. 2018). 'Fixing' an individual is perceived to be the best route towards increased independence and function; however, in turn, the medical model emphasises disability as being inherently negative and may influence how people speak about or interact with those who are disabled (Haegele and Hodge 2016). This is important to consider as perceptions and interactions with disabled people may influence how they view themselves and the extent to which they feel they can fully participate in society (Cottingham et al. 2018). In contrast, the social model argues that disability is socially constructed, enforced onto an

individual in addition to the impairment(s) they have. While the term impairment refers to the body, disability is only argued to be imposed on the individual due to environmental restrictions, with society being the limiting factor (Haegele and Hodge 2016). While the social model suggests the disabling elements of impairment would be eliminated if people's attitudes and the wider structure of society changed, the medical model argues that there is something inherently disabling about impairments, and environmental changes would still not afford disabled people with the same opportunities as those who are non-disabled (Haegele and Hodge 2016).

While both the medical and social models are open to criticism, and neither are inherently 'good' or 'bad' (Haegele and Hodge 2016), some research has suggested that societal barriers in sport and physical activity can be more salient (Cottingham et al. 2018). In Iran specifically, most studies have utilised the medical model, requiring people to overcome their disability (Mousavi 2022), regardless of evidence which suggests access, facilities, and other structural barriers are more apparent in sport and physical activity contexts (Nadri 2020; Sobhani, Andam, and Zarifi 2015). Therefore, in our research we draw upon the social model of disability to explore disabled women's sport and exercise experiences in Iran. However, more theoretically informed sociological research in disability sport is needed, going beyond a solely 'models-based approach' which have often been used uncritically (Brighton et al. 2021). With this in mind, alongside the social model of disability, we draw on Goffman's theory of stigma to account for the interweaving identities of gender and disability in disabled women's experiences, and we explain this framework in the following section.

Theoretical framework: Goffman's stigma

The theory of stigma was developed by Erving Goffman (1963, republished in 1990), alluding to traits that are deeply discrediting to a person in a particular social context. Goffman argued that we establish someone's social identity when we meet with them, by anticipating their attributes and categorising them accordingly. In these interactions, stigma refers to something that makes an individual seem different or less desirable than expected, a 'shortcoming' which taints their identity (Goffman 1990). Therefore, stigma impacts and influences the interactions between those who are stigmatised and non-stigmatised and is a means of social control. According to Goffman (1990), there are a variety of ways that an individual may be stigmatised. While some stigmas may be associated with someone's character or ascribed attributes which are generally less observable (e.g., unemployment or addiction), others may be more visibly stigmatised (such as physical impairments), potentially resulting in more anxious social interactions. Those who embody a less visible stigma may use management techniques to keep this hidden (for instance by deciding who or who not to tell), some may engage in actions to 'correct' the blemish on their identity, while others may completely conceal their stigma from others by avoiding interactions entirely (Goffman 1990). Regardless, stigma is a social process which devalues a particular individual or group through adverse social judgements (Chatzitheochari and Butler-Rees 2022).

The framework of stigma has been used in a variety of contexts in sociological literature, although it remains an under-utilised framework in the sociology of sport (White, Velija, and McDonough 2022). While the original workings of the theory were argued to be too individualised, more recent usage of this framework has located the processes of stigmatisation within wider (uneven) power relations in society (Chatzitheochari and Butler-Rees 2022). For instance, it has recently been used to conceptualise how men who play netball (a sport dominated by women) use various stigma management strategies to exert control over prejudices others may hold (White, Velija, and McDonough 2022). The strategies used

included 'information control' to conceal this non-visible stigma to others, as well as socialising with those who share the same stigma, a 'group-alignment' based strategy. In another context, McMahon et al. (2020) uses the theory of stigma to explore how those with disabilities (specifically autism) are viewed as 'other', 'different', or 'lesser' in sport spaces due to deviating from normative cultural and social expectations, while those who 'conform' to the norm are privileged. Specifically, McMahon et al. (2020) use enacted stigma (marginalisation and discrimination which can be direct or indirect), courtesy stigma (stigma to friends or family due to their association with the stigmatised), and affiliate stigma (internalisation of the negative stereotype by the affiliate, resulting in shame, embarrassment, or attempted concealment) in the sport context. These types of stigma complicate interactions between disabled and non-disabled people and can result in self-withdrawal from sport and physical activity contexts (McMahon et al. 2020).

In our research, we use this theory to explore how Iranian women with a range of physical disabilities experience stigma, and how this may impact their sport and physical activity participation. Our research is guided by the following research questions:

1. What barriers do disabled women face in sport and physical activity contexts?
2. To what extent are disabled women's identities stigmatised and how does this impact engagement in sport and physical activity?
3. In what ways is stigma internalised or concealed by disabled women?

Methodology

Participants and setting

Disabled women's voices remain largely absent in the academic literature in Iran, and it is therefore important to create a space which leads to recognition and greater value placed on

their perspectives (Morris 1995; Thill 2015). As a result, we used a qualitative approach to give disabled women a voice, allowing us to explore the meanings they attach to their experiences (Condie 2021). This study's data derived from a total of sixteen women with physical disabilities living in Iran. Snowball sampling methods were used to source these participants; firstly, one of the authors *(initials anonymised)* went to a sports club for disabled people in a city in South-Central Iran, where they were able to contact six women. These participants then introduced five further women who were included in the sample. Furthermore, the professional network of another author *(initials anonymised)* enabled a further two women to be included, one of whom introduced three additional participants. All participants were between 17 and 41 years old, were physically disabled, and had experienced disability in different stages of their lives. To expand, nine of them were disabled from birth, and the others experienced disability later through either accidents or illnesses. Half of the participants were active at the time of the data collection; they participated in recreational sport or physical activity regularly or were trained as national level athletes. The other half were, at the time of the data collection, inactive. Nonetheless, some of the inactive participants had experienced sport and physical activity previously in their lives. For instance, some had engaged in sporadic physical activity for therapeutic or recreational purposes.

Data collection

The data collection took place during March and August 2022 and involved in-depth semi-structured interviews with the 16 participants. As the research took place in Iran, the interviews were conducted in Persian to ensure the interviewees' ability to express their experiences with ease. Semi-structured interviews were used as they enable reciprocity between both parties, allowing participants to answer the questions in a flexible way and elaborate on their experiences, with follow-up questions used to facilitate the interview process (Condie 2021; Galletta 2012; Sparkes and Smith 2014). Due to interviewee requests, all interviews were

conducted by phone and lasted between 30 and 60 minutes. Although phone interviews lack visual cues, the depth and richness of data gathered from this method is comparable to face-to-face interviews (Sturges and Hanrahan 2004). Furthermore, the respondents who agreed to be interviewed about sensitive topics may have preferred the relative anonymity of a phone interview versus face-to-face interaction with the researcher (Fenig et al. 1993). In the interviews, participants were asked to express their experiences of sport and exercise, and the researchers responsible for conducting the interviews *(initials anonymised)* used an interview guide as a basis for the interviews. Finally, several ethical issues were considered during data collection. For instance, all participants were given an information sheet regarding the purpose of the study and were given assurance around confidentiality and anonymity. Before the interviews, all participants were reminded of the research process, including the fact there were no right or wrong answers to questions, and that they had a right to withdraw from the research at any time without prejudice.

Data analysis

Firstly, interviews were recorded and transcribed verbatim in Persian with the permission of the participants, before being translated to English by one of the researchers *(initials anonymised)*. The research team also removed the participants' names and made use of pseudonyms to ensure anonymity. We then used reflexive thematic analysis, a widely used method in qualitative sport and exercise research (Braun and Clarke 2019, 2021). In this method, the role of the researcher in theme production is viewed as important and valuable, rather than problematic. The methodology recognises and embraces the subjectivity of the researcher(s) and considers this an integral part of the knowledge production process (Braun et al. 2019; Campbell et al. 2021). To conduct analysis, *NVivo* software was used to organise the data; two researchers *(initials anonymised)* identified themes across each transcript. They followed the six-phase process based on guidance by Braun and Clarke (2006, 2021), which

initially involved immersing themselves in the data by reading the transcripts several times in detail; this ensured familiarity with the raw data to gain an initial understanding of potential codes. In the next step, theory-driven codes were created using an inductive and latent approach, allowing for deeper levels of meaning to be created (Braun and Clarke 2006; Braun et al. 2019). Afterwards, we sorted the different codes into potential themes by collating relevant codes together. The final steps included refining, defining, and naming themes, followed by writing the findings based on generated themes, three of which are reported on in the following section of this paper.

Findings and discussion

The context: Socio-cultural barriers to sport and exercise for disabled women in Iran

The interviewees had varied experiences of sport and exercise. As initially discussed, some were currently active and competitive in sports, while others were inactive or had previous experience of recreational physical activities. The women's motivations around sport and exercise therefore varied. For instance, Tahereh (39, amputee, para snowboarding) used competitive sport to prove herself to others, and overcome stereotypes that consider disabled women as lesser:

> We can prove ourselves when we go on the podium...Then it will prove to everyone that a person they thought could not learn anything, who is a woman and has no physical strength, is not really like this.

For Tahereh, sport participation was arguably used to challenge norms around what it means to be bodily competent; competitive sport affirmed her capabilities and defied preconceived notions of what it means to have a disabled (and a woman's) body. This may be considered a

compensation tactic to counteract an identity which, in other circumstances, may be stigmatised and marginalised. While Tahereh was clearly passionate about sports and had a wider purpose and motivation to participate, other interviewees were inactive or only participated in required exercises such as physiotherapy. For example, Mahvash (48, spinal cord injury, currently inactive) stated 'I go to physiotherapy and do the exercises they say' and Hedieh (29, poliomyelitis, currently inactive) explained:

> I was involved in sports for a while. I used to play boccia, but not anymore. Unfortunately, I do not like sport that is not very enjoyable, and that does not excite me. I do not like it to be too routine. I felt that I could not continue boccia.

While the sport and physical activity experiences of the women therefore varied, they were united in their criticisms of the barriers that manifest for disabled people to enter these environments. Environmental barriers were apparent in numerous ways, including a lack of qualified coaches, inaccessible buildings, gyms, and outdoor spaces, and lack of accessible transport. For instance, Farzaneh (36, poliomyelitis, currently inactive) explained:

> The board of veterans suggested I join the weightlifting field, and they also got me a coach. Interestingly, when I went there, the coaches could not train me. I would go to the gym, and the coach didn't know how to tell me what equipment to use!

Samineh (37, amputee, para-archery) further explained the frustration with transport and inaccessible buildings:

> I wanted to take a taxi, but the taxi couldn't take me! I wanted to go to the club. There was no club on our street, as it was underground and there were so many stairs. How could I go?

These access difficulties were summarised by Hedieh (29, poliomyelitis, currently inactive) who argued 'we live in a society that can easily tell you there is no place for disabled people!' The above quotes emphasise the importance of the social model of disability, whereby environments are considered disabling as opposed to a person's impairment in itself (Haegele and Hodge 2016). Therefore, disability is arguably socially and environmentally constructed, with society and its associated restrictions the factors preventing or limiting disabled people from participating in sport and exercise. Instead of removing these barriers, disabled people are expected to modify and adapt their own situations, in line with the medical model of disability (Haegele and Hodge 2016).

Although physical barriers were more prominently discussed by interviewees, societal attitudes also play a role in disabled people's inclusion in sport and exercise. These barriers were evidenced through the ways in which disabled sports were considered lesser than those played by non-disabled people, as outlined by Mahtab (23, amputee, para taekwondo):

> There is another problem that the sports of non-disabled people are given much more importance than the sports of disabled people...Disabled people are given less facilities, less funds are allocated, fewer prizes are considered than other people, and they are generally seen and heard less in society.

As noted by McMahon et al. (2020), stigma is socially constructed and influenced by society. Alongside language, stigma is replicated through actions which may lead to increased inequities and discrimination towards stigmatised groups (McMahon et al. 2020). As the interviewees are physically disabled, they are considered to violate the 'norms' of physical competence and bodily appearance in the sport and exercise context and may therefore be considered inferior or 'lesser' than their non-disabled counterparts. As explained by Mahtab,

this has resulted in a reduction in funds, prizes, and facilities in sport environments for disabled people in Iran. These attitudes further align with the medical model, where disability is emphasised as negative, influencing how disabled people are perceived. In contrast, a change of people's attitudes towards disability may reduce the disabling elements of an impairment (Haegele and Hodge 2016); in this instance, this may result in increased facilities, funds and prizes for disabled athletes and disability sport.

As outlined previously, intersectionality of lived experience is also vital to consider, as various elements of an individual's identity interweave to impact their involvement and perception of sport and exercise. While experiences may vary depending on a person's ethnicity, age, type of impairment, and when an impairment was acquired (Hardin 2007), social class and gender were the two most prominent factors discussed amongst the women in this study. In terms of social class, costs were frequently pinpointed as a barrier to participation, with Samineh (37, amputee, para-archery) and Tahereh (39, amputee, para snowboarding) outlining:

> When I was a student, I got acquainted with shooting. I went to the archery club. At that time, I could not continue because of the costs of buying a bow. The cost was really high. (Samineh)

> Families are so worried about livelihood issues that they can't think about sports for their disabled child! Families can't really provide more than medicine, prosthesis, and everything else that a disabled person needs. (Tahereh)

The link between social class and disability is well-documented in previous research; for instance, Chatzitheochari and Butler-Rees (2022) note that disabled children and young people are more likely to come from disadvantaged backgrounds, and an intersectional analysis is vital to consider how stigma is manifested from various inequalities. This is also apparent in the

above quotes, where it is evident the high costs of sport may not be feasible for disabled people from more deprived backgrounds, and where any disposal income may be prioritised for other needs.

Alongside social class, gender prevailed as a further interweaving factor impacting the interviewees' experiences. Atena (17, cerebral palsy, swimming and canoeing) discussed the restrictions for women swimmers in Iran, explaining:

> I got into swimming by chance because of my disability and I swam for about five years. At that time, I was eager to start championship sports and, as you know, because of the discussion around the hijab and Islamic beliefs, women do not have an overseas section in swimming.

Furthermore, Maryam (35, spinal cord injury, wheelchair basketball) compared the provision of men's and women's disability sport:

> The equipment is very poor! For example, there are about twelve of us here, and in many of our exercises, each person must have a ball to learn how to carry it, shoot, etc., but we don't have more than three or four balls...I have to say that the men have better facilities than us.

Hedieh (29, poliomyelitis, currently inactive) summarised her experiences of both gendered and disability-related restrictions as 'very difficult. I have to deal with these challenges [of being disabled] and deal with being a girl. I must fight with society' while Tahereh (39, amputee, para snowboarding) stated 'when you are a woman [and disabled], you get two negative traits.' As earlier outlined, disability and gender continue to intersect in the sport context, where gender stereotypes and male-dominated spaces may prevail, and where disabled

women may face a 'double disadvantage' and a consequent deflation of their social status (Cottingham et al. 2018; Seth and Dhillon 2019). This may be particularly prominent considering the social and cultural context of Iran, where traditional gender beliefs still prevail, and women may be marginalised due to both elements of their identity (Don, Salami, and Ghajarieh 2015). Like past research in other cultural contexts (Ascondo et al. 2023) this study also suggests that the barriers to sport and exercise for disabled women may be greater than those of disabled men in Iran.

Enacted and affiliate stigma and the implications for sport and exercise participation

In the following parts of the interviews, the participants discussed their stigmatised identities within the sport and exercise contexts, particularly drawing on enacted and affiliate forms of stigma. As previously noted, enacted stigma involves the marginalisation of a stigmatised identity (Goffman 1990; McMahon et al. 2020), and the examples the interviewees drew upon were usually direct and explicit forms of this type of stigma. In particular, the word 'pity' was frequently used by the interviewees to explain how they were perceived by others. This demonstrates similarities to research by Don, Salami, and Ghajarieh (2015) within the Iranian context, whereby disabled girls were considered objects of pity, an identity which was often quietly accepted. In our research, Atena (17, cerebral palsy, swimming and canoeing) explained 'when I started working out, there was a bad pitiful view' and Tahereh (39, amputee, para snowboarding) similarly stated 'many times when we were exercising, they looked at us pitifully'. Faranak (37, amputee, currently inactive) summarised this as 'they see a disabled person as a completely destroyed and imperfect person' and Mahsa (21, amputee, currently inactive) argued 'in Iran they treat you as if you have an acute problem because you are different from others'. In this context, societal expectations and assumptions around disability are therefore evident, situating this element of an individual's identity as a defect. Importantly, as physical disabilities can be more visible, this negatively impacts interactions with others. In

other words, physically disabled women are largely unable to ‘pass’ as non-stigmatised or ‘normal enough’ due to their inability to easily conceal this component of their identity (McMahon et al. 2020).

Perceptions that disabled women are lesser and should not be offered an equal chance in society were also discussed in the interviews. As an example, Tahereh (39, amputee, para snowboarding) suggested ‘in society disability is negative. She can’t learn! She can't be successful! She can't be good!’. Masoumeh (20, amputee, para-athletics) also reflected on a friend’s experience of leaving her home to train in the gym:

> My friend is in a wheelchair...when she came out, a car hit her from behind, and she had to apologise! They said ‘don't you have parents, why did you come out in your situation? You should not come out.’

Here, it is evident that disabled women’s identities are considered deficient and their active participation in society may therefore be discouraged. In Iran, disabled women may be perceived to deviate from normative expectations, complicating (and negatively impacting) their interactions with non-disabled people, those who are culturally privileged. In the sport and exercise contexts, some interviewees argued that situations and perceptions of disabled people were beginning to improve. However, this was often contingent on disabled women proving themselves in these circumstances, and subsequently overcoming initial negative perceptions of their abilities. For instance, Tahereh (39, amputee, para snowboarding) suggested:

> The first year or two when I entered the sport, there was a very bad view that we are disabled and can't do it! But now, especially in our field...the para-athletes are going to competitions and

> working hard, and people's outlook has changed! The poor vision or pitiful look has changed, and they accept us.

A similar suggestion of having to prove herself was outlined by Mahsa (21, amputee, currently inactive), who stated:

> Those students who practiced with us at the same time...instead of practicing, they are looking at me! You know, they look at me as if I am useless, I am not useful for society! That is, until I showed some movement [in the gym].

In these instances, the disabled body is the focal point of negative difference, with the individual's stigma immediately evident to others (Taub, Blinde, and Greer 1999). However, proving oneself may become a stigma management strategy, whereby disabled women compensate by being proficient in sport or exercise, activities that others do not expect them to do well in. Disabled women being active and competitive in sports therefore came as a surprise to others, with Azadeh (38, amputee, para climbing) further explaining:

> Some people are surprised that a woman who shows her prosthesis and walks, shows her prosthesis and exercises...It is admirable for them. Some people also feel sorry for us, by the way. I really want to know why they feel sorry for someone who is in a wheelchair doing sports.

According to Goffman (1990), signs (such as prosthetics) convey particular information about an individual, and the meanings of signs may differ depending on the context and group it is being portrayed to. Stigma can therefore vary from context to context (McMahon et al. 2020), and it is evident from Azadeh's quote that some may be surprised, while others may feel sadness for an individual. Regardless, like Cottingham et al. (2018) in the power soccer context,

significantly lowered expectations are apparent, with astonishment evident when a disabled woman does something of merit in sport. This may also be coupled with fears of injury from others due to perceptions of fragility, a clearly paternalistic view towards disabled women. As an example, Atena (17, cerebral palsy, swimming and canoeing) stated that those who work in sport complexes may not let disabled women train 'because they think that she will kill herself if she goes to the gym and starts training.' Lowered expectations of what disabled women are capable of reflects ideas from Goffman (1990) that any minor accomplishments by those who are stigmatised are often assessed as being remarkable and significant; in other words, usual everyday activities may be considered exceptional. However, it was clear that many of the interviewees involved in sport and exercise were active in challenging beliefs that they were 'other' or 'lesser' than their non-disabled counterparts. In these situations where stigma is not internalised, coping strategies may become less important for disabled women (Goffman 1990).

While enacted stigma was largely discussed in the interviews, affiliate stigma was also prominent. As earlier noted, stigma can extend from the stigmatised individual to their close connections (Goffman 1990). Affiliate stigma subsequently refers to the affiliate internalising this negative stereotype about the stigmatised individual, resulting in shame, embarrassment, or attempted concealment (McMahon et al. 2020). The term 'pity' was again frequently used here, with Fatemeh (41, spinal cord injury, para climbing and handcycling) stating 'the look of my family is still full of pity.' Outside of the sport context, Atena (17, cerebral palsy, swimming and canoeing) discussed parents who had attempted to conceal their own daughter's stigma by denying her access to education:

> I have friends with disabilities whose parents even prevented them from going to school so that they would not be seen and would not be a goddamn disgrace.

More specifically to sport and physical activity, Azadeh (38, amputee, para climbing) also outlined:

> We were gathered with a bunch of guys in wheelchairs, as well as amputees at Chitgar Lake, using the hand bikes for disabled people. A lady with a disabled daughter was standing there, she was gazing at us and regretfully said to her daughter 'oh look at them, what a pity.' I looked at her and said 'why do you tell your daughter things like this? Each of these disabled people are famous people. One has a rowing medal, that one is a rock climber! You should teach your daughter not to lose herself, to fight even though something like this happened to her.'

Hedieh (29, poliomyelitis, currently inactive) outlined similar viewpoints regarding the role of family members in an individual's level of confidence and acceptance of their disability, stating:

> It depends on what kind of family you grew up in, how much self-esteem or self-confidence they gave you to accept yourself the way you are.

It is evident here that stigma not only affects disabled women but can also impact those they associate with or are close to, with family members the main affiliates in this study. Like previous research (Van den Bossche and Schoenmakers 2022), it is suggested here that affiliate stigma may result in the development of shame and other negative emotions in some family members, an internalisation of stigma originally derived from wider society. Subsequently, affiliates may change the way they interact with the stigmatised person, such as feeling pity for them or viewing them as lesser, evident in both Fatemeh's and Azadeh's quotes. Affiliates may

also aim to conceal the stigma from others to maintain a particular social image, a form of face work (Goffman 1955). This was particularly prominent in Atena's quote, where a friend was unable to attend school at her family's will to ensure her stigma was not revealed to others, due to her identity being seen as a 'disgrace'. In this study, it is suggested affiliate stigma reinforces disabled women as 'lesser' and 'other'; as Hedieh argues, families often play a significant role in disabled women's sense of self-worth and self-confidence. While not all the participants highlighted affiliate stigma in the interviews, it was nevertheless a recurring theme for some women.

The consequences of stigma: Concealment and internalisation of stigmatised identities

In the previous section, the interviewees discussed their affiliates' internalisation and concealment of stigma. A final theme within the interviews was the disabled women's own experiences of this. As noted earlier in the article, concealment strategies and 'information control' may be more prominent for those who have a non-visible or less obvious stigma; however, those with observable stigmas may also engage in actions to 'correct' this, may socialise mainly with others who share the stigma, or may aim to conceal it by limiting or avoiding interactions completely (Goffman 1990; White, Velija, and McDonough 2022). Mahsa (21, amputee, currently inactive) firstly stated:

> A disabled person is ashamed of her existence, she hides herself, and she wants her friends not to know, not to see her like that. In short, they try their best so that others don't notice that she has a prosthesis.

Stigma is socially constructed, and in the Iranian context disabled bodies are considered a marker of shame and social devaluation, rendering the stigmatised person as more vulnerable to discrimination. In Mahsa's example of someone with a prosthesis (such as herself), this may

be a less visibly obvious physical disability. Due to the anticipated and expected discrimination and the negative stereotypes surrounding disability, this results in attempted concealment of this stigma by not telling friends or hoping others will not notice the impairment. For some of the interviewees, the anticipation of being treated unfairly had discouraged them from being involved in particular activities. To expand, self-exclusion from sport and exercise was a way to further conceal their stigmatised identities, as the women aimed to avoid potentially negative interactions in the first instance. Zhina (32, amputee, currently inactive) argued:

> Disability is definitely very influential for me, but the type and extent of influence on each person differs according to that person's characteristics. It may cause some people to stay away from sport.

For Zhina, disability may be internalised as her defining feature, with a focus on this over other relevant personal characteristics, with similar arguments made in research by Taub, Blinde, and Greer (1999). While Zhina's comment around sport participation referred to disabled people more broadly, Afsaneh (40, amputee, currently inactive) directly referenced her own experiences and the exclusion she felt due to her body:

> I see my relatives and their bodies are normal and ordinary. I wish I could be like them. I wish I could at least exercise.

As noted above, Afsaneh internalises a negative perception of her disabled body, which she considers abnormal compared to non-disabled people's seemingly 'normal' and 'ordinary' bodies. This results in her own self-exclusion from exercise, a space perceived to be inaccessible, potentially due to wider ideas around who does or does not belong in these contexts. While some interviewees avoided all types of exercise environments, others specifically avoided those where their bodies were more likely to be on display. For example,

swimming was an activity many of the women did not participate in. This was explained by Zahra (24, poliomyelitis, currently inactive):

> One of the sports that I really wanted to do, but I didn't because of my appearance and because of my disability, is swimming. I really wanted to go, but because of my disability, I didn't want to be naked in front of other women and their bodies are like that and mine is different.

Previous research using Goffman's theory of stigma has highlighted similar findings. For instance, participants in a study by Thedinga, Zehl and Thiel (2021) outlined feelings of anxiety and uneasiness around visibility in exercise settings, with a strong aversion towards swimming pools due to being stared at or negatively commented on. Subsequently, this resulted in self-exclusion from these settings, or limiting swimming pool usage to quieter times of the day. While Thedinga, Zehl and Thiel's (2021) study focussed on weight-related stigma amongst people with obesity, in this study physically disabled women similarly self-excluded due to the anticipation of stigma. In other words, concealing their bodies acted as a means to avoid potential negative interactions with others. While many of the women avoided these activities completely, Samineh (37, amputee, para-archery) reflected on the impact her brief involvement in swimming had on her:

> I was in agony in the pool. I had this feeling about what others think about me, I always had a bad feeling, but I like swimming.

Overall, the body is a key component of an individual's social identity, and therefore influences interactions with - and perceptions from - others (Taub, Blinde, and Greer 1999). As physically disabled bodies fall outside of the range of what might be considered 'normative', they violate appearance norms, and this may consequently reduce opportunities which are freely open to

others. Although Samineh does not specifically state that others made negative comments about her, it is clear she internalised the negative stereotype, and the 'bad feeling' that arose from being in the pool was enough to discourage her from this activity. While some research has suggested that sport and exercise participation can be a useful tool to alter negative perceptions of disabled bodies, yield wider societal acceptance, and increase bodily confidence of disabled people (Taub, Blinde, and Greer 1999), it is clear here that there are still disempowering elements of sport and exercise experiences.

Conclusion

Overall, inclusive sport and exercise environments are important due to the associated physical, mental, and social benefits, especially in societies whereby disabled people may be disadvantaged and marginalised. Utilising Goffman's theory of stigma, the aim of this study was to consider the barriers physically disabled women face in sport and physical activity contexts, the extent to which disabled women's identities are stigmatised in these environments, and how women may internalise or conceal this. Our findings suggest that some women use sport and exercise as a compensation or stigma management tactic to challenge ideas they are 'other' or 'lesser'. Despite this, we also found a range of barriers which either prevent participation entirely or make sport and exercise involvement much more complex. Drawing on the social model of disability, environmental barriers included a lack of experienced coaches, a lack of accessible buildings and transport, and societal attitudes whereby stigmatised identities are replicated through others' language and actions. Stigma also manifested from various other aspects of the women's identities, including social class and gender. The intersections of gender and disability are important to consider, particularly as traditional gender norms are apparent in the cultural context of Iran, whereby women and girls

may face greater obstacles to sport and exercise participation compared to boys and men. In line with Goffman's stigma, disability was arguably the focal point of many of the women's identities at the expense of other relevant elements, but gender was still salient, leading to a 'double disadvantage' for many disabled women.

While stigma can vary according to the context, the women consistently outlined very explicit forms of enacted stigma, often complicating everyday interactions with non-disabled people. Many women outlined they were considered objects of pity, with perceptions that their identities were deficient and that they were therefore unable to play an active role in society. This was especially prominent as many were unable to easily conceal their stigmatised identities. In addition, enacted stigma was evident through reactions of surprise that disabled women are physically competent, with lowered expectations from others, whereby 'normal' day-to-day activities may be considered remarkable. While enacted stigma was most prominent, affiliate stigma was also evident through the internalisation of stigma through family members, reinforcing stigmatised identities as 'lesser' and 'other'. Finally, some of the women internalised this shame or aimed to conceal their stigmatised identities due to anticipated and expected stigma from others. This often took the form of self-exclusion from sport and exercise spaces, to avoid negative interactions in the first instance, especially prominent in environments where the body is on display. Therefore, having a stigmatised identity – such as a 'non-normative' body - may reduce opportunities freely available to others. While in some respects, sport and exercise can be used as a stigma management tool, in other contexts it may therefore reinforce stigma.

Like all studies, limitations are apparent. As previously noted, the selection of the participants in the research was based on a snowball sample, and this type of method can lead to a relatively homogenous sample with similar experiences (Phipps et al. 2023). Although this can be advantageous, it also means generalisability of findings should be avoided for this study. To

expand, findings presented from a relatively small sample size of sixteen physically disabled women do not represent all disabled women in Iran. The study was also limited in its examination of affiliate stigma, as this was analysed from the perspectives of women themselves (as opposed to friends or family members). Despite these limitations, this study has furthered research on disabled women and sport/exercise, adding more culturally diverse understandings to the current body of literature, and increasing research from outside of the Global North. However, further studies are required to gain a more in-depth understanding of this topic in the Iranian context, while acknowledging the complexities of conducting complex research in places such as the Middle East (Afroozeh et al. 2023). Future research may aim to better consider affiliate stigma by conducting data collection with parents or other family members or may consider how stigma is enacted towards women with non-physical disabilities. The research also has implications for those working in disability sport and exercise spaces, both in Iran and elsewhere. We would urge greater investment in inclusive sport and exercise spaces, considering facilities, coaches, and transport, to ensure more equitable opportunities for disabled people. This is important given that sport and physical activity have the potential to be powerful tools with wider societal benefits, particularly when considering inclusive and healthy societies (UNESCO, 2022). The intersections of different identities should also be considered, acknowledging gender and social class as further obstacles to participation. While changing societal attitudes can be complex and prolonged, further promotion of disability sport and exercise may aid in beginning this process.

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