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1 Crossing Boundaries: The Perceived Impact of Fitness Instructors with a Disability in the
2 Gym.

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1 **Crossing Boundaries: The Perceived Impact of Disabled Fitness Instructors in the Gym.**

2 **Abstract**

3 **Objectives:** For disabled individuals, the gym is perceived to be an inaccessible space to
4 exercise due to the deeply embedded ableism within this environment. This study uniquely
5 explored how disabled gym instructors perceived they impacted the gym environment and the
6 possibilities of making the gym a more inclusive space for disabled people to exercise.

7 **Design:** We used an inductive, qualitative design whereby ten disabled gym instructors were
8 purposefully sampled. **Methods:** Data were rigorously collected through semi-structured
9 interviews totalling 35 hours, transcribed verbatim, and subject to thematic analysis. **Results:**
10 Participants perceived they made three key impacts in the gym. First, they believed they
11 *promoted the gym as a more inclusive environment* through helping construct a more
12 accessible physical space, embodying an alternate way of being and providing a relatable
13 narrative. Second, instructors believed their own unique *understanding of disability* improved
14 their capacity to relate to disabled gym clients by instilling a sense of camaraderie and acting
15 as an aspirational future self. Third, participants felt they *enhanced applied practice* for
16 training disabled clients through creativity in training and supporting non-disabled instructors.

17 **Conclusion:** This article makes a significant contribution to knowledge by highlighting that
18 disabled gym instructors can play a vital role in promoting a more inclusive space to exercise.
19 It also highlights that to increase gym use amongst disabled populations, efforts should
20 consider the potential beneficial impacts of disabled gym instructors in relation to promoting
21 health and well-being.

22 *Keywords:* disability, gym, instructors, inclusion, exercise

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1 Introduction

2 For disabled individuals¹, one way to improve health and well-being is through
3 exercise (Gorgey, 2014). Physically, exercise can reduce pain (Norrbrink, Lindberg,
4 Wahman & Bjerkefors, 2012), manage weight and enhance physical function (Martin Ginis,
5 Jorgensen & Stapleton, 2012). Psychologically, exercise has been shown to enhance
6 perceptions of empowerment (Blinde & Taub, 1999), enhance subjective and psychological
7 well-being (Williams, Smith & Papatomas, 2015), craft a positive identity and provide
8 psychological respite (Richardson, Smith & Papatomas, 2016). Socially, participating in
9 exercise can also increase social status (Arbour, Latimer, Martin Ginis & Jung, 2007), reduce
10 isolation and reduce discriminatory behaviors from others (Spornier et al., 2009).
11 Problematically, despite these benefits disabled people are one of the most sedentary
12 populations in society (Martin Ginis et al., 2012). Arguably, a key reason for this is the
13 *ableism* which is deeply embedded into many exercise spaces.

14 Ableism is about, knowingly or unknowingly, the framing of images, policy,
15 discourses and practices as if all people are able-bodied (Campbell, 2009). As such, ableism
16 casts disability as a diminished state of being human (Goodley, 2016) and rejects variation
17 from this fully able human form (Wolbring, 2008). Ableism therefore becomes another form
18 of discrimination which marginalizes disabled individuals who have different corporeal
19 realities to the ableist norm (Loja, Costa, Hughes & Menezes, 2013). Take, for example, the
20 gym. The gym is a space perceived to be dedicated to the improvement of physical fitness
21 with specialized equipment, health and safety legislations and qualified instructors (Sassatelli,
22 2010). Problematically, it is also a space which is deeply embedded in ableism (Richardson et

¹ Throughout this study, we use UK social model language to describe participants as this terminology (i.e. disabled people). This approach aligns with our beliefs that this population is disabled by systematic practices of oppression in society and should be accorded a politically social status (Goodley, 2016). In turn, where making reference to a participant's impairment effects, we use the word "impairment".

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1 al., 2016). The toned, strong, perfectly crafted body has become an image deemed to
2 represent this space (Neville & Gorman, 2016); it is an image which is reproduced through
3 ableist discourses in the gym and through the bodies of gym instructors (Harvey, Vacchani &
4 Williams, 2014). As such, although the gym may promote fit bodies, it also marginalizes
5 those that are 'unfit' with regards to not fitting into the gyms perception of good health
6 (Crossley, 2006). Consequently, ableism in the gym may result in disabled people being
7 subject to discriminatory and exclusory practices (Wolbring, 2008).

8 The discriminatory and exclusory practices experienced by disabled people can be
9 further illustrated through the concept of *disablism*. This refers to the social oppression that
10 disabled people face (Goodley, 2016). Disablism arises in two forms; indirect psycho-
11 emotional disablism relating to the impact of exclusory messages through encounters with
12 structural barriers, and direct psycho-emotional disablism pertaining to negative interactions
13 a disabled individual has with other people or themselves (Thomas, 2007). Experiencing
14 either type of disablism can have a profoundly negative effect on a disabled persons'
15 psychological health (Reeve, 2012). For example, disabled people's experiences of *indirect*
16 psycho-emotional disablism in the gym may be apparent through the structural issues they
17 encounter such as a lack of access and unsuitable equipment (Dickson, Ward, O'Brien, Allan
18 & O'Carroll, 2011). In this case, structural barriers do more than just stop disabled people
19 from physically participating in the gym; these barriers act as 'landscapes of exclusion',
20 projecting exclusory messages that disabled people are out of place and do not belong leading
21 to the perception of being rejected and marginalized (Kitchin, 1998). Moreover, disabled
22 peoples' psycho-emotional well-being may be *directly* compromised through the negative
23 interactions they have with others in the gym (Kehn & Kroll, 2009). These interactions can
24 result in individuals feeling excluded, intimidated and lacking self-worth (Reeve, 2006).

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1 Of concern is these disabling interactions are often with gym instructors (Richardson
2 et al., 2016). Why this is so concerning is because gym instructors are deemed to represent
3 the values of the gym and show through their bodies what is an accepted way of being
4 (Harvey et al., 2014). They are a powerful means of influencing the exercise environment as
5 they are relational beings holding authority in the gym and are deemed to possess specialized
6 knowledge which can assist individuals in reaching their fitness goals (Lloyd, 2005). If these
7 individuals who represent the gym are a key source of disablism, then this is yet another
8 barrier and message to disabled people that they do not belong in the gym. Despite these
9 issues, the gym is a space where disabled peoples physical, social and psychological well-
10 being can be improved through exercise (Richardson et al., 2016).

11 Accordingly, the purpose of this research was to examine how disabled gym
12 instructors, who did not align to the expected ableist image, perceived they impacted the gym.
13 Disabled gym instructors are in a unique situation where they work and represent the gym but
14 may not embody the physical expectations of a person in this role. Moreover, this research
15 contributes to a gap in the literature by focusing on a unique population who have never
16 before been researched with regards to their potential to promote health enhancing behaviours
17 to disabled people. Such a focus also connects with recent calls in sport and exercise
18 psychology to move beyond a simple concern with performance enhancement to also focus
19 on people who may enact social missions (Smith, Bundon, & Best, 2016) and those that shine
20 a spotlight on under-resourced communities (Whitley, Massey, & Leonetti, 2016). Social
21 missions are collective, social, political problem-solving ventures which can be passive,
22 institutionalized acts or high risk, active, unconventional behaviours that convey what is
23 needed for a better society (Corning & Myers, 2002). Within the field of disability studies,
24 research has focused on the social missions of elite disabled athletes. These individuals used
25 their social status as athletes to challenge disablism in their sport and society (Smith et al.,

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1 2016) and also highlighted inaccessible sporting programs for disabled people (Bundon &
2 Hurd Clark, 2015). While these works do contribute to the call for research on social
3 missions and add valuable knowledge to the performance field, there is still a lack of
4 empirical work with regards to promoting diversity and tackling oppression within the field
5 of exercise and health (Corning & Myers, 2002). To address this gap, the aims of this
6 research are (i) to investigate how disabled gym instructors perceived they impacted the gym
7 and (ii) examine if and how these instructors contribute to making the gym a more inclusive
8 space for disabled people to exercise.

9 **Methods and Methodologies**

10 **Philosophical Assumptions**

11 Underpinned by interpretivism, this research was informed by ontological relativism
12 (i.e. the belief that reality is multiple and subjective) and epistemological subjectivism (i.e.
13 the belief that knowledge is constructed through interactions with others and the social,
14 cultural environment) (Smith & Sparkes, 2016). To reflect the assumptions of this research,
15 we adopted an inductive, qualitative design whereby findings were constructed in a bottom-
16 up approach (Sparkes & Smith, 2014). As such, to reflect our inductive design, no theoretical
17 or conceptual frameworks were considered before data collection as a pre-conceived
18 framework may simplify or diminish the extensive lived experiences of participants and
19 cause important findings not fitting this framework to be missed.

20 **Sampling Procedure and Participants**

21 Ethical approval was granted by the University Ethics Committee before data
22 collection commenced and informed consent was obtained prior to interviews. Both
23 maximum variation and criterion-based purposive sampling strategies were implemented to

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1 ensure information rich cases where a great deal could be learned about the topic were
2 collected (Sparkes & Smith, 2014). The prior sampling strategy was chosen to ensure
3 representation of a variety of impairments, gym types and participant experiences. The latter
4 sampling strategy ensured participants who were recruited shared important inclusion criteria
5 attributes. These criteria attributes were a) had a physical or sensory impairment b) were
6 employed as a gym instructor in a gym and c) had experience training disabled clients.

7 Recruitment for this study was part of a larger research project investigating disabled
8 individuals who were becoming gym instructors in the United Kingdom (UK). Participants
9 were recruited by the first author via a spinal cord injury (SCI) charity which had designed
10 and delivered a unique program training disabled individuals to be gym instructors. This
11 charity contacted disabled gym instructors on behalf of the first author, informed them of the
12 research project and asked permission to share their contact details with her. Those who did
13 not wish to participate simply got in touch with the charity who then did not share their
14 contact details. Thereafter, the first author contacted potential recruits either by phone or e-
15 mail and asked if they would be willing to participate in the research. A total of ten
16 participants were recruited; five male and five female. Participants ages ranged from 23-60
17 with an average age of 40. Eight participants had acquired impairments and two were
18 congenital. Three participants worked at leisure center gyms, three in public gyms, two in
19 community center gyms, one in a rehabilitation gym and one in a private, franchise gym. Full
20 demographics can be viewed in table 1.

21 **Data Collection**

22 Data were collected using individual semi-structured interviews that were conducted
23 face-to-face by the first author in a private location in the gym. Semi-structured interviews
24 allowed participants freedom to discuss stories and experiences most important to them, but

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1 also gave the first author the opportunity to focus on areas of interest and discuss unexpected
2 phenomena which would not otherwise have been investigated (Smith & Sparkes, 2016).
3 Moreover, by affording time to reflect on gym experiences in interviews through asking what
4 an experience meant to them and how they felt, participants could construct the personal
5 insights that constitute qualitative data. This method also gave participants the opportunity to
6 elaborate and make meaning out of experiences (Sparkes & Smith, 2014). We crafted an
7 interview guide before interviews began by drawing upon qualitative, methodological
8 literature. This culminated in the design of broad, open-ended interview questions which
9 encouraged participants to lead their interviews and help place them as the experts enabling
10 unforeseen topics to emerge (Sparkes & Smith, 2014). Questions included, ‘can you tell me
11 what it means to you to be an instructor?’ ‘What does a disabled gym instructor bring to the
12 gym environment?’ ‘What impact do you believe you have had in the gym?’ Interview length
13 ranged from two to four hours with an average interview length of two hours and twenty
14 minutes. Interviews were transcribed verbatim by the first author and participants assigned
15 pseudonyms to maintain confidentiality in line with ethical approval.

16 **Data Analysis**

17 Thematic analysis is a method used to organize and describe collected data in rich
18 detail by identifying, analyzing and interpreting common themes (Sparkes & Smith, 2014).
19 To reflect the paradigmatic assumptions underpinning this research, we implemented an
20 inductive, latent approach to thematic analysis. This approach permitted themes to be formed
21 from the data rather than a pre-existing framework which may have reduced the complexity
22 of participants’ lived experiences. It also allowed for themes to be interpreted beyond
23 description of the data and more towards theorizing data (Braun, Clarke & Weate, 2016).

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1 To guide analysis, the six stage guide proposed by Braun et al., (2016) was followed.
2 The first step of thematic analysis is *immersion* in the data. This immersion occurred through
3 the conducting, transcribing and readings of interviews. Transcripts were read multiple times
4 until the first author was familiar with the breadth and depth of the content. At this stage, she
5 also noted initial ideas and recurring patterns. The second stage of thematic analysis was
6 *generating initial codes* which identified key features or points of interest within the
7 transcript. An example of a coded section can be viewed in table 2. This aspect of coding is
8 analytical in itself as it is the initial stage where the data is sorted into meaningful groups and,
9 as we aligned to an inductive approach, is active in crafting future themes.

10 Table 2: Example of a coded section

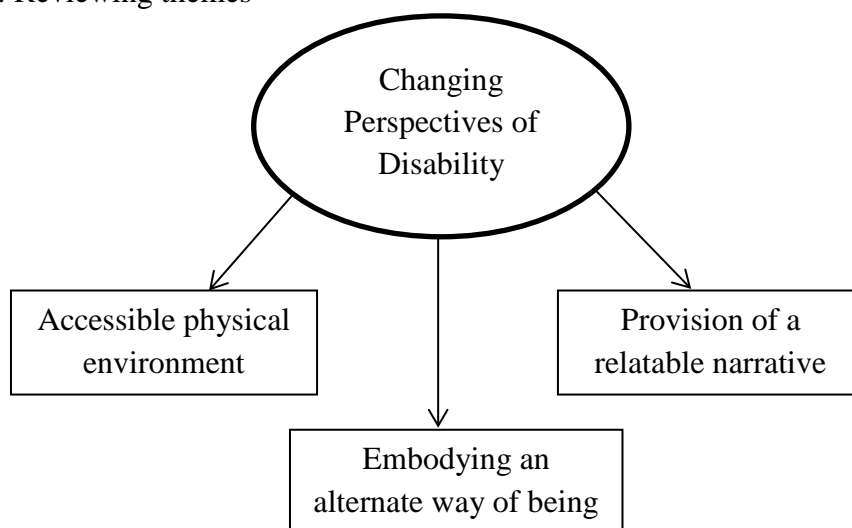
Data Excerpt	Codes
You should not be expected to do something extreme when realistically you just want to be fit and. I may be speaking a bit out of term but you get leaflets from (charity) saying come and spend 3 days throwing yourself off a wall, come and spend a week climbing a mountain. We'll drag you up and it'll be totally soul destroying but you'll feel better after it. I won't mate, end of!	Desire to be healthy
	Inspiration expected
	Aren't allowed to be normal
	Limited activity options

11
12 After all data had been coded, we changed the focus of our analysis to broader level
13 themes. This process of *searching for themes* was achieved through identifying similar codes
14 and grouping them, thereby laying a foundation for potential themes. The first author then
15 searched the groups to see if any combination of initial themes could occur to form an
16 overarching theme and meaningful essence which ran through the data (Sparkes & Smith,
17 2014). At the fourth stage, we *reviewed* provisional themes. The review process involved
18 examining coded data extracts and ascertaining whether themes 'worked' in relation to the
19 data telling a rich, coherent story. As such, some themes and subthemes were collapsed into
20 others to add richness and depth to an overarching theme. For example, thematic maps such

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1 as the one shown in figure A were crafted to show the different theme levels and ensure the
2 theme and subthemes worked and made sense. Stage five involved *defining and renaming*
3 *themes* to identify the essence of what each theme was about ensuring theme names were
4 concise, understandable and immediately recognisable for readers to make sense of a theme's
5 content. The final stage of analysis was *writing the report*. It was vital that this report
6 provided a concise, logical and interesting account of the story embedded in an analytic tale
7 providing clear interpretations of the data through application of conceptual and theoretical
8 ideas. This also reflected our latent approach to thematic analysis going beyond description of
9 the data (Sparkes & Smith, 2014). The results and discussion section comprise the report.

10 Figure A: Reviewing themes



18 Ensuring Quality

19 In line with the ontological and epistemological assumptions informing the study, we
20 adopted a relativist approach to conceptualizing validity (Sparkes & Smith, 2014). This
21 approach does not mean that 'anything goes'. Rather, it means that criteria for judging the
22 quality of qualitative research are drawn from an ongoing list of characterizing traits as
23 opposed to being applied in a universal manner to all qualitative research. The criteria here
24 included the following suggested from Burke (2016). First, a *worthy topic* was sought. This
25 was illustrated in the rationale by justifying why investigating disabled gym instructors is

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1 worthy of study. Second, *rich rigour* was sought by ensuring we used applicable theoretical
2 constructs, spent ample time in the field, used an appropriate sample, and applied rigorous
3 data collection and data analysis methods. Third, the study sought to make a *significant*
4 *contribution* by ensuring the research contributed to advancing knowledge. Finally, we
5 sought *meaningful coherence* by ensuring the research achieved what it aimed to do, used
6 methods and procedures that fit the goals of the research and ensured the study held together
7 in terms of purpose, methods and results.

8 **Results and Discussion**

9 The results and discussion section are combined allowing data to be immediately
10 conceptualized and theorized. Three key themes regarding the perceived impact of disabled
11 gym instructors were identified from the data: (i) promotion of an inclusive environment (ii)
12 understanding disability and (iii) enhanced applied practice.

13 **Promotion of an Inclusive Environment**

14 Participants perceived the gym to be an exclusory space for disabled people to
15 exercise. They felt, however, that their presence in the gym made this space more inclusive.
16 This was done through the construction of a more accessible physical environment,
17 instructors embodying an alternate way of being and providing a more relatable narrative.

18 **Construction of a more accessible physical environment.** Improving physical
19 access was a key focus of participants as they felt an accessible gym was essential in
20 portraying the gym as inclusive of disability:

21 *You can have all the trained staff but if you can't get people in the building then what*
22 *use is that?..The first thing I did was say, 'we're not welcoming wheelchair*
23 *users...we're saying we don't want you. Get a ramp on the outside' and we built from*
24 *there. (Aadi, 33, leisure centre)*

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1 Participants considered themselves influential in making the physical gym
2 environment more inclusive as their position as a gym instructor allowed them to consult on
3 layouts of the gym floor:

4 *One of the biggest impacts I think I've had has been in helping with the selection of*
5 *equipment and where equipment should be. So there was one really big bit of cardio*
6 *equipment missing which is quite vital. I raised it with them (managers) and asked for*
7 *stuff on a wish list. I jumped on the bandwagon and said 'we need this and here's*
8 *why.'* So that's quite cool... When it (equipment) arrived I got asked about where to
9 put it and there really is no space so we did a walk through with my chair and they
10 could see it doesn't fit... We were restructuring anyway but I was involved in plans to
11 make sure that disabled people can easily access all the equipment. Now it's a really
12 nice room. (Polly, 26, leisure center).

13 Structural barriers such as lack of access and equipment (Dickson et al., 2011) are
14 evidence of the indirect psycho-emotional disablism of the gym which creates a 'landscape of
15 exclusion' (Kitchin, 1998) for disabled people, resulting in the perception that they are not
16 wanted in this space. Disabled gym instructors, however, believed they addressed this
17 exclusion by advising and showing gym managers how to make the physical environment of
18 the gym more accessible. For example, Polly used her impairment to demonstrate to gym
19 managers how to make the gym space accessible for wheelchair users. DePauw (1997)
20 theorized there are three levels to facilitate inclusion of marginalized groups; access,
21 accommodation and transformation. The improving of access and physical space of the gym
22 accomplishes this first level of inclusion and is an important step in making the gym more
23 inclusive to disabled people.

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1 **Embodying an alternate way of being.** Participants also perceived their physical
2 difference provided some resistance to the ableist perception of the gym:

3 *Julie: We (disabled gym instructors) definitely make the gym seem more welcoming of*
4 *disability.*

5 *Interviewer: Why do you think that?*

6 *Julie: What's going to challenge the meat head persona more than a middle aged*
7 *woman with a limp? I'm walking about the gym but I've got 'instructor' on my back*
8 *so surely you can be in a gym and not have a six pack right? I think just a different*
9 *body shows that you can be different in the gym and accepted. You don't have to be*
10 *muscle bound; you can be big, small, disabled and do whatever fitness you want. It*
11 *just gives a few more options which may not initially be visible. (Julie, 60, public gym)*

12 Participants believed seeing a disabled gym instructor could challenge the perception
13 that the gym valued only one physical way of being:

14 *You feel like you should be young, fit, healthy, strong and you go in there (the gym)*
15 *and you see all these people that are and you don't fit in. Being a human being is all*
16 *about wanting to fit in on a psychological level I guess. I never studied psychology but*
17 *you go in and it's like 'oh I don't fit in here, bye!'... But, me in my chair have shown*
18 *that you can be disabled and exercise in the gym. I've had so many people say that*
19 *they feel they can exercise here now because I'm breaking the mould and the gym*
20 *employing me shows that they want disabled people exercising here. (Rosie, 50,*
21 *community gym)*

22 Ableism portrays disability as a lesser state of being human (Wolbring, 2008) and
23 may be a key reason for disabled people perceiving they are being marginalized and excluded

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1 in the gym. Ablesim, however, can be destabilized when someone shows the “equal value of
2 different ways of being” (Taylor, 1994, p.51), and legitimizes a difference from the norm
3 (Jones, 2006). Disabled gym instructors felt they did this. DePauw Karwas, Wharton, Bird
4 and Broad’s (1993) conceptualization of marginality which posits marginality is (a) socially
5 constructed (b) a dynamic process and (c) in the context of power relations and resistance can
6 further illuminate how disabled gym instructors could reduce oppression and marginality of
7 disabled people in the gym. With this conceptualization of marginality, particularly its
8 dynamic process and focus on power relations and resistance, there is room for people
9 enacting social missions to provide some resistance against the social injustice of ableism in
10 the gym and reduce the perception that one way of being is valued over another. Contextually,
11 disabled gym instructors believed their different bodies provided some resistance to the
12 perception that the gym is only for people resembling the ableist ideal and instead is suitable
13 for many different physical ways of being. As gym instructors are perceived to be
14 representative of accepted ways of being in the gym (Harvey et al., 2014), disabled gym
15 instructors promoting the gym as accepting of those who have different corporeal realities
16 could provide some resistance to the oppressive forces of ableism which marginalize people
17 in the gym, resulting in the perceived marginalism of disabled people being reduced.

18 **Provision of a relatable narrative.** Participants initially discussed two dichotomous
19 perspectives of disability they felt existed in society; “you’re an invalid and you’re a benefits
20 scrounger not contributing to society, or you’re a Paralympic hero...that doesn’t represent
21 most of us...why do we (*disabled people*) have to be spectacular to be accepted?” (Polly, 26,
22 leisure center). These two perspectives are indicative of, respectively, disability seen as a
23 personal tragedy (Shakespeare, 1994) and disabled people being ‘supercrips’ (Silva & Howe,
24 2012); “individuals whose inspiring stories of courage, dedication, and hard work can prove
25 that it can be done, that one can defy the odds and accomplish the impossible” (Berger, 2008,

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1 p.648). Problematically, having only these two perceptions of disability available reduces the
2 complexity and variety of the disabled experience, invalidating the majority of individuals'
3 reality (Riley, 2005). Disabled gym instructors, however, perceived they provided a more
4 moderate, recognisable perspective of disability for clients which better reflected their lived
5 experiences:

6 *Susan: They (non-disabled society) think it's still quite incomprehensible to be doing*
7 *the regular things that regular people do... I think people do not think we do anything;*
8 *that we go back into the box and don't come out again...but flipping that, you*
9 *shouldn't be expected to do something extreme when realistically you just want to be*
10 *fit and health. But you're not allowed to just be fit and healthy. I don't get that.*

11 *Interviewer: Yeah, how do you address that then?*

12 *Susan: Well that's why I try to promote something that's real, not like inspiration*
13 *stories. So I'm trying to be more of that (normal stories) but less inspiration and more*
14 *real...I hope I show that you can come to the gym, regardless of what is wrong with*
15 *you and do what you want to do just like anyone else. (Susan, 34, community center)*

16 As narratives function as self-identity resources, the provision of more narratives
17 which make sense to an individual allows for new, positive identities to be formed
18 (McGannon & Smith, 2015). Applicably, a disabled gym instructor providing a narrative of
19 health and well-being through exercise may align more with disabled clients' sense of self.
20 This may trigger in them the motivation to exercise in the gym as they perceive their
21 interpretation of health aligns with that of the gym. This may result in a feeling of belonging
22 as they see themselves represented in the narrative resource pool made available in the gym.

23

24

1 **Understanding Disability**

2 Participants believed they enhanced the perception of an inclusive gym through
3 having an understanding of disability, particularly by providing relatable corporeal
4 experiences, instilling a sense of camaraderie and being an aspirational future self.

5 **Relatable corporeal experiences.** Participants discussed how their non-disabled
6 colleagues felt disabled gym instructors were better equipped to train a disabled client:

7 *I remember having a conversation with one of my colleagues saying ‘you’ve got the*
8 *same qualification as me and you’re here on site, why have you signposted them*
9 *(disabled clients) to me?’ ‘Well, you’ve got more in common with them, you’ve got a*
10 *disability.’ (Jerzy, 30, cerebral palsy, public gym)*

11 Participants discussed the importance of promoting the gym as inclusive of disability
12 by relationally understanding the clients’ embodied story of disability:

13 *Allan: Knowledge of suffering from a spinal cord injury...makes all the*
14 *difference...you’re building up a rapport, building up a knowledge and in that*
15 *conversation you will get to the point where they clock on that you’ve been to...a*
16 *spinal gym yourself; the attitudes change almost immediately*

17 *Interviewer: How do you mean?*

18 *Allan: They see someone in front of them that has a similar injury or can relate to*
19 *them; there is a level of transferrable knowledge. They will be asking not just about*
20 *their injury but about spasms, pain relief, sleep patterns, what our experiences have*
21 *been, all of that information is suddenly transferred to them through dialogue but also*
22 *through seeing us at work...It’s just a fact of life; you are going to be more receptive*
23 *of people with disabilities if you have one yourself.” (Allan, 49, rehabilitation gym)*

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1 A gym instructors' knowledge of training is primarily focused on crafting the body
2 desired by an ableist environment (Harvey et al., 2014). As such, a disabled client may be
3 subject to direct psycho-emotional disablism such as being stared at, invalidated or ignored
4 (Loja et al., 2013) as gym instructors do not understand what it is like to be disabled
5 (Richardson et al., 2016). Disabled gym instructors may address this through other
6 relatedness in regards of being a dyadic body (Frank, 1995). The dyadic body is a lived
7 reality and is "immersed in a suffering that is wholly individual...but also shared: the ill
8 person sees others around her, before and after her, who have gone through this same illness
9 and suffered their own wholly particular pains" (Frank, 1995, p.36). Put into context, as
10 disabled gym instructors had been through similar experiences of acquiring an impairment
11 and encountering disablism in their lived experiences (like their clients) and could relate to
12 their story, this became a basis of empathic relations (Frank, 1995, p 35). From this empathic
13 relation, disabled instructors may make the gym appear more inclusive to disabled clients as
14 there is someone there who understands their experiences of disability. As such, they provide
15 a source of understanding and support for an under-resourced community in the gym.

16 **Instilling a sense of camaraderie.** Through their shared experiences of disability,
17 participants believed they had a unique camaraderie with disabled clients:

18 *There is a camaraderie about it...we've all got that common denominator; whether it*
19 *is a wheelchair or not, whether we have a spinal injury or something else, disability*
20 *brings us together. It is a family and the wider family is the other disabilities as*
21 *well...we have all gone through something unexplainable unless you have gone*
22 *through it. There isn't a way to explain it so we belong to this club or this group*
23 *where we are a member and we can help others who are not so far along (recovery).*
24 (Allan, 49, rehabilitation gym)

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1 From this shared experience, participants felt it was important to create an inclusive,
2 supportive exercise environment to encourage disabled people to exercise in the gym:

3 *I understand feeling alone and scared in the gym so what I really work to do is create*
4 *a really friendly, supportive atmosphere where we not only work out together but feel*
5 *like a team and are there for each other... You feel part of something and understand*
6 *each other as you have the same experiences of pain or disability or feeling crap*
7 *because society can't deal with us. It's amazing seeing people's confidence grow and*
8 *friendships form and people helping each other out using machines...or giving advice*
9 *about how to deal with their disability. (Brenda, 54, private gym)*

10 The camaraderie associated with having a shared experience can promote revealing of
11 feelings, understanding and acceptance (Caddick, Phoenix & Smith, 2015) and create what
12 Frank (1995) called a 'community of pain' where individuals are brought together through
13 their shared experiences and have a mutual understanding and appreciation of each other. It
14 could be argued that the perceived direct psycho-emotional disablism experienced by
15 disabled clients in the gym, through invalidation or being ignored (Reeve, 2012), is countered
16 through the creation of a community of understanding, relational beings who are a supportive
17 network while exercising in a potentially intimidating space.

18 **Aspirational future selves.** Participants believed they could act as role models to
19 disabled clients through their similar experiences:

20 *I really think there is something about having a disability and then training disabled*
21 *people. You can reach them on a different level. I think if you can show them that*
22 *you've been through stuff and it'll help them if you tell them how you motivate*
23 *yourself and that you can relate to them; I started from this, I struggled before but*
24 *look, you can get better and better. (Jack, 28, public gym)*

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1 They wished to use their experience to guide and advise others who may require some
2 motivation and belief to exercise:

3 *I want to be in that position where I can say 'I've been there and I've got here; a*
4 *normal Joe on the gym floor and I'm happy'... I think to see someone with a disability*
5 *in the gym instructing, I think it just gives confidence that 'yeah I can do this...I can*
6 *get there.'* (Terry, 35, leisure center)

7 Due to the negative portrayal of disability in an ableist environment, disabled people
8 may lack the self-belief to exercise in this space. Disabled gym instructors felt they provided
9 another narrative resource which clients could draw upon and feel they can exercise in the
10 gym. The 'if I can do it, you can do it' rhetoric described by Jack and Terry is akin to what
11 Pollner & Stein, (1996) termed *narrative mapping*. Narrative maps are guides that
12 experienced people offer to newcomers who are at a gateway to an unfamiliar world. As a
13 map, the stories people share provide orientation, information and advice about how to
14 navigate a new social world and the negotiation of new identities in unfamiliar situations.
15 Contextually, disabled gym instructors showing clients it is possible to exercise in the gym
16 with an impairment and experience well-ness through exercise. Promotion of this affirmative
17 story about disability and exercise could provide the narrative resources this population need
18 to believe they too can exercise in this space to enhance their well-being and sense of self.

19 **Enhanced Applied Practice**

20 Disabled gym instructors discussed how their experiential knowledge of disability and
21 the practical knowledge gained from qualifications gave them a unique skill set which helped
22 them develop practical applications for training disabled clients. This was highlighted
23 through being more creative in training and supporting non-disabled instructors.

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1 **Creativity in training.** Disabled gym instructors felt they were more creative and
2 could adapt exercises more effectively than their non-disabled colleagues:

3 *The guy I'm working with now, Luke, he approached me and asked if I would be willing*
4 *to work with him; of course! So I asked him what his program was before and basically*
5 *he had four exercises total which he was finding really boring and not getting the*
6 *benefits...he was killing himself with it so even getting away from the 'you need to kill*
7 *yourself, no pain, no gain' 80s mentality was something. So instead we're using eight*
8 *machines and some free weights but in a bit of a different way to accommodate his*
9 *disability and I think it's been good for him. (Susan, 34, SCI, community center)*

10 Due to this skill, disabled gym instructors also believed they were sought out by other
11 clients who wanted more variation in their programs. As Susan continued:

12 *A chap I trained with yesterday asked me to make him a program. Not unusual except*
13 *this guy is over 6 foot! (He's) In his 40s, older chap and only done weight training, no*
14 *cardio, quite a stocky build... We were working last week and this morning and he*
15 *went 'this is really awkward but will you do a program for me?' I said 'really?' He*
16 *said, 'well I just felt like it's a bit cheeky because when I was training the other day I*
17 *overheard you say something and the way you think with Luke and adapting equipment*
18 *to suit him, I think you could offer me some direction'. (Susan, 34, community center)*

19 The ability to adapt programs to meet the needs of disabled clients achieves the
20 second stage of DePauw's (1997) inclusion theory; accommodation. Accommodation, in this
21 theory, relates to modifications or adaptations which are made to better integrate disabled
22 individuals into the existing structure of an activity. Contextually, by adapting gym exercises
23 to meet the needs of disabled clients, the gym may be seen as a more inclusive space as
24 disabled people can fully participate and achieve their fitness goals.

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1 **Supporting non-disabled instructors.** Participants discussed how they supported
2 non-disabled instructors in how to train disabled clients:

3 *I often get the guys just coming up and asking me ‘hey I have this guy who is weaker*
4 *on his right side and he wants a program, what do you think? Surely I can’t put a guy*
5 *in a wheelchair on a bike?’ And then it’s ‘well can he transfer? What level is his*
6 *injury? Does he think he can cycle...’ It’s just about educating guys that disability*
7 *does not mean infirmity.. I think I’ve got through to them and maybe changed*
8 *perceptions a bit. We can do a lot more than you think. (Jerzy, 30, public gym)*

9 Participants also discussed how their colleagues were receptive of their advice in
10 training disabled clients:

11 *I did actually interrupt a work out John (non-disabled instructor) was doing with a*
12 *woman with a SCI. I asked her if she was ok and she really got upset and said that she*
13 *wanted to get stronger to transfer better, not to build muscle. She has a high level of*
14 *injury so her movement isn’t brilliant but Jack didn’t know that and thought she was*
15 *being lazy and saying so. I had a word with him and he was really receptive and*
16 *asked loads of questions. I advised him to lay off a bit, see what she wants to do and*
17 *work specifically for that. Her transferring is so improved. But that’s all Jack and just*
18 *a little bit of advise from me. Now he can carry that on to the next disabled person. If*
19 *he wants a bit more advise I’ll be here. (Terry, 35, visual impairment, leisure center)*

20 Educating non-disabled instructors could have long term implications for inclusivity
21 in the gym as disabled gym instructors believed they left a legacy of knowledge to their
22 colleagues which they can use for future work with a disabled client. Wendell (1996) argued
23 the public presence of disabled people has many potential benefits for non-disabled people as
24 they may gain better knowledge about disability and better understand the realities of

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1 physical impairment. From the perception of disabled gym instructors this happened in the
2 gym as they could share their knowledge about disability with their colleagues. On a more
3 critical note, it could be argued that the training supplied by organizing bodies is not enough
4 to enable non-disabled instructors to train a disabled client. As Jerzy stated, he and his
5 colleagues received the same amount of training and had the same qualification to train
6 disabled clients however only he felt comfortable training a disabled client. Arguably, non-
7 disabled gym instructors need more support and knowledge to help them feel comfortable
8 training a disabled client. Disabled gym instructors could provide this support.

9 **Conclusion**

10 This paper makes novel contributions to the field of sport and exercise psychology by
11 focusing on people who may enact social missions (Smith et al., 2016) and shedding light on
12 a marginalized, under resourced community (Whitley et al., 2016). Moreover, it expands the
13 present literature by providing empirical evidence of the perceived impact of a unique group
14 of people who could play a vital role in promoting the gym as a more inclusive space to
15 exercise. The implications of these findings with regards to how disabled gym instructors
16 promote inclusion in the gym, the field of sport and exercise psychology and practicing
17 exercise psychologists will now be discussed.

18 One of the key barriers disabled people face when exercising in the gym is the
19 ableism which can marginalize them from this space. Through the presence of disabled gym
20 instructors, however, there is the potential for the gym to be perceived as a more inclusive
21 space to exercise. Drawing upon DePauw's (1997) theory of inclusion as an example,
22 disabled instructors arguably made the gym more inclusive for disabled clients at all three
23 levels; access, accommodation and transformation. First, they believed they made the gym
24 more *accessible* through their ability to physically illustrate to managers how to construct an

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1 accessible environment. Second, participants felt their creativity and adaption of exercises
2 permitted them to *accommodate* the needs of disabled clients which allowed them to fully
3 participate in the gym and work towards their fitness goals. Finally, participants believed the
4 gym was *transformed*, the third level of inclusivity, where there are reconceptualizations of
5 the basic and underlying tenets of an exercise space; this being ableism in the case of the gym.
6 Although we do not claim the gym is transformed in the sense of being completely changed
7 for everyone, the reconceptualization of the underlying tenets of ableism in the gym through
8 disabled instructors may be enough for disabled people to see the gym in a different way. It
9 could therefore be argued that disabled gym instructors have the potential to make the gym
10 more inclusive to disabled people by promoting it as a suitable, effective space to enhance
11 health and well-being. Gym managers who seek to engender an inclusive rather than ableist
12 or disablist environment should consider the employment of disabled gym instructors.

13 As well as making an impact on the perceived inclusivity of the gym for disabled
14 clients, disabled gym instructors also felt they had a positive impact on their non-disabled
15 colleagues. Gym instructors have a vast amount of power in the gym and are deemed to hold
16 knowledge which will help individuals reach their fitness goals (Lloyd, 2005). Critically,
17 however, if these fitness goals do not align to the ableist expectations and norms of the gym
18 then gym instructors are ill-equipped to provide such knowledge. Arguably, the inability of
19 non-disabled gym instructors to meet the needs of disabled clients contributes to the disabling
20 practises experienced by disabled clients. A novel finding from this study, however, has
21 highlighted that having a disabled colleague who can expand a non-disabled instructor's
22 knowledge about disability could be a way to improve not only the knowledge of these
23 instructors but also the relations between non-disabled instructors and disabled clients. This
24 could be a way to address the perceived direct psycho-emotional disablism which comes
25 from non-disabled instructors. While this is a potential beneficial impact of a disabled gym

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1 instructor, this finding also brings into question the current methods used to train non-
2 disabled gym instructors about disability and the unequal focus disabled clients are given
3 with regards to training in the gym. Currently, instructors undertake a course which lasts two
4 days. Thereafter, those who attend are deemed to be qualified to train disabled people. This
5 training is not sufficient to enable non-disabled instructors to feel confident training disabled
6 clients and reinforces the social inequality of disability in the gym by committing only two
7 days of training to this population. As DePauw (2000) argued, by limiting information about
8 disabled individuals to special courses, such as the two day course undertaken by gym
9 instructors, the notion of segregation (of knowledge and of disabled people) is reinforced
10 implying that the responsibility for knowledge of disability and working with disabled
11 individuals belongs only to selected individuals. In the case of this research, disabled gym
12 instructors are expected to train all disabled clients as they are deemed to have more
13 knowledge due to their personal experience and non-disabled people are relieved of
14 responsibility. Although it is not possible for a non-disabled instructor to *understand*
15 disability, it is possible that they can acquire the knowledge needed to adapt exercise to meet
16 the needs of clients and have more confident interacting with these individuals. A future
17 recommendation of practice could be to adopt a more infusion based approach (see DePauw,
18 2000), where being taught how to train and adapt exercises for clients with an impairment is
19 taught alongside the standard training thereby giving this population equal focus. This would
20 however require a re-evaluation and redesign of training which takes time. In the short term
21 to improve the knowledge of non-disabled trainers, gyms could invite a disabled instructor to
22 deliver regular practical workshops where they can share their knowledge of disability.

23 This research also answers the recent call in the field of sport and exercise psychology
24 to move beyond concern with performance enhancement and to also focus on people who
25 may enact social missions in the exercise sphere (Smith et al., 2016). Previous research has

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1 highlighted elite disabled athletes can do the work of social justice by challenging disablism
2 in their sport and society (Smith et al., 2016), a similar claim can be made of disabled gym
3 instructors as they arguably did the work of social justice by challenging disablism in the
4 gym. For example, participants felt they provided resistance to both direct and indirect
5 psycho-emotional disablism through their ability to show managers how to craft an inclusive
6 exercise space, validating and relating to clients experiences of disability, being a positive
7 role model who others could look to and showing that exercising in the gym with an
8 impairment is acceptable. Moreover, through their presence in the gym, gym instructors did
9 the work of social missions by providing more narrative resources for disabled clients to draw
10 upon, make sense of their experiences and reframe their expectations and beliefs about gym
11 work. For example, disabled gym instructors challenged the notion that gym work is purely to
12 improve physique but can be to enhance health and well-ness and also provided a guide for
13 disabled clients to see that they too could exercise in the gym successfully.

14 For practicing exercise psychologists, this work has many important implications. For
15 example, exercise psychologists working with disabled clients may encounter difficulty
16 encouraging their client to try to exercise in the gym due to the ableism and disablism
17 associated with this space. The presence of disabled gym instructors, however, provides some
18 resistance to these oppressive practices and reframes gym work in a way which is
19 accommodating to those with different corporeal realities. Moreover, disabled gym
20 instructors can provide a narrative map and more affirming personal narrative to disabled
21 people entering the gym. As such these additional resources, which go beyond a personal
22 tragedy view of disability, can also be shared by exercise psychologists to illustrate to clients
23 that disabled individuals can successfully exercise in a gym. Furthermore, this research has
24 highlighted that those who enact social missions have the potential to reach under resourced
25 communities and encourage them to adopt health enhancing behaviours. As such, exercise

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1 psychologists who are seeking to design interventions to promote exercise to under resourced
2 communities, such as disabled people, should consider recruiting those who do social
3 missions. As Sage (1993) stated, if people become active in the construction of their social
4 worlds, they become active agents rather than merely the objects of sociohistorical processes;
5 they make their own history by transforming social structures rather than being dominated by
6 them. Thus, for exercise psychology researchers working with disabled people, they should
7 consider doing participatory action research where disabled people are actively involved in
8 intervention delivery and design.

9 This research also makes novel contributions to cultural sport psychology (CSP)
10 (McGannon & Smith, 2015). This research has provided evidence for a possible solution to
11 the challenges of the culturally embedded ableism and psycho-emotional disablism in the
12 gym which marginalizes disabled people; disabled gym instructors. Sport and exercise
13 psychologists should consider working with disabled gym instructors to create inclusive
14 exercise options for disabled people marginalized from mainstream physical activity. By
15 working with disabled gym instructors, sport and exercise psychologists can help co-produce
16 the gym as an inclusive and health promoting environment. One way to do this is by
17 amplifying the stories told by disabled gym instructors to raise their profile and further
18 challenge ableism. Amplifying stories can expand people's narrative resources through
19 sharing and offering different stories. By bringing in more stories, people's narrative
20 resources can be expanded allowing people to choose from and live by a narrative which
21 makes sense to them and their identity (Smith et al., 2016). Practitioners should consider
22 working with disabled instructors to target this hard to reach population by amplifying stories
23 of disabled people exercising in the gym for enhanced health. This can be achieved through
24 holding workshops in gyms, rehabilitation centres, hospitals and in other organizations whose
25 purpose is to improve the health and well-being of disabled people through exercise.

1 **Future Directions**

2 This research provides new knowledge and important insights into how disabled
3 instructors can impact the gym and promote inclusivity of disability. There is, however, a
4 need for further research to fully investigate how these individuals can promote the gym as a
5 more inclusive space and address the limitations of this study. The conclusions made in this
6 study were constructed with disabled gym instructors and therefore focus only on one side of
7 the relationship. To address this, investigating the experiences of disabled *clients* and their
8 interactions with disabled gym instructors would provide deeper insight into the impact
9 disabled gym instructors have on the population they are trying to target. Also, the perception
10 of a disabled gym instructor from the perspective of gym managers and those who dictate
11 who is employed in the gym is still unknown. Further research should consider investigating
12 how higher levels of gym management see disability and if the impact of disabled gym
13 instructors is acknowledged by these influential individuals. Although further research is
14 needed, it can be concluded that disabled gym instructors have the potential to make the gym
15 a more inclusive space to exercise for disabled people.

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1 Table 1: Participant Demographics

Name	Gender	Age	Nationality	Impairment Details	Gym Type
Aadi	Male	33	Indian	Polio	Leisure Center
Allan	Male	49	British	SCI	Rehabilitation
Brenda	Female	54	British	Fibromyalgia	Private
Jack	Male	28	Pilipino- British	Acquired visual impairment, limb impairment and muscle loss	Public
Jerzy	Male	30	British	Cerebral palsy	Public
Julie	Female	60	Trinidadian	SCI	Public
Polly	Female	26	British	Brittle bone syndrome	Leisure Center
Rosie	Female	50	British	SCI	Community Center
Susan	Female	34	British	SCI	Community Center
Terry	Male	35	British	Acquired visual impairment	Leisure Center

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