

ROLLING WHILE FEMALE:  
THE EXPERIENCES OF TOKEN WOMEN WHO PLAY WHEELCHAIR RUGBY

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A Thesis

Presented to

The Faculty of the Department

of Sociology

University of Houston

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In Partial Fulfillment

Of the Requirements for the Degree of

Master of Arts

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Hannah Richard

December 2018

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## **ABSTRACT**

People with disabilities represent the largest minority group in the world, yet they remain underrepresented in the sporting arena. Many social, structural, and physical barriers still exist that keep women with disabilities from leading full, healthy lives. Wheelchair rugby is a co-ed adaptive sport predominantly played by men. It is known for its hypermasculine culture. My research is the first to study women who play wheelchair rugby. Specifically, I examine how wheelchair rugby shapes women's self-concept in a majority able-bodied world. I also examine how these women navigate and negotiate the ultra aggressive and masculine environment of wheelchair rugby. In-depth qualitative interviews with 19 female wheelchair rugby players, informal interviews with members of the wheelchair rugby community, and observations at wheelchair rugby events reveal that women who play wheelchair rugby use a variety of strategies to navigate a boys' club. These include: acceptance of the status quo, enjoyment of their token status, participation in the majority culture, behavior policing, and resistance of the culture. My data also reveal that despite struggles with their appearance and presentation of self, women's participation in wheelchair rugby results in increased self-confidence and feelings of normalcy. I examine the implication of these findings for creating a more inclusive and welcoming environment for women with disabilities, and make specific recommendations about how to grow and diversify the sport.

Keywords: disability; gender; women; sports

Physical activity has been shown to be one of the best ways to lead a healthy lifestyle (Penedo and Dawn 2005; Stocchi, De Feo, and Hood 2007). However, many scholars agree that people with certain physical disabilities may be unable to perform health maintenance activities and have lower life expectancies due to their bodies' physical limitations (Wright 1988). Attitudes and beliefs such as these are not new; able-bodied people have a history of making cultural and social assumptions regarding people with disabilities (Connally 1994; Katz, Hass, and Bailey 1988). Because people tend to view disability as a personal weakness and gross subversion from the normal body, they have isolated and excluded people with disabilities from full social participation, making them appear to be an invisible group (Australian Department of Social Services 2012). Yet the frequency of disability—physical, intellectual or developmental—within the United States is anything but invisible. According to the 2010 census, almost 19 percent of Americans, or roughly 57 million people, claimed they had a disability, and of those 57 million, over 38 million had a severe disability, meaning they used either a wheelchair, a walker, crutches or a cane (Brault 2012). In short, people with disabilities are the largest minority group in the world, totaling one-tenth of the population (United Nations 2006).

Although people with disabilities represent the largest minority group in the world, they cannot be treated as a monolith, or a one size fits all group. While each person with physical disabilities may require specialized and personalized attention due to the uniqueness of their condition, they have one thing in common: the desire to live full, active, and healthy lives. With the inception of the Disability Rights Movement and the *Americans with Disabilities Act of 1990 (ADA)*, more fair, balanced, and equal opportunities have systematically sprung up in the realm of employment, transportation, and government benefits. In particular, the Disability Rights Movement brought disability issues to the forefront of the political agenda, forcing legislators

and policymakers to view people with disabilities as a willful, strong, and independent group of people who would not be silenced by stereotypes. These major strides have created a healthier social landscape full of life possibilities unthinkable to many people with physical disabilities just a few decades ago. Still lacking, however, is the accessibility and availability of adaptive wellness activities and programs for people with disabilities.

Adaptive athletics are one example of adaptive wellness programs. These are sports that have been altered or modified to allow players with physical disabilities to participate. Adaptive sports have not been around for very long.<sup>1</sup> The first Paralympic games, then referred to as the Stoke-Mandeville Games for the Paralyzed, were held in July 1948 with only 16 total competitors. The idea stemmed from Dr. Ludwig Guttmann, a physician whose patients were primarily spinal cord injuries, and whom experimented with body movement as a way to improve his patients' conditions. Over the next three decades, the games would go on to include over 23 countries and hundreds of athletes. Today the United States boasts one of the best Paralympic teams in the world, and has dominated at multiple international competitions (International Wheelchair Rugby Foundation 2015). While advances in sport for the disabled were progressing around the world, a brand new, full contact sport was in its infancy stages in America's backyard.

In 1977 in Winnipeg, Canada, a group of athletes with quadriplegia— a condition where paralysis affects function in both the arms and the legs (Spinal Cord Injury Information Pages 2015)—began to create a sport more suitable for their physical needs, and thus wheelchair rugby was born. Current adaptive sports such as track and field cater to the capabilities of paraplegics—a similar condition where paralysis affects only the lower body (Spinal Cord Injury

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<sup>1</sup> The history of adaptive sports is well documented as found at <http://www.pbs.org/wgbh/medal-quest/past-games/>.

Information Pages 2015)—so those with limitations in all four limbs were unable to compete. It was not until 1981 that the first wheelchair rugby team formed in the United States, and not until 1994 that it gained recognition from the International Paralympic Committee as a Paralympic sport (International Wheelchair Rugby Federation 2015). The co-ed sport requires that players have injuries that affect both the arms and legs. Most participants have spinal cord injuries that cause full or partial paralysis of all four limbs. The sport combines strategies and rules from hockey, soccer, and able-bodied rugby, with the goal of scoring points against the opposing team by passing a volleyball amongst players to the other end of a basketball court while pushing in a manual wheelchair (International Wheelchair Rugby Federation 2015).

Wheelchair rugby claims to be inclusive of all people with injuries and disabling conditions that qualify to play the sport, including women. However, the majority of quad rugby players are male.<sup>2</sup> Many scholars (Blinde and McCallister 1999; Henderson and Bedini 1995; Kolkka and Williams 1997) have already examined the barriers to participation of female athletes with disabilities, while very few (Ashton-Shaeffer et al.2001; Hardin 2007; Richard and Joncheray 2015) have explored the processes that occur once women enter these sporting contexts. Little is known about the effects these majority-male environments have on the identity, self-image, and confidence levels of the women who transgress the boundaries of gender and ability. Historically, sports have been identified as male institutions that construct and reconstruct hegemonic masculinity (Bryson 1987). These male-dominated activities subjugate women, provide negative evaluations of women's athletic potential and diminish the capabilities of women to become involved in sports, especially sports gendered hypermasculine.

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<sup>2</sup> While no official data exists on the demographic makeup of wheelchair rugby players, a cursory look at the United States Quad Rugby website showed that only about 5 percent of all rostered players are females.

Because of the social barriers and challenges women encounter, those who successfully become involved in hypermasculine sports are considered transgressors of their gender. While researchers have examined the hegemonic masculine culture of wheelchair rugby (Lindemann and Cherney 2008), little is known about the role and perspectives of female players.

Because of the lack of female representation in the sport, my research examines how participation in wheelchair rugby shape women's self-concept, as well as how they negotiate the culture of hypermasculinity prevalent in the sport. I address these questions qualitatively through in-depth interviews and participant observation in order to examine the experiences and perceptions of women who are involved in the sport. My research is the first to examine women who play wheelchair rugby, and expands upon the literature on tokenism to include a wider range of cases and physical abilities. Tokenism refers to minority members within a group where ascribed characteristics (such as gender) carry with them a set of beliefs about how the token is expected to behave, and comes to be the representative of their ascribed characteristic (Kanter 1977). This research focuses on the experiences of women who are not only a visible minority in society, but also a visible minority within a sport they choose to play. Research in this area expands on knowledge of women in disability sports in general, but also the experiences of female tokens that participate in male-dominated sports. This research illuminates some of the barriers and challenges women with disabilities face when participating in co-ed disability sports.

## CONCEPTUAL FRAMEWORK

While there is some sociological and medical research on people with disabilities who play adaptive sports, few studies examine the experiences of female tokens with disabilities in

hypermasculine sporting environments. To begin, I provide a general overview of theories that inform my research, specifically the social construction of disability, stigmatization, the construction of gender in sport, tokenism theory, and identity management and formation theories. Following, I discuss the role conflict associated with the intersection of gender, sport and disability along with existing empirical cases that provide a context in which to understand my research goals. These steps are taken to determine where major gaps and areas of opportunity lie within the existing literature.

### *The Social Construction of Disability*

*Two models of disability.* While lay people may believe only one perspective exists when viewing disability, scholars of disability studies have pointed out two major models exist: (1) the medical model and (2) the social model. The public predominantly understands disability through the medical model, which views disability as an individualistic failing, a bodily defect that deviates from the “normal” body and is constantly in need of repair and rehabilitation (Hargreaves 2000). This model locates the issue within the individual body, “reduc[ing] disabled people to a particular medical, physical or intellectual ‘condition’” (Hargreaves 2000:177). The medicalization of the disabled body allows it to be controlled by professionals, i.e., doctors, nurses, and physical and occupational therapists. Because of the status and power given to medical professionals, they are able to guide the life trajectories of people with disabilities into narrow, dependent, and sedentary boxes.

On the other hand, the social model of disability shifts the need for correction off the individual and onto society as a whole. This model views society as producing social, environmental, and attitudinal barriers that are disabling to people with disabilities (Hargreaves 2000). The focus is no longer on singular physical impairments or ailments, but on the



hegemonic oppression of the disability community by able-bodied society's ideals and beliefs regarding their social possibilities. Many, including Smeltzer (2007), have argued that this model ignores and dismisses injury and disease from the picture while others like Marks (1999) take aim at the lack of individual accounts, saying it creates a decontextualized perspective.

Throughout my study, I have tried to approach women who play wheelchair rugby through a social, rather than medical lens. This approach not only treats women with physical disabilities as "normal," but it allowed me to be better equipped to relate to my participants. By viewing their disabilities as a social construct, I attempted to question and challenge the stereotypical medical model that puts these women at a disadvantage, thus decreasing, to some extent, the power dynamics at play between myself and my participants.

*Disability as deviance.* Historically, people with disabilities have been treated as a lower, subordinate class compared to able-bodied people (Mackelprang and Salsgiver 1996). Treatment of people with disabilities as a deviation from the norm is another effect of the medical model. According to Goffman (1963), this stigmatization occurs when there is a discrepancy between an actual social identity and a virtual social identity (how people in a specific context are expected to perform). Additionally, Goffman (1963) explains that the visibility of particular stigmas determine the intensity of their consequences. The obtrusiveness or interference with the flow of interaction and the perceived focus or preconceptions of the visible marker help to determine what penalties the stigmatized will face (Goffman 1963:49). Traditionally, people with disabilities, specifically those disabilities that are highly visible and physical, have come to be associated with deviance, illness, frailty, lack of intelligence and incomplete or broken bodies requiring fixing. Bedini and Anderson (2005) and Susman (1994) point out that people with disabilities may face more stringent stigmatization in the presence of able-bodied individuals

who “often feel uncomfortable and uncertain when interacting with people who are disabled and correspondingly, they tend to cut short or avoid encounters with disabled people” (Susman 1994:17).

Biased opinions about people with disabilities can lead to devastating consequences such as the formation of stereotypes and eventually to stigmatization (Alexander 1992). Members of the group experiencing stigmatization are likely to feel many harmful consequences such as reduced aspirations, energy, productivity and a reduced sense of well being (Alexander 1992). In response to the stereotypes and discrimination harshly imposed upon people with disabilities, the *Americans with Disabilities Act (ADA) of 1990* was enacted to provide legal protections to a numerically large but visibly underrepresented group. The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation (U.S. Department of Justice 1990). While the ADA made great strides for the Disability Rights Movement, many barriers to access, resources and opportunities still exist for people with disabilities. For example, in 2017 people with disabilities had an unemployment rate of 9.2 percent, more than twice that of people without a disability at 4.2 percent. Women had slightly higher rates of unemployment compared to men, 9.5 percent to 9.0 percent respectively (US Bureau of Labor Statistics 2018). Additionally, people with a disability in the United States disproportionately live below the poverty line. In 2013, 31.9 percent of men and women with a disability between the ages of 18 and 64 earned an income below the poverty line while only 11.7 percent of individuals without a disability experienced the same financial hardship (VonSchrader and Lee 2017). Sports and physical activity are one of the many areas still needing

attention to break down barriers and reduce the inequalities in people with disabilities' everyday lives.

### *The Social Construction of Gender through Sport*

Sports, whether organized, professional, or recreational, have always served to promote traditional gender roles (Bryson 1987; Eitzen 2009) and promote and sustain male hegemony. Sport is a main component of socialization in the upbringing of males, and through sport men are taught that physicality, aggression, risk taking, and dominance are expectations of them. Sport also provides men with a “positively sanctioned use of aggression/force/violence” (Byron 1987:350) that trickles into other realms of their lives such as sexuality and careers that lead to the maintenance of male hegemony over females. On the other hand, women are socialized to evoke “Victorian ideals of femininity—submissiveness, grace, beauty and passivity” (Allison 1991) that are at odds with the violent, hostile, and merciless competition built into full-contact sports. In addition, women must contend with biologism, “an ideology which explains social and cultural differences between males and females according to scientific criteria” (Hargreaves 1994:146) and provides a basis for social inequality and the marginalized status of people who are not biologically superior (able-bodied males). This view normalizes and naturalizes male physical aggression and dominance as biologically driven, thus supporting male supremacy in sports and marginalizing women by creating unchangeable deficiencies in their genetic makeup (Lenskyj 1994). The barriers for women to enter sport environments, especially full-contact, male-dominated sports, exist because the structure and organization of our society presumes a division of labor where women do not participate in such activities (West and Zimmerman 1987).

Society views “the disabled body as weak, passive, and dependent” which “further distance[s] it from the sport and physical fitness activity domain, where physicality is central” (Blinde and McCallister 1999:303). Just as women are seen to be in conflict with the role of athlete, people with disabilities challenge the stereotypical view of themselves by participating in healthy, active, and even competitive sports. Both men and women with disabilities encounter barriers to involvement in sports and once involved are questioned regarding their legitimacy as an athlete. Nonetheless, men with disabilities are relatively more advantaged in sport environments and have the possibility of escaping some of their stigmatization by embracing the male gender role and American cultural values of achievement and activity through sports. Women with disabilities, like able-bodied women, are often not encouraged or taught to challenge themselves physically like their male counterparts (Henderson and Bedini 1995).

### *Wheelchair Rugby as Hypermasculine Sport*

Wheelchair rugby, quad rugby, or Murderball (all fairly acceptable and interchangeable names) is a full contact adaptive sport originally created by quadriplegics frustrated with their inability to play competitively in wheelchair basketball (Byon, Cottingham, and Carroll 2010), a sport designed for paraplegics with greater upper body strength. The sport reaches the epitome of heterosexual masculinity through its physical rigor, aggressive image, over-the-top competition as performance, and lack of female representation. Many players view “themselves and the game as “more athletic” than other wheelchair sport participants and contests” (Lindemann and Cherney 2008:108). As explored in the 2005 Academy award-nominated documentary *Murderball*, the sport prides itself on socially sanctioned violence through players’ strategic crash-and-bash choreography on court. Unlike other wheelchair athletes who find superiority and

satisfaction in presenting themselves and their equipment in pristine, clean conditions, players of Murderball fashion chairs that are “battle-scarred, dented, scratched and scraped” (Rimmer 2012:23). Similarly, players find honor and pleasure in discovering and examining their newly acquired injuries (usually bruises, cuts, and blisters) from the day’s gameplay. Rough play and bodily sacrifice are two parts of the masculine image athletes with disabilities attempt to portray to their able-bodied counterparts to combat the stereotypical view of disability as limiting, weak, and frail. Wheelchair rugby enables players to display physically competent bodies to audiences who may hold certain expectations about what it means to be disabled in sporting contexts (Lindemann 2008). While these physical spectacles sound no worse than those performed in football, ice hockey, or wrestling, wheelchair rugby intersects ability and sport, compounding the necessity to “prove” oneself on the court as an able-disabled athlete.

### *Tokenism in Gendered Contexts*

Sport has become a highly gendered performance, and more women are becoming involved in masculine activities due to the breakdown of traditional gender norms (Paloian 2016). However, there are still relatively few women breaking down barriers in hypermasculine contexts. When fewer women get involved in these activities and dare to transgress the boundaries of appropriate femininity, they become tokens. Tokenism, a term coined by Rosabeth Moss Kanter (1977), can help explain minority members of groups and the resulting interactions caused by their minority status. Token individuals are identified through ascribed characteristics such as race, gender, or ability that “carry with them a set of assumptions about culture, status, and behavior. . .” (Kanter 1977:968). Because of a token’s lone position in a group, they become the symbol or group representative of their ascribed characteristic. These characteristics become

highly salient in how the majority group views the token especially if the situation is different from how the majority members of the group normally interact with the token. For example, men may rarely think twice about interacting with women at a bar (a common place for sexes to co-mingle), but when dealing with women who play a hypermasculine sport like wheelchair rugby, the token's category creates confusion. Their master status as a female encapsulates tangential traits, such as weakness, dependence, fear of physicality, and fragility, which may not be accurate in the current group environment, but will be how the majority envisions them. Due to rarity of their category, women playing wheelchair rugby may never be viewed as another member of the team; "they will always be a hyphenated member" (Kanter 1977) as in a female-rugby player.

Kanter (1977) suggests that tokens provide a marker of polar opposites to the dominant group, thus strengthening the common bonds between the dominant group and also threatening their solidarity with the entrance of an outsider. The experiences of token women overwhelmingly seem negative, stress inducing, and alienating (Dworkin, Chafetz, and Dworkin 1986; Yoder 1994). However, tokens may enjoy benefits due to their master status. Williams (1992) found that men who worked in stereotypical feminine professions, such as nursing and social work, received preferential treatment in their pay rates and career trajectories. Similarly, as I'll soon discuss, women in wheelchair rugby experience a wide array of advantages and disadvantages against their male team members.

In her qualitative study of women sales people, Kanter found that women tokens experience "instances of sexual innuendo, aggressive sexual teasing, and prowess-oriented "war stories" (1977:976). Additionally, she found that her participants were often put through "loyalty tests" which allowed the token more status within the dominant group and to be included in more

of the dominant group's activities. These tests occur in two possible scenarios: (1) participating in prejudicial acts toward their own minority group, or (2) allowing their status to provide the majority group with a source of humor. Token women who play wheelchair rugby use a variety of strategies to navigate their environment and handle loyalty tests, all of which will be discussed in detail later. The extent to which women are treated as tokens in wheelchair rugby, and the extent to which they are able to successfully navigate this hypermasculine environment, can have fundamental repercussions on their identities as a woman, a woman with disabilities, or a female athlete with disabilities. In order to make sense of how wheelchair rugby alters women's self-concept, it is important to understand identity formation and construction.

### *Identity Formation*

Identity can be defined as “meanings one attributes to oneself in a role” (Burke and Reitzes 1981) or “internalized role expectations attached to positions in organized sets of social relationships” (Stryker 2007). As individuals take on and participate in multiple roles, there is potentially the same number of identities possible (Stryker 2007). The self is a constantly evolving, continuously reconfigured constellation of multiple identities (Watson 2002) partly determined by the different structured social relationships one participates in (Brenner, Serpe, and Stryker 2014). While some theorists may take a deterministic approach to identity, Anderson (2009), Green (1998), and Watson (2002) believe agency plays a formidable role in how people mold their self-definitions and self-concepts. Research on people with disabilities often explores identity but “disability frequently supersedes everything else about the person (e.g., gender, age, race)” (Bedini and Anderson 2005:117). An intersectional analysis on the convergence of disabled and gendered identities is lost. Stryker suggests that identities are not only multiple, but

also hierarchical in their organization. Each identity “var[ies] in their salience and centrality” based upon “the relative locations of the identities in the identity hierarchies” (Stryker 2007:1092).

Personal identity for women with disabilities can be a very contested terrain that leads these women to question whether they fit into the distinctions of normalcy. As shown through the medical model of disability, women with physical limitations are treated as fragile, needing to be controlled by corrective technologies, and are not told to focus on their physique or musculature. Without question, this form of socialization steers these women away from viewing themselves as capable of performing athletically or identifying as an athlete. In a process similar to what Cooley (1902) calls the looking-glass self, Anderson (2009) states that “people with disabilities are often socialized into (or away from) sport through interaction with people without disabilities, thereby being exposed to stereotypes and labels that the able-bodied may hold about how people with disabilities should behave” (p. 432). A study by Ashton-Shaeffer, Gibson, Holt and Willming (2001) on female Paralympic wheelchair basketball athletes found that women used sport to resist societal stereotypes regarding disability and femininity, while simultaneously providing an outlet for empowerment.

Women who participate in wheelchair rugby, no matter how committed they are to the sport, are social transgressors of the traditional notions of gender and ability. When the traditional notions of gender and ability clash with the role a female athlete with disabilities is performing, it is very likely role conflict will occur. Role conflict occurs when an individual holds two or more simultaneous positions that’s norms or expectations are considered incongruent and are uneasily remedied because of the role’s importance (Stryker and Macke 1978). However, Reitzes and Mutran (1994) found that positive self-esteem is tied to a person’s



level of commitment to and sense of belonging to a role. This implies that although female wheelchair rugby players challenge societal perceptions of athletes and persons with disabilities, their inclusion and sense of belonging to the sport may mitigate role conflict.

### *Role Conflict as Athletes with Disabilities*

Women playing sports, especially masculine and male-dominated sports, have often been a point of contention and a target for criticism. With the induction of *Title IX* in 1972, women have seen a push for equality in high school and college level sports. However, with this legal protection comes pushback from those who feel women are stepping into a man's world—a competitive, athletic, and aggressive sphere where the femininity and passivity taught to women do not fit in. As Messner explains, women are making strides into “ideologically contested terrain” (1988:203), meaning they are entering areas dictated and controlled for centuries by men who now feel threatened by the idea of women gaining power, or at the very least equality, over their physical hegemony.

Women may feel role conflict when they participate in traditionally masculine environments, such as sports, as they feel they must contend with the socially ascribed roles of femininity (Fallon and Jome 2007; Miller and Penz 1991). Multiple studies (Ezzell 2009; Laurendeau and Sharara 2008; Miller and Penz 1991) investigate the experiences and navigation techniques of women in traditionally masculine sports to determine how women negotiate their gender role in these conflicting positions. In both Ezzell's (2009) and Laurendeau and Sharara's (2008) research, women experienced subtle sexism from the dominant male group while also trying to blend in and engage in the respective sport's normative behavior. Most of these studies examine single person sports, such as skateboarding, skydiving, and bodybuilding, while few

tackle team sports such as rugby or softball, where the interaction between teammates and gendered effects may directly change the outcome.

Scholars have also conducted studies (Ashton-Shaeffer et al. 2001; Cottingham et al. 2018; Hardin 2007; Richard and Joncheray 2015) on women in wheelchair sports. Similar to my research, these have looked at how gender, sport, and disability interact overall. For example, Hardin (2007) interviewed elite-level female wheelchair basketball players about how their gender and disability affect their status as competitive athletes and how they negotiate the role conflict associated with feminine body standards—a major interest of my research. Likewise, Richard and Joncheray (2015) examine gender construction through powerchair football (otherwise known as powerchair soccer depending on which country an athlete lives in) by conducting in-depth interviews with both elite male and female players of two French co-ed clubs. Both studies found that the female players had to consciously negotiate their presentation of self in accordance with the norms of each respective sport. In powerchair soccer, women utilized a strength-in-numbers grouping strategy by joining the same team, while the women who played wheelchair basketball tried to project feminine, heterosexual and toned, but not “mannish” (Hardin 2007:48) physiques to fit into the sport. Cottingham et al. (2018) also interviewed powerchair soccer players and found that they find comfort in, and bond over, their shared disability status. Female players reported very few gendered differences and overall felt that disability overrode gender as a determinant to their experiences in the sport.

### *Limitations of the Current Literature*

Although wheelchair rugby clearly contrasts from the male-dominated activities mentioned, these cases provide a conceptual basis for the types of questions I asked my

participants, and highlight themes to keep in mind. While the extant literature gives a strong theoretical and empirical foundation to my research, there are still areas needing attention. My research begins to expand the knowledge on the intersections of gender identity, disability, and sport participation, but also fills in gaps that previous work has yet to assess. Previous studies by Lindemann and Cherney (2008) exposed the hypermasculine culture built into wheelchair rugby, but fail to account for the presence of females in the sport. Additionally, past studies, with the exception of Cottingham et al. (2018), generally focus on solo sports or single-sex teams playing conventionally masculine sports, without dissecting the gendered context of co-ed teams. The identity construction and gender negotiation processes apparent in co-ed team sports adds more layers involved which adds depth to the current body of knowledge. Furthermore, tokenism theory has a very limited range of application on disability sports thus far. The most common literature found on tokenism addresses gender minorities in the workplace or in able-bodied sports. While these studies provide strong insight into the environments and processes I observed, they fail to account for one major variable: disability. The intersection of sport and the doubly marginalized status of females with disabilities must be intertwined to form a complete understanding of token women playing wheelchair rugby.

## METHODS

### *Methodological Fit*

In order to answer the two major research questions, how does participation in wheelchair rugby shape females' self-concept and how do females who play wheelchair rugby negotiate the culture of hypermasculinity prevalent in the sport, my research examined the experiences and perceptions of women who play wheelchair rugby. While the sport claims to be inclusive of all

genders, 95 percent of the participants are male. (See footnote 2.) Qualitative methods, specifically in-depth interviews and participant observation, allowed for a more nuanced and thorough investigation into this almost invisible, niche population. Because no research has ever examined women who play wheelchair rugby, in-depth interviews provide an excellent tool to let this population's voice be heard. I used participant observation to give a broader, more complete picture of the participant's lives in light of my lack of knowledge of the disability sports community and inexperience with disability in general. Interviews capture the often complex and complicated processes that help form these women's identities and guide their actions in this hypermasculine context.

### *In-Depth Interviews*

*Sampling and inclusion.* My population consists of women 18 years of age or older who played wheelchair rugby in either Canada or the United States, and have played in at least one tournament at any point in their lifetime. These women could have been on a rostered team or a casual, recreational player, and did not need to be currently active in the sport. Women were required to have participated in at least one tournament as a way to demonstrate their interest and dedication to the sport. I opened the sample to women in Canada to expand the sample size, but also to provide an opportunity for comparison across cases based on geography and national support for adaptive sports. Wheelchair rugby was established in Canada in the late 1970s, and due to this has stronger national recognition and support than in the United States. From this population, I identified a sampling frame. This sampling frame consisted of the only 28 women who were listed on the rosters of the United States Quad Rugby Association's official team pages (as of the beginning of the 2015-2016 wheelchair rugby season). Notably, this sampling

frame excluded an unknown number of women who once participated in a tournament, but are no longer active (no such data exist that accounts for previous players).

My sample size was contingent on accessibility to participants and my ability to gain entrée into a relatively small, close-knit community that I had no previous experience taking part in. I conducted interviews until new participants could not be located and new themes and categories were no longer emerging because I sought categorical and theoretical saturation. Because these players were not located in one convenient area, I used purposive and snowball sampling to ultimately conduct 19 in-depth interviews. From my extensive observation and participation in the wheelchair rugby community, I am confident my sample of 19 women adequately represents the population of adult women wheelchair rugby players who have participated in at least one tournament. In general, wheelchair rugby players are white and range in age from early twenties to mid-fifty.

*Recruitment.* I recruited participants using a recruitment advertisement (see Appendix A) circulated using my and a member of my thesis committee's contacts within the wheelchair rugby community, including both players and coaches. The advertisement specifies the inclusion criteria for the study, how interviews would occur and the compensation offered for participation. The ad was also distributed to contacts at the United States Quad Rugby Association, the Canadian Wheelchair Sports Association, the International Wheelchair Rugby Federation, and team representatives of regional and local wheelchair rugby teams. These websites are the heartbeat of the wheelchair rugby community and are the spots players turn to keep connected to and stay up-to-date with their league. With permission of those in charge of the Facebook pages of these associations, I also posted the recruitment advertisement on those social pages. I then screened interested participants who saw the ad and expressed interest in

participating by using a screening script (see Appendix B) either over the phone or via email communication. Finally, once I identified participants and they had successfully completed an interview, I asked them for recommendations on other women who qualified for the study.

*Data collection.* The time to complete data gathering took approximately 5 months in order to reach theoretical saturation (N=19). I used telecommunication applications such as FaceTime or Skype to conduct the in-depth interviews when the participant could not meet in person in the Houston, Texas area. Interviews ranged in length from 45 minutes to just under two hours depending on how comfortable the participant felt speaking to me about her experiences with the sport. Before each interview began, participants were required to sign a consent form (see Appendix C) stating all information they provided would remain confidential. I use pseudonyms going forward without any mention of a participant to help maintain their confidentiality.

I used a semi-structured interview guide (see Appendix D) based on systematically predetermined questions that allowed for quick restructuring and probing when new topics presented themselves. Questions focused on the participant's motivations to participate in wheelchair rugby, her experiences adapting to the physicality of the sport, her interactions with other players, the effect the sport had on her identity, and her experiences as a woman in a male dominated sport. For example, I asked questions such as "Can you tell me about a time when you felt like a women playing a male dominated sport?" or, "Would you say there is a culture of masculinity built into the sport?" The entire interview guide can be found in Appendix D. Additionally, I collected demographic data at the end of each interview by reading a brief set of structured closed-ended survey questions (see Appendix E) to the participants and took note of their responses. These questions looked at the participants' age, race, weight, height, sexuality

and income. I digitally recorded the interviews, as this was a requirement of participation, to help with the process of transcription. This also made following up with participants much easier. In person interviews were conducted in quiet, private spaces such as my office or a mutually agreed upon location such as a café to ensure the participants' trust and comfort level.

*Compensation.* All women who completed an interview received compensation in the form of a \$25 Walmart, Amazon or Starbucks gift card of their choice. Many of these women were likely to have limited financial resources based on their lack of employment status, or the relatively small amount of monthly funding they receive from the government. Because of this, a \$25 gift card seemed adequate to interest participants without placing an unjustifiable burden on them to participate. Funding for compensation was graciously provided through a small grant by one of my thesis committee members.

*Participant demographics.* The 19 women I interviewed were a very homogenous group whose demographics mirror research on people with disabilities' level of education, income, and employment status. Specifically, the participants ranged in age from 22 years to 62 years. They were both novices and experts as their time playing wheelchair rugby ranged between six months and 14 years, with an average of four and a half years. Their types of disability varied, but the majority (58 percent) had a spinal cord injury (SCI). The other eight women had congenital and non-congenital muscle and joint disorders or nervous system illnesses. The group, inline with my participant observations, was overwhelmingly white (84 percent), with only three women from racial and ethnic minorities. Similarly, only three women (16 percent) claimed a sexual orientation other than heterosexual. But for a few outliers, the women were well educated: 10 percent held doctoral degrees, 21 percent held master's degrees, 37 percent held bachelors degrees, and 15 percent attended some college. Only 15 percent of the women completed a high

school diploma or lower. Seven women (37 percent) were unemployed, a rate almost four times the national average for women with disabilities (9.5 percent) in 2017. As could be expected for an underemployed group, the women's personal incomes were low: 26 percent earned less than \$10,000 per year, 15 percent earned \$10-19,000, 10 percent earned \$20-29,000, 15 percent earned \$30-39,000, 5 percent earned \$40-49,000, 10 percent earned \$50-59,000, 10 percent earned \$60-69,000, and one participant earned over \$100,000 per year. Approximately 10 women (51 percent) earned incomes lower than the official poverty line of \$24,036 for 2015 (Renwick and Fox 2016), the year when the majority of the interviews were conducted. For a complete list of participants and their specific demographics, refer to Table 1.

### *Participant Observation*

Additionally, I sought to gain insight into my research questions through participant observation with men and women at least 18 years of age, who had a connection with the wheelchair rugby community in North America. Connections included but were not limited to being a player, coach, classifier, referee, sport administrator, family member of a player, friend of a player, and recreational, physical or occupational therapist. Expanding the research design to include this allowed for a more thorough, well-rounded, and in-depth understanding of an extremely small population that I was not very familiar with. My time spent in the field was not always about data collection but instead about providing insight into the niche community and culture. This ground work increases the validity of my findings because I attempted to gain as much accurate, insider knowledge about wheelchair rugby as possible.

Public locations, such as community gyms or multipurpose athletic centers, where teams practiced and tournaments were being held were utilized for participant observation and informal interviewing. This portion of my research involved casually and very informally dialoguing with



people in the wheelchair rugby community to gain a more well rounded perspective of the sport. I expected these informal interviews to partially supplement for my lack of knowledge of wheelchair rugby as a sport, but to also provide implications for friends, family members, sport officials and spectators. Interviews were off-the-cuff and unstructured with no specific interview guide. However, I had generic, stock questions prepared to ease participants into speaking with me (see Appendix F). For example, I often asked, “What/who is your connection to wheelchair rugby?” or “What is your favorite aspect of the sport?” Before speaking with participants, informed consent was verbally acquired by reading the prospective participant a script (see Appendix G) outlining the nature of the informal interview, and ascertaining whether they fit all of the inclusion criteria. I asked those who fit the criteria and agreed to be interviewed an unknown number of questions, for an unknown amount of time and they did not receive any form of compensation. The length of each informal interview depended on the specific individual’s level of involvement with wheelchair rugby and their willingness to speak with me, but ranged from just a minute to 20 minutes. To maintain as much privacy as possible, I conducted the interviews in less crowded areas of the public gym or recreation center, such as locker rooms or administrative offices. These informal interviews were not audio recorded and participants’ identities are confidential. Systematic notes were taken in a field journal after many of the interviews to ensure consistency across observation sites.

### *Ethical Considerations*

The safe, ethical treatment of my participants was a top priority. Echoing the major pillars of the Belmont Report (1979), I took into account multiple ethical considerations to minimize harm done to my participants. Although each participant was required to be of adult age, the women with whom I conducted in-depth interviews had diminished social capital

associated with their physical disability. These women were capable of deliberation and making autonomous decisions, but might have felt compelled to participate in light of an able-bodied researcher showing interest in their experiences. I ensured the women completely comprehended the interview process, and the risks and benefits involved so that they could make an informed decision without feeling pressured to participate.

Two issues were at risk of arising when dealing with potential harms: (1) some material in the interview guide was very sensitive and could cause emotional distress; and (2) because the population of female wheelchair rugby players is so finite, confidentiality is crucial. I tackled the first issue by prefacing interviews with a statement that made participants aware of their control over the interview; they could pause or exit at any time if they felt uncomfortable or skip any question for any reason. Additionally, if I noticed a participant becoming very emotional or uneasy, I paused the interview to ensure her well-being. This was almost never an issue, as it seemed the women had all shared their stories of disability with strangers many times over. To combat the second issue, all in-depth interview participants signed a consent form, and I used pseudonyms in lieu of their names. The findings below are weary of certain direct identifiers (such as type of disability, sexual orientation, and ethnicity) that may out a women to the rugby community. Because the wheelchair rugby community is relatively small and close-knit, the participants could be easily deciphered, so I have withheld certain identifiers when they could reveal a participants' identity.

### *Validity*

As I was an able-bodied person entering a foreign world occupied by primarily disabled athletes, it was important that I attempted to verify the accuracy and truthfulness of the accounts shared with me. While I realize the challenge of affirming objective “truths” within the

environment studied, there are practices and procedures I used to help combat validity threats. Two major validity threats included participant trust and researcher bias caused by unequal power dynamics.

As both an academic researcher and an able-bodied individual, my higher social position compared to that of my participants posed hazardous to the gaining entrée into the disability community and acquiring “true” social understandings of their world. In order to gain participant trust, and not appear as an able-bodied researcher looking to exploit the physical and social disadvantages of the disabled population, I joined and participated in the wheelchair rugby community.<sup>3</sup> I gained credibility and trust as an able-bodied researcher by attending wheelchair rugby summer camp, playing in summer league games open to individuals of all physical abilities, and volunteering at practices with the local rugby team. This allowed me to gain insider knowledge and understanding of the sport and the associated community. This gave me a well rounded perspective of the social world that surrounded disability and adaptive sports. This allowed for a better grasp of my participants’ social location and how to interpret their experiences and perceptions. Additionally, I clearly stated my motives and interests with the disabled community so that my participants felt more comfortable speaking with me and knew that I, to some degree, tried to understand their life perspective. Lastly, by consistently using the overall same interview guide, I ensured all participants had the same opportunities to voice their opinions, perceptions and experiences. Similarly, the same note-taking guide was used at every opportunity for participant observation.

### *Data Analysis*

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<sup>3</sup> My original involvement in this research began as an independent study over the summer co-investigated with two of the members of my thesis committee. These members helped select the research topic and gain access to the sample population, but after I took on a majority of the work, the research team decided it would be best used as material for my thesis.

My study employed an inductive grounded theory approach (Charmaz 2014) due to the way it complements in-depth interviewing. This model kept me actively engaged by moving back and forth between the data and analysis, and constantly seeking emergent themes that could be woven back into the interview process. Data analysis, in keeping with the grounded theory tradition, was an iterative process that occurred throughout all stages of research with the overarching intention of creating coherent contributions to theory. This entailed a cyclical process of data collection and analysis through memoing, transcribing, and coding (Charmaz 2014). Memo-writing constituted an intermediate step in the process that forced myself to analyze data early on and provided a space to interact with and work through the emerging codes and categories. After each interview and participant observation session, I set aside ten minutes or so for memoing and free writing to capture any concepts, ideas or themes that a tape recorder could not decipher. Using the computer program Atlas.ti, I transcribed and coded all interviews to assist in better organizing the emergent codes and themes. Initial coding focused on naming and summarizing segments of the data so that comparisons could be made between interviews. Eventually, focused coding worked to narrow down broad codes to stronger thematic and conceptual categories (Charmaz 2014). Then, I took the categories back and reworked them into the interview guide to better elicit participants' experiences in upcoming interviews and participant observation sessions. From my field notes, I coded the information gained from the informal interviews for themes and theoretically analyzed them using the same methodology.

## FINDINGS

The experiences of the 19 women I interviewed varied greatly but overarching themes presented themselves in regard to my two research questions. Because the goal of qualitative

research is illuminating social processes rather than generalizing to other cases, I collected data through one of the few ways I could gain access to the niche wheelchair rugby community. By using purposive and snowball sampling, participants introduced me to other women of their choosing that fit the inclusion criteria. With that in mind, the findings of this study confirm many theoretical positions already accepted in our field but also contribute new and nuanced understandings of women in adaptive sports, women as tokens in general, and the layered effect of multiple token statuses. In this section, I will discuss the multiple strategies women used to navigate and negotiate the culture of masculinity at play in wheelchair rugby, as well as how participation in the sport shaped their self-concept.

### *Navigating the Hypermasculine Culture*

Women in wheelchair rugby represent a small fraction of the total participants regardless of the sports' co-ed policy for inclusion. For most women, their entire local team consisted of men with few exceptions. A typical team consists of twelve to twenty players, and of the 19 women interviewed, only five had ever shared the court with another woman on their team. For those who enjoyed the chance to work alongside another female teammate, the experience rarely lasted long. According to both the men and women I spoke with, very few women joined wheelchair rugby and stuck with it for an extended period of time. Some women determined the sport or environment was not right for them while others prioritized their lives differently. Due to this fact, I was especially interested in why my participants on average committed to and stayed with the sport for 4 ½ years.

The women I spoke with used five major strategies for navigating their male-dominated environments, ranging in the extent to which they accepted or challenged the culture: (1) Acceptance, (2) Enjoyment, (3) Participation, (4) Behavior Policing, and (5) Resistance. The

strategies were not mutually exclusive; most women employed multiple strategies but generally adhered to one major tactic. As Stryker (2007) shows, when an individual holds multiple roles, there is a possibility of multiple identities. Women who play wheelchair rugby responded to the hypermasculine environment in accordance with the specific social context. Although one strategy may be a woman's primary resource, she often relied on others based on the situation's salience. The occurrence of opposing strategies, such as acceptance and resistance, being used by the same women was rare. However, certain strategies complimented one another effortlessly. For example, women who actively participated in the culture—by yelling obscenities and “smack talking” on the court—were keenly aware of their position and behavior. Even though they desired to blend in, they were mindful not to stand out any further than their gender forced them to, for fear of emasculating their male teammates. The most frequently used strategies were acceptance and participation while resistance and behavior policing were the least used.

### *Acceptance*

Participants who fell into this category were aware of the culture present in the sport, as well as their token status as a woman but showed little resistance to, or participation in, the culture. They were more likely to accept the status quo as an inherent part of the sport they had no control over, or willingness, to change. These women claimed to experience less sexism overall and felt they were treated as an equal member of their team. Molly, a wheelchair rugby veteran of eight years, consistently spoke positively of her teammates, at times referring to them as a second family:

I think our team is one of the best in the nation in terms of just accepting people, male or female. I don't think our team has a problem...I don't think I'm treated any different. I think we all realize that this is a team sport and in order for us to success, we have to get along no matter who you are.

They did not feel pressured to completely fit in to the masculine standards of appearance, behavior and sport but were also not advocating for increased women's inclusion and acceptance as equals in the sport. While some of the women who used this strategy distanced themselves from the stereotypical locker room conversations and bathroom humor, they understood them as integral to men's socialization and a part of the male bonding experience. Women sometimes created physical space between themselves and the male players to avoid partaking in overly descriptive, gross, or sexual conversations. More often, women who accepted the culture stuck around for all team social conversations regardless of their explicitness. Sarah, a twenty-three-year-old with a spinal cord injury (SCI), felt comfortable and acknowledged the presence of male-centered talk:

To me it's not something I'm jumping in and sharing my versions of the story but it's not like I feel completely awkward being around them. Yeah, this is a part of the sport, I'm going to have to listen to them talk about this.

This mindset reflected a "boys will be boys" mentality without penalizing men for their actions. Because these women tended to attribute the environment to gendered differences, they were the most likely to allow sexist, degrading jokes or comments in their presence or to apologize for men's sexism on their behalf. In regards to a comment that encouraged her to stop "pushing like a girl," Annie (SCI, 5 years playing) urged, "it pushes us girls to be more. The joke at least sounds bad when the boys say it, but it's in such a safe environment. I know that they're jokingly trying to encourage me to work harder."

In addition to accepting their social position and token status, women using this strategy also fell victim to a belief in a natural, gendered physical hierarchy that placed men at the top. Participants created and defended their inability to physically compete with their male counterparts on the basis of scientific fact, genetics and natural law. Even when women

desperately strived to excel at the game, they found acceptance and solace in ascribing their slower speeds or smaller musculature to inherent differences in the genders. Alexandra, a forty-something with a SCI, shirked off her physical difficulties by explaining that “the physicality of being a woman compared to a man, you know? Like, even men who are the same classification as me are better players, physically than me.” Some players went beyond science to explain male physical superiority and charged the divine with the systematic variation between the sexes. Reba, an older player with five years of experience and a SCI, adamantly assured me that her weakness was God-given and totally tolerable:

I just attribute to God that guys have more strength, whether they’re paralyzed or not. I mean, you take a guy that’s paralyzed and put him next to a girl that’s paralyzed, and I think he’s eventually going to have more strength than her.

Overall, women who used acceptance as a navigation tool were satisfied with their rugby experiences, often praising the sport for its mental and physical health benefits. However, other women viewed the environment with a higher degree of amusement.

### *Enjoyment*

Although Dworkin, Chafetz, and Dworkin’s (1986) research on women tokens showed the experience to be overwhelming negative and alienating, a handful of women who played wheelchair rugby embraced their token status happily. These women enjoyed the attention they received from their male teammates as a clear, distinct Other from the male majority. When men made sexual innuendos about a women’s appearance, primarily her outfit, make-up or hair styling, the women took these comments as flattery. Psychologically, it seemed, that these women craved being the center of attention, regardless of the context. These “queen bees” were almost always the only female player on their team, and they did not welcome the idea of another woman joining her team. Erica (SCI, 6 years playing), captured the attraction to her sole female



status by saying, “to be in an environment where you’re one of the few women, I get more attention than other circumstances which is sorta fun, it’s flattering.”

While compliments boosted their egos, physically being able to “keep up with the boys,” a phrase many women shared, inflated their sense of personal pride and confidence. Some women expressed frustrations with the seemingly impossible task of gaining strength and speed comparable to men. Coaches, teammates and players on opposing teams often underestimated, if not downright underplayed, a women’s physical ability to compete at equal or higher levels than men. Due to these setbacks, women found increased enjoyment in “keeping up” with or even beating the boys. Melanie, a 23-year-old, non-SCI, derived confidence in her wheelchair rugby skills and her physical abilities as a woman, by measuring herself against her male counterparts:

I’m on a team full of grown men so when I go towards them and get hit in the chair, it’s just something that’s amazing. I love it when I feel like I can hang with the big boys. I may be a woman and small, but I can go out there with the best guys and keep them tied down.

### *Participation*

The next strategy for navigating the culture of masculinity embodies the characteristics of accepting the situation but takes it a step further. Women who actively participated in the culture acknowledged the forces at play, felt comfortable in the environment, and tried harder to blend into the group. They were more likely to feel like “one of the guys,” or in other words, a fully initiated, cohesive, equal member of the team. Whether or not they wanted to be described as one of the men meant less than their ability to overcome their Other-ness. While these women could not deny their token status, they both actively and passively underplayed the fact to fit into the dominant culture.

These women did not shy away from the discussions surrounding sex, disability issues or bathroom humor. Often they enjoyed and partook in the conversations if they were not the

outright initiators in the first place. They did not request accommodations or ask for certain conversations to be censored in their presence. They engaged in profanity on the court and friendly, sportsmanlike banter, which generally meant throwing inappropriate jokes right back to the person they originated. “The guys talk shit to me and I talk shit back to them,” McKayla simply described. Some viewed participation in the culture as normal and natural, mostly stemming from their upbringing. These women described themselves as tomboys growing up, involved in a variety of sports at a young age, and constantly surrounded by the men in their families. Firsthand, I can attest to the ease and benefit of this strategy, although as a feminist, it is not necessarily the most socially progressive. As I submerged myself in the wheelchair rugby culture by joining the Houston team as an equipment manager and traveling with them (100 percent men) to multiple tournaments, I found myself trying to blend in to the best of my able-bodied ability. I allowed any and all conversations to take place in my presence, and I never left a situation because I was uncomfortable with the topic of discussion. Similar to McKayla above, I found pride and some excitement in on-court profanity, inappropriate banter, and high adrenaline sports play. I feel this displayed a sense of legitimacy and authenticity to my “teammates,” which further created a cohesive bonding experience.

Other women viewed participation as a survival strategy that helped minimize their outsider status and increase their authenticity with teammates. As a person with visible physical disabilities, these women were already very familiar with feeling distinctly different from the majority. It was often easier and less stressful to camouflage themselves as ‘one of the boys’ rather than fight against gendered stereotypes. They desired to be treated equally and as serious players so they made conscious, concerted efforts to train harder often to the point of injury or illness. For example, Jordan, the most seasoned player I spoke to who had played for over 10

years, smashed and broke her thumb during a game but brushed it off as a necessary casualty of being competitive. Similarly, at a high-level tournament Alexandra pushed herself to the point of physical harm. “I was literally bleeding from both of my arms and dripping blood. Women would be like ‘oh my God!’ but most guys are, you know, like, ‘that’s just part of the game,” she proudly proclaimed.

Some felt women naturally had to overachieve in order to compensate for their physically inferior genetics. I find it important to note that the women who chose the path of participation overwhelming shared positive experiences and enjoyed the sport enough to care to prove herself to her team. They reported teamwork and camaraderie as central to their enjoyment and many even considered members of their team good friends.

### *Behavior Policing*

In conjunction with the strategies mentioned above, women who play wheelchair rugby also use a keen awareness of gender dynamics, their social position, and the hypermasculine environment to navigate the culture. As a population that society expects very little from physically, as both women and disabled, they exhibited a heightened attentiveness around their token status. This understanding triggered women to police their actions and behaviors to better align with masculine, athletic traits prevalent in the sport. As Blair, a non-SCI and a recent Master’s graduate, articulately put it, “I’m definitely aware that I’m perceived differently...I mean, I think when you’re the Other in a space, you’re always a little more calculating about how you present yourself.”

Most comprehended the implications of being the only female on the court and took it to heart to represent their sex in a positive light. They desperately desired to break the inaccurate, sexist stereotypes of being a woman in an athletic domain and dreaded the thought of proving

those stereotypes correct. Meredith, a 23-year-old who had played for just under a year, explicitly laid out the feminine expectations she hoped to overcome by working harder than the boys:

I thought because I'm the first girl, I need to show them that I can keep up with them. I would be playing and would try and push past exhaustion. I would just keep going because I needed to show them I'm not just this weak, little girl that's going to give up when she's tired.

When women showed elevated athletic prowess and an aptitude for the game's strategy, they questioned whether men would be supportive of, or express jealousy toward, them. Internally, women were constantly assessing whether or not male players expected the same from them or gave them more credit for the same amount of work. Even when they overworked themselves to prove their equal abilities they felt a double standard impressed upon them. Sheila, an almost forty-year-old player, expressed frustrations with succeeding as a woman in a male-dominated world:

So if you're too good of a player, I think they have the mentality that you lost to a girl. But if you win against a girl, you win because she's a female. Either way it's a lose/lose situation for me.

In addition to mentally policing themselves, women adapted their outward emotions and actions to blend into the aggressive, hardened exterior that men so effortlessly performed. On top of overworking themselves, women consciously suppressed the pain and fatigue associated with it. They dismissed their coaches' lower impact workout options, declined medical attention when an injury occurred, and snubbed their male counterparts' remarks to "take it easy". Most often, they held back and concealed every drop of tears, refusing to allow their teammates to discover their supposed weakness and fatigue. Deborah, a former wheelchair rugby player, adamantly told me the boys were "not going to see a friggin tear out of this face" whereas Alexandra shared that she would go to a private area away from her male teammates to cry:

After losing a game, I went to the bathroom. I would never cry on the court, but I got to go to the bathroom to take a moment. I think crying would show them weakness, and I don't think that's a good thing.

Policing emotions, suppressing pain, and actively managing their position in the social hierarchy helped the women orient and blend into the majority. However, it also reinforced the hypermasculine norms that oppressed upon them, catering to, rather than disrupting, the 'boys club' of wheelchair rugby. While this tactic seemed worthwhile to the women, they admitted it was draining to pussyfoot around outdated gender roles.

### *Resistance*

The final and most oppositional strategy to navigating the hypermasculine culture of wheelchair rugby takes the form of active resistance against sexism, patriarchy, and an overall environment that leaves little space for women's comfort or progress. Women who actively resisted were the most socially aware of the gender dynamics at play in the male dominated environment they choose to become a part of. Similar to women who policed their behavior, women who resisted the culture would monitor and alter their actions, not to blend in, but rather to make a statement. For example, these women were very outspoken about setting boundaries between the types of behavior they would and would not allow. Jokes that focused on women's weakness or capitalized on their minority status were not tolerated. When male players did not adhere to a women's request to cease inappropriate behavior, women swiftly removed themselves from the situation. Blair, who had only played for half a year, refused to allow blatant sexism in her presence:

Rugby players and quads are always a little bit dirty and a bit raunchy, but when it's something spiteful to a particular woman or gender, you know like, 'I'll handle my balls with her,' then that needs to get shut down and that's seriously rude. I recognize it's a thing they do, but I won't tolerate disrespect from the very

beginning.

They were also the most headstrong and vocal proponents for themselves, never veering away from difficult conversations that centered on carving out equal space and opportunities for women. While these women seemed to understand that the rugby environment wasn't the most desirable or welcoming to their gender, they actively attempted to foster a healthier, more inclusive setting and encouraged other women to join the sport. Part of the inclusivity meant coaches and players altering their language – rather than “hey guys!” or “gather around boys,” women insisted on gender neutral terms. Michelle, an elite player, said she would “try not to be picky about every single thing, but I was insistent when the coaches would say ‘alright boys.’ Every single time they said that, I would speak up and just remind them that we’re not all boys here.”

Additionally, these women, and many others who did not use resistance, expressed that the sport shared a one-size-fits-all mentality. This meant that the physical environment, particularly sports equipment, catered to the size of the average man. For instance, women struggled to find rugby chairs that were not too wide or too tall for her frame. “Finding a chair that fits is really difficult. Just all the backs and seats are built for guys, who are not like my size, five feet and 100 pounds,” Blair bemoaned. Rugby chairs, separate from everyday wheelchairs, are essential pieces of equipment for every player that can be custom built but typically cost thousands of dollars. Team jerseys, required dress for participation in tournaments, rarely fit women comfortably or appropriately. Most jerseys were sized using men as the standard and swallowed women's smaller frames. The oversized, baggy shirts made women feel “awkward and unfeminine” and ultimately reminded them of their minority status in the sport. In trying to

build a team environment that expected and accepted women to get involved, women who resisted insisted on equipment that worked for them.

So our jerseys are like guy's jerseys, and I have medium that's just like huge and baggy. There's really nothing you can do to make that look feminine or fit right. So, I asked my coach if we could order one that fit me better. (Crystal, 26 years old, SCI)

Whether it was a narrower rugby chair so that she could push harder on the court, or a women's fit t-shirt that hugged her curves, women stood up against the one-size-fits-all mentality and advocated for their needs.

### *Shaping of Self-Concept*

Regardless of the strategies women used to navigate the hypermasculine environment, women's ideas of themselves changed, sometimes subtly and others drastically. Although some studies of tokens report negative consequences to the individual's mindset and self-concept, wheelchair rugby provided an overall positive environment for women to develop nuanced understandings of their femininity and womanhood, improve or develop self-confidence, and find community and normalcy through disability.

### *Balancing Femininity and Rugby*

There is strong evidence that the way a woman physically presented herself had no bearing on her skills as a player or teammate. However, it absolutely created an internal struggle for the women of wheelchair rugby. The normative ideals of appearance associated with gender-conforming women—neat and manicured nails, smelling clean and dainty, complete face of make-up, and well-groomed hair—could not be farther from the essential requirements to fitting into the culture of wheelchair rugby. The crash-and-bash style of the sport, as previously described, encourages aggression through its valorization of physical injury, and the appearance and purpose of the rugby chairs leave no room for aesthetics. If a woman wanted to excel in

rugby, she was best pulling her hair back in a ponytail, dealing with profuse amounts of sweat, and taping her hands for protection. (Players often wrap medical tape around their hands to prevent blisters and sores, or use it sticky side out on the outside of their rugby gloves to gain traction and push easier.) Beyond the sport's physical elements making the typical routine of femininity seem pointless (as make-up melts off, nails break, and hair frizzes), women questioned the difference between what they wanted to look like on the court and what the sport necessitated and encouraged they look like:

If I'm playing I don't want to look too make-uped 'cause I don't want to look like I'm out there just to look good. So, I'll do what I need to do to feel comfortable, you know, mascara, foundation, a little lip gloss. (Kelly, playing for 8 years, SCI)

Kelly describes the difficulty of navigating being a female in a male-dominated world. Many women I interviewed felt men imposed a double standard regarding women's appearances: looking too feminine signaled that women were not serious players, while looking too masculine or underdone meant a woman was lazy, sloppy, or too much like "one of the guys." Reba, a self-proclaimed "girly girl" initially resisted the rugged exterior expected of rugby players but caved under the pressure and harassment from her teammates. "When I first started playing they gave me a hard time because I wore make-up...it finally got to a point where I was like I don't have time for this. I'm too tired of them saying this," she complained. Moreover, women realized their male counterparts did not grapple with the same issues of presenting oneself. This frustrated them and only acted as a reminder of their lower status on the social hierarchy.

Similar to adapting and policing behaviors, women who play wheelchair rugby must assess how they fit into gender norms and whether or not they will express or suppress that identity. Some women internalized the double standards created by men and



imposed it upon themselves and other women. For example, the higher skilled, more elite female players—although playing at equal, if not greater levels than a majority of the men—shied away from presenting themselves in a feminine light. They feared their legitimacy as a competent athlete would be in jeopardy if they chose to wear make-up. Michelle, one of the highest skilled players, never identified as very ladylike but shared reservations about how her team would react if she decided to tiptoe the lines of femininity. She explained her rationale for not acting girly as a way to “fly under the radar, not like I forget I’m a women, but where I don’t need to draw attention to the fact.” In what seemed to present itself as a response to elite women’s hyper awareness of their appearance, average female players fashioned their appearance to align with these stronger, more “masculine” women. If higher-level female players, who presented a physically masculine appearance, were taken even a fraction more seriously, lower skilled women took note.

I’m fitting in by not wearing make-up. For me, it’s a pain in the butt to do and I bet the competitive people that have got themselves injured aren’t like ‘oh, I’ve got to get my nails painted and get all my girly stuff done’, ya know? (Larissa, 22 years old, SCI)

Physical appearance, and the need to actively assess and alter one’s gender expression, served as yet another mechanism for clearly dividing men and women rugby players. Even though women could revert back to their preferred self-presentation off the rugby court without repercussions, the dynamic of being a token forced them to internally evaluate their relationship with traditional femininity.

### *Increasing Self-Confidence*

Overwhelmingly, wheelchair rugby had a positive effect on women’s self-confidence. All 19 participants felt wheelchair rugby helped her develop or increase her self-confidence. No

other finding was as pervasive. Women noticed the confidence boost in their day-to-day independence, physical functioning, and in competing in a male-dominated sport.

By interacting with their teammates, a group of individuals with disabilities, women often received guidance and learned solutions to everyday “disability problems.” The sport and their teammates provided expert advice and opinions on “how to live with their disability, and not only live, but thrive with a disability,” according to Jordan. This sometimes meant suggesting certain types of cars that were wheelchair accessible, explaining how they juggle attending college, or detailing how they independently manage a bladder and bowel routine. As Michelle described:

Some of the guys on the team helped me get hand controls for my car. When it was time to get a new wheelchair, they helped me figure it out. I gained a lot of valuable life skills and how to be efficient with a disability. (Michelle, 28-years old, non-SCI)

In addition to navigating everyday life with a disability, male teammates encouraged, and at times modestly peer pressured, women to become more physically independent, even though many women were scared or discouraged. For example, prior to involvement in wheelchair rugby, some of the female players used electric wheelchairs outside of gameplay, were unable to drive themselves, or even transfer themselves from their bed to their wheelchair each morning after waking. Through supportive teasing and heckling, male players genuinely desired to see their female counterparts enjoying a more liberated and autonomous life. Although some women did not feel ready or comfortable being more independent, they realized the benefits once they gave it a chance or crumbled under the unrelenting peer pressure. Sarah shyly shared that wheelchair rugby “has made me a lot more confident and it’s pushed me to become more independent when I wasn’t quite ready.” She explained further about situations she had no choice but to figure out on her own:

I would have someone helping me transfer from an everyday chair to a rugby chair in the beginning. Eventually the guys were like ‘you need to be able to do that on your own because you have a good deal of function.’ So that just put me in a situation where it’s kind of embarrassing, forcing me to either figure it out or deal with being a little embarrassed.

The rigor and intensity of the sport lent itself to physically building stronger women who led healthier, more confident daily lives. The high impact cardiovascular functions of the sport as well as the repetitive muscle movement grew women’s physical strength outside the court, and they noticed they were better equipped to thrive in a predominately able-bodied world. A majority of participants listed the athletic, health benefits of the sport as a top reason for enjoying and continuing to play wheelchair rugby. Through running drills and conditioning exercises at team practices, and pushing in their rugby chairs outside of practice, women felt themselves becoming better able to accomplish simple tasks in their everyday lives, such as transferring from their bed to wheelchair, from their chair to the toilet, or reaching for dishes in tall cabinets. Deborah enjoyed the challenge of pushing herself to physically grow, which she said helped her “get back some of my coordination and regain lost muscle mass. Doing the sprints, forward and back, you get stronger, and I liked the fact that working out with the team made me stronger.” Women with acquired injuries, who played sports or were athletic prior to their accidents, tended to value the health component of wheelchair rugby higher than its other benefits: team work, socially sanctioned aggression, and meeting other people like them.

The confidence created by building physical strength and living more independent lives bled onto the rugby court. Some women seemed to discover their internal warrior, a fierce blend of uncompromising attitude and pride, through persevering and committing to wheelchair rugby.

They gained the ability to stand up for themselves and the pride in knowing they could “keep up with the boys.” Women seemed determined and empowered to prove to her team and herself that she was a force to be reckoned with regardless of her gender, stature or appearance. McKayla, a feisty SCI who had played for one year, utilized the underestimation by her peers as fuel to her success. “I wanted to be competitive and laugh in the other guy’s faces. I wanted to be their threat. It’s funny when I pick guys (on the court) because they don’t expect me to hold them down, and they get mad.” These women understood the gendered expectations their teammates and coaches often held against them and used those fallacies as fuel for a renewed sense of self and unstoppable self confidence.

### *Building a Feeling of Normalcy*

Women who played wheelchair rugby were doubly marginalized—in their everyday lives as people with disabilities and in rugby as women. However, although male-dominated, the environment and culture of wheelchair rugby provided a safe space for women to regain feelings of normalcy. Regardless of their token female status, the sport’s foundational policy of including people of all physical disabilities created a common bond shared amongst male and female teammates alike. The shared experience of living with a disability erased gender barriers to the extent that women felt like they fit into a group of likeminded individuals. In a predominately able-bodied world where people in wheelchairs stand out, and are often treated negatively, wheelchair rugby provided women the opportunity to see themselves as regular, “normal,” healthy people.

I feel normal at these things (tournaments). Everyone else is in a wheelchair and they all have disabilities. I’m normal and not the oddball out. With people with disabilities you have someone to talk to that gets it. (Larissa, 22-years old, SCI)

In tournaments, six to eight teams from across the United States with eight to twelve players each travel to participate. As an able-bodied researcher who followed the Houston wheelchair rugby team to multiple tournaments, I can attest to the sea of wheelchairs sprawled across community gyms. In that environment, the able-bodied person is an outsider and unusual – you are stared at and questioned for having the ability to walk and being involved in such a niche community. In Central Florida, at the first tournament I traveled to with the Houston team, multiple male players from other teams asked me who I was dating on the Houston team. When I replied “definitely no one at all,” they preceded to ask if I was related to any of the Houston players. I mainly attributed these types of interactions to wheelchair rugby’s relatively unknown and misunderstood status in the spectator sports world—to be aware of and access a rugby tournament generally meant you were the parent, sibling, or partner of a player. These men were not used to an able-bodied woman in a role other than girlfriend/spouse, timekeeper, or referee.

While women still grapple, as I have shown, with their minority status in the sport, they still gain immensely from surrounding themselves with other people with disabilities. Sasha, a 24-year old with a SCI, expressed that she saw “people that were like me and were going through the same thing I was, and they had a life outside of this wheelchair.” They have a mutual understanding of the vastly unique space they occupy and can discuss various “disability issues” without needing to clarify, explain, or censor certain topics. For example, rugby players frequently exchanged stories and advice on which catheter systems worked best, and how they managed their own bladder and bowel programs independently. They openly joked about their failed attempts to master sexual

positions, and they lamented the commonplace occurrence of able-bodied people infantilizing them.

I like the camaraderie of just meeting other disabled people and learning things others have already figured out. Because all through the initial rehab (after her injury), you're dealing with able bodies who have their perspective and all the people with disabilities have such a different perspective. (Larissa, 22-years old, SCI)

By positioning the able-bodied world as the Other, women in wheelchair rugby challenged the medical model of disability by reclaiming their personal autonomy and representing themselves as healthy, confident individuals.

## CONCLUSION

### *Summary*

Women who play wheelchair rugby find themselves in a hypermasculine world not necessarily ready to embrace inclusivity of all genders. With roughly 95 percent of players identifying as male, women are forced to navigate the boys' club through a variety of strategies. These include: acceptance of the status quo, enjoyment of their token status, participation in the majority culture, behavior policing, and resistance of the hypermasculine culture. Women usually fit within one strategy but sometimes used a combination of strategies depending on the specific context. For example, although Michelle generally resisted the hypermasculine environment, she realized she had to work within it if she were to succeed as an elite player, often having to push herself doubly hard to overcome the sexist stereotypes of femininity. As a token in the wheelchair rugby environment, women's self-concept came under personal examination and change. The pressure to blend into the masculine sporting culture caused some women to struggle with their appearance and presentation. The traditional ideals of

femininity were at odds with the rough, tough, battle-worn persona of wheelchair rugby, and many women felt an unfair double standard imposed upon them. However, taking part in a majority male institution overwhelmingly grew women's self confidence, both through increased physical strength and the ability to equally keep up with their male counterparts. Lastly, the women who participated in wheelchair rugby benefited immensely from the commonality and shared experiences surrounding people with disabilities. Regardless of gender, wheelchair rugby teammates were able to bond and feel normal amongst their disabled peers.

### *Interpretation of Data*

While the population of women who play wheelchair rugby is small, they provide an excellent opportunity to expand and confirm some of the literature mentioned in the conceptual framework. The hypermasculine nature and culture of wheelchair rugby attempts to maintain male hegemony through non-inclusive practices, common language, and physical barriers that locate women as outsiders, intruders, and Others. Women who enter the male-dominated terrain become representatives for their gender, or using Kanter's (1977) terminology, tokens. Men often expect women to act in line with traditional feminine ideals and thus have lower expectations of their physical capabilities. When women express masculine traits accepted in the sporting context, or when they excel at equal or greater levels as their male counterparts, men feel their gendered advantage shrinking. Women, unbeknownst to them, are put through what Kanter (1977) calls loyalty tests to determine if the majority group sees them fit for joining. Women determine how to handle these tests through the major strategies I mention above. The women who are more likely to believe in and adhere to gender norms were most likely to accept the status quo or actively participate in a culture that uses women as a site for humor. However,

some women used embodied resistance to actively fight against the stereotypical views of women with disabilities and women in sport in general. The women who policed men's behavior and resisted sexism could also be seen as reinforcing masculinity through their rejection of femininity.

Wheelchair rugby changed every participant's self-concept to some degree. The sport forced women to come face-to-face with feminine stereotypes that impress upon them in their everyday lives. The rugby culture caused intense role conflict for some of the women, while others had no hesitation in breaking free of the gendered norms. The more a woman bought into the traditional ideas of femininity, the more apparent the role conflict. However, women were able to create separate identities dependent on their environment (wheelchair rugby persona versus an everyday, social persona) that allowed them to mitigate the role conflict. Their token status as women was often the most powerful and salient identity in the social hierarchy. Nevertheless, in a broader context, players' disability status held the greatest meaning and transformed women's experiences the most. The benefits of finding camaraderie and commonality between other people with disabilities seemed to minimize women's negative feelings toward the sexist, exclusive, hypermasculine culture they choose to join.

### *Limitations of Research*

Qualitative methods were advantageous for many reasons (as stated in the methodological fit section). However, they are also subject to intense scrutiny regarding their ability to provide accurate and unbiased representations of the phenomena at hand (Golafshani 2003). As an able-bodied researcher, my life perspective was inherently biased. Through extensive participation in the disability sports community, I attempted to mitigate any potential bias as an able-bodied individual. However, no matter how hard I tried, my beliefs, prior



experiences and perceptions could not automatically vanish with prolonged exposure and participation in the disability community, nor could I ever fully comprehend the levity of living with a physical disability. My participants may not have been as willing to share their stories and experiences with me out of fear of judgment or misunderstanding. Critics may also point out that my rigorous dedication to becoming a part of the disability community may have tainted my perceptions and caused me to slant my findings to favorably present my participants.

Additionally, as with qualitative research, the findings are subjective and not representative of the entire population. Although I interviewed a majority of the rostered female players (as of the start of the 2015-16 rugby season), the results cannot be generalized much further than the 19 women I spoke to. These women were found through snowball sampling and incentivized with \$25 gift cards which could have led to biased participation.

#### *Future Research and Recommendations*

While my research begins to understand how token women with disabilities survive and thrive in male-dominated environments, more work is needed to determine the major hurdles to disability sport participation for women. Additionally, future research should focus on how majority male communities can attract female players and foster inclusion and integrate the sexes. Research using a pre-test (during hospitalized rehabilitation) and post-test (after one year of playing rugby) could be more effective at illuminating causal relationships between wheelchair rugby participation and modified self- concept. Most importantly, research on these women should always keep disability status at the center of analysis. As a generally immutable characteristic, disability is an inescapable thread woven through the fabric of these women's everyday lives that intersect with all other major variables. Researchers should continue to view disability

through a social lens which places the onus on the able-bodied community to make attitudinal adjustments so that accessibility is the only impediment needing to be addressed for people with disabilities to lead fulfilling lives.

Because of my interest, and investigation into, this niche group of women in wheelchair rugby, the United States wheelchair rugby community took notice. Based on the early stages of my research and a gigantic desire from the women of wheelchair rugby, the first ever all-women's wheelchair rugby training camp was established in July of 2016 and has since become an annual summer mainstay. This allowed women from across the country to learn, grow, and build stronger relationships amongst their peers in a safe, welcoming, and female-friendly environment. Additionally, I presented my findings to the United States Wheelchair Rugby Association during the 2017 Wheelchair Rugby National Tournament where players, coaches, and league administrators were able to learn more about and gain valuable insight into the experiences of an underserved group of trailblazing women. Finally, I had the opportunity to contribute preliminary findings to an article featured in *New Mobility*, a leading disability lifestyle magazine, which highlighted many of the women from my study.

While the exposure and uncovering of women in wheelchair rugby has increased the visibility of the gendered minority population, I feel there is still room for growth within the sport, and the majority of my participants agree. When asked “What do you think wheelchair rugby could do to attract more women?” and “What do you think stops other women from playing this sport?” the women were not shy or short on answers. As a group who understood and frequently found despair in their minority status in the sport, they had clearly given these types of questions plenty of thought before we met. With that

said, the recommendations I make below all directly echo concerns and suggestions brought up during the in-depth interviews. First, wheelchair rugby in the United States needs to continue to create inclusive opportunities that cater to female players, specifically through all-women's training camps and mentorship programs. Women in this study felt isolated and alone and could have benefited from peer-to-peer mentorship from other female players, even if it was through email, phone, or social media communication. I also strongly believe team coaches need to receive thorough training on how to equitably treat players and deter harassment. This is useful from a gender perspective but also for athletes with irregular (non-spinal cord injuries) disabilities that are not very prevalent in the sport. Lastly, the marketing and imagery surrounding wheelchair rugby needs to diversify and represent wider ranges of individuals. If a movie as provocative as *Murderball* can excite and engage an entire group of men to become involved in rugby, it can also dissuade an entire gender by not highlighting their presence. Wheelchair rugby needs to purposefully remedy this by emphasizing women in their marketing materials.

### *Contributions of My Research*

In light of the shortcomings in previous theoretical and empirical research, my research fills several gaps and contributes in a number of ways. First, my study is the only one to-date that examines women who play wheelchair rugby, giving voice to a virtually unknown population. Also, most previous studies on gender construction in disability sport do not acknowledge a wide range of athletes in their sampling frames; they tend to concentrate on elite level players in top competitions in their respective sports. My sample represents players of all skill levels within wheelchair rugby and not only those that are highly determined, highly skilled and seeking

Paralympic stardom. While the perspectives of upper-level athletes with disabilities (a contradiction in itself to those who advocate for the medical model of disability) can provide valuable information, a wider range of abilities in sport participation expands the extant knowledge. Through this study I delineated the processes and strategies that allow these women to accept, participate in, and resist the traditional norms, and determine how, why, and which identities are central on their identity hierarchy as a result of participating in wheelchair rugby—be it as an athlete, an athlete with disabilities, a female athlete, a female athlete with disabilities, or any other combination they identify with. In addition, my research on female wheelchair rugby players provides a wider range of physical abilities to be studied, primarily spinal cord injuries and quadriplegia, compared to the paraplegic athletes who play wheelchair basketball or powerchair football. My participants ranged in type of disability and level of injury – many of these women experienced traumatic life events that caused paralysis while some were born with their disability. My study allows for comparisons between disabled populations who are more or less physically able-bodied.

As my research specifically targets the minority token experiences of female wheelchair rugby players, the data also allowed for comparisons and broadened the scope of tokenism theory to include gendered minorities of a wider range of physical abilities that endure cultural assumptions on multiple levels. The women who choose to play wheelchair rugby live doubly (and sometimes triply) marginalized lives, as women, as people with disabilities, and less frequently, as racial and ethnic minorities. The complexities of these layers compound upon one another and require an intersectional understanding. This means each marginalized category informs, and plays a role in, how the token is treated and what is expected of them – no one category, and its implications, can exist on its own. Through my research, I show that tokenism

is situational. In the context of on-court wheelchair rugby play, women contend more with gendered stereotypes about their physical ability while off-court they enjoy the benefits of a primarily disabled community. I also further the idea that tokens' awareness of their lone position in a group can cause them to monitor and alter their behaviors in ways both resistant to and in support of the majority culture. Rolling while female uniquely locates the women of wheelchair rugby as transgressors and trailblazers of their gender and disability status.

## REFERENCES

- Allison, Maria T. 1991. "Role Conflict and the Female Athlete: Preoccupations with Little Grounding." *Journal of Applied Sport Psychology* 3(1):49–60.
- Anderson, Denise. 2009. "Adolescent Girls' Involvement in Disability Sport: Implications for Identity Development." *Journal of Sport and Social Issues* 33(4):427–449.
- Ashton-Shaeffer, Heather Gibson, Marieke Holt, and Cynthia Willming. 2001. "Women's Resistance and Empowerment through Wheelchair Sport." *World Leisure* 4:11–21.
- Australian Department of Social Services. 2012. "SHUT OUT: The Experiences of People with Disabilities and their Families in Australia." Retrieved December 2, 2015 ().
- Bedini, Leandra A., and Denise M. Anderson. 2005. "I'm Nice, I'm Smart, I like Karate: Girls with Physical Disabilities' Perceptions of Physical Recreation." *Therapeutic Recreation Journal* 39(2):114–130.
- Blinde, Elaine M., and Sarah G. McCallister. 1999. "Women, Disability, and Sport and Physical Fitness Activity: The Intersection of Gender and Disability Dynamics." *Research Quarterly for Exercise and Sport* 70(3):303–312.
- Brault, Matthew. 2012. *Americans With Disabilities: 2010*. U.S. Bureau of the Census. Washington, DC.
- Brenner, Philip S., Richard T. Serpe, and Sheldon Stryker. 2014. "The Causal Ordering of Prominence and Salience in Identity Theory: An Empirical Examination." *Social Psychology Quarterly* 77(3):231–252.
- Bryson, Lois. 1987. "Sport and the Maintenance of Masculine Hegemony." *Women's Studies International Forum* 10(4):349–360.
- Burke, Peter J., and Donald C. Reitzes. 1981. "The link Between Identity and Role

- Performance.” *Social Psychology Quarterly* 44(2):83–92.
- Byon, Kevin K., Michael Cottingham, and Michael S. Carroll. 2010. “Marketing Murderball: The Influence of Spectator Motivation Factors on Sports Consumption Behaviours of Wheelchair Rugby Spectators.” *International Journal of Sports Marketing and Sponsorship* 12(1):76–94.
- Charmaz, Kathy. 2014. *Constructing Grounded Theory*. London: Sage Publications.
- Connally, P. 1994. “The California Quality of Life Project: A Project Summary.” Pp 184–192 in *Quality of Life for Persons With Disabilities*, edited by D. Goode. Cambridge: Brookline Books.
- Cooley, Charles Horton. 1902. *Human Nature and the Social Order*. New York: Scribner.
- Cottingham, Michael, Mary Hums, Michael Jeffress, Don Lee, and Hannah Richard. 2018. “Women of Power Soccer: Exploring Disability and Gender in the First Competitive Team Sport for Powerchair Users.” *Sport in Society* 21(11):1817–1830.
- Dworkin, Anthony G., Janet S. Chafetz, and Roselind J. Dworkin. 1986. “The Effects of Tokenism on Work Alienation among Urban Public School Teachers.” *Work and Occupations* 13:399–420.
- Eitzen, D. Stanley, eds. 2009. *Sport in Contemporary Society: An Anthology*. Boulder, CO: Paradigm Publishers.
- Ezzell, Matthew. 2009. “ ‘Barbie Dolls’ on the Pitch: Identity Work, Defensive Othering, and Inequality in Women’s Rugby.” *Social Problems* 56(1):111–131.
- Fallon, Melissa, and LaRae M. Jome. 2007. “An Exploration of Gender-Role Expectations and Conflict Among Women Rugby Players.” *Psychology of Women Quarterly* 31:311–321.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New York:

Prentice-Hall, Inc.

Golafshani, Nahid. 2003. "Understanding Reliability and Validity in Qualitative Research." *The Qualitative Report* 8(4):597–606.

Green, Eileen. 1998. "'Women Doing Friendship': an Analysis of Women's Leisure as a Site of Identity Construction, Empowerment and Resistance." *Leisure Studies* 17:171–185.

Hardin, Marie. 2007. "'I Consider Myself an Empowered Woman': The Interaction of Sport, Gender and Disability in the Lives of Wheelchair Basketball Players." *Women in Sport and Physical Activity Journal* 16(1):39–52.

Hargreaves, Jennifer. 1994. *Sporting Females: Critical Issues in the History and Sociology of Women's Sports*. London: Routledge.

Hargreaves, Jennifer. 2000. *Heroines of Sport: The Politics of Difference and Identity*. London: Routledge.

Henderson, Karla A., and Leandra A. Bedini. 1995. "'I Have a Soul That Dances Like Tina Turner, but My Body Can't': Physical Activity and Women with Mobility Impairments." *Research Quarterly for Exercise and Sport* 66(2):151–161.

International Wheelchair Rugby Federation. 2015. "Introduction to Wheelchair Rugby." Retrieved November 9, 2015 ([http://www.iwrf.com/?page=about\\_our\\_sport](http://www.iwrf.com/?page=about_our_sport)).

Kanter, Rosabeth Moss. 1977. "Some Effects of Proportions on Group Life: Skewed Sex Ratios and Responses to Token Women." *American Journal of Sociology* 82(5):965–990.

Katz, I., Hass, R.G., and Bailey, J. 1988. "Attitudinal Ambivalence and Behavior Toward People with Disabilities." Pp 47–57 in *Attitudes Toward Persons With Disabilities*, edited by H.E. Yuker. New York: Springer.

Kolkka, Tarja, and Trevor Williams. 1997. "Gender and Disability Sport Participation: Setting a



- Sociological Research Agenda.” *Adapted Physical Activity Quarterly* 14:8–23.
- Laurendeau, Jason, and Nancy Sharara. 2008. ““Women Could Be Every Bit As Good As Guys’ Reproductive and Resistant Agency in Two “Action” Sports.” *Journal of Sport and Social Issues* 32(1):24–47.
- Lenskyj, Helen Jefferson. 1994. “Girl-friendly Sport and Female Values.” *Women in Sport and Physical Activity Journal* 3(1):35–45.
- Lindemann, Kurt. 2008. “I Can’t Be Standing Up Out There”: Communicative Performances of (Dis)Ability in Wheelchair Rugby.” *Text and Performance Quarterly* 28(1-2):98–115.
- Lindemann, Kurt, and James L. Cherney. 2008. “Communicating In and Through “Murderball”: Masculinity and Disability in Wheelchair Rugby.” *Western Journal of Communication* 72(2):107–125.
- Mackelprang, Romel W., and Richard O. Salsgiver. 1996. “People with Disabilities and Social Work: Historical and Contemporary Issues.” *Social Work* 41(1):7–14.
- Marks, Deborah. 1999. “Dimensions of Oppression: Theorising the Embodied Subject.” *Disability and Society* 14(5):611–626.
- Medal Quest: American Athletes and the Paralympics. “*About the Paralympics | Paralympic History*.” Retrieved November 9, 2015 (<http://www.pbs.org/wgbh/medal-quest/past-games/>).
- Messner, Michael A. 1988. “Sport and Male Domination: The Female Athlete as Contested Ideological Terrain.” *Sociology of Sport* 5(3):197–211.
- Miller, Leslie, and Otto Penz. 1991. “Talking Bodies: Female Bodybuilders Colonize a Male Preserve.” *Quest* 43:148–163.
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral

- Research. 1979. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. April 18, 1979.
- Paloian, Andrea. 2012. "The Female/Athlete Paradox: Managing Traditional Views of Masculinity and Femininity." *Applied Psychology OPUS*. Retrieved January 12, 2015 (<http://steinhardt.nyu.edu/appsycho/opus/issues/2012/fall/female>).
- Penedo, Frank, and Jason R. Dawn. 2005. Exercise and Well-Being: A Review of Mental and Physical Health Benefits Associated with Physical Activity." *Current Opinion in Psychiatry* 18(2):189–193.
- Reitzes, Donald C., and Elizabeth J. Mutran. 1994. "Multiple Roles and Identities: Factors Influencing Self-Esteem among Middle-Aged Working Men and Women." *Social Psychology Quarterly* 57(4):313–325.
- Renwick, Trudi, and Liana Fox. 2016. "The Supplemental Poverty Measure: 2015." U.S. Bureau of the Census. Retrieved October 24, 2018 (<https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-258.pdf>).
- Richard, Remi, and Helene Joncheray. 2015. Disabled Sportswoman and Gender Construction in Powerchair Football." *International Review for the Sociology of Sport*:1–21.
- Rimmer, Peter. 2012. "'Murderball' or Chess with Violence?" *Palaestra* 26(3):23–24.
- Smeltzer, S.C. 2007. "Models of Disability." Retrieved October 25, 2015 ([http://nisonger.osu.edu/media/bb\\_pres/marks\\_11-12/handouts/Handout%20%20-%20Models%20of%20Disability%20\(Smeltzer\).pdf](http://nisonger.osu.edu/media/bb_pres/marks_11-12/handouts/Handout%20%20-%20Models%20of%20Disability%20(Smeltzer).pdf)).
- Spinal Cord Injury Information Pages. 2015. "Spinal Cord Injury Glossary." Retrieved December 2, 2015 (<http://www.sci-info-pages.com/glossary.html>).

- Stocchi, Vilberto, Pierpaolo de Feo, and David A. Hood. 2007. *The Role of Physical Exercise in Preventing Disease and Improving the Quality of Life*. New York: Springer.
- Stryker, Sheldon. 2007. "Identity Theory and Personality Theory: Mutual Relevance." *Journal of Personality* 75(6):1083–1102.
- Stryker, Sheldon, and Anne Statham Macke. 1978. "Status Inconsistency and Role Conflict." *Annual Review of Sociology* 41(1):57–90.
- United Nations. 2006. "Some Facts About Persons with Disabilities." Retrieved November 13, 2015 (<http://www.un.org/disabilities/convention/facts.shtml>).
- U.S. Bureau of Labor Statistics. 2018. "Persons with a Disability: Labor Force Characteristics – 2017." Washington, DC: U.S. Department of Labor. Retrieved October 24, 2018 (<https://www.bls.gov/news.release/pdf/disabl.pdf>).
- U.S. Department of Justice. Civil Rights Division. 2010. "The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III." Retrieved September 20, 2015 ([http://www.ada.gov/2010\\_regs.htm](http://www.ada.gov/2010_regs.htm)).
- VonSchrader, S., and C. G. Lee. 2017. "Disability Statistics from the Current Population Survey (CPS)." Ithaca, NY: Cornell University Yang Tan Institute (YTI). Retrieved October 24, 2018 (from <http://www.disabilitystatistics.org/reports/cps.cfm?statistic=poverty>).
- Watson, Nick. 2002. "Well I Know this is Going to Sound Very Strange to You, but I Don't See Myself as a Disabled Person: Identity and Disability." *Disability and Society* 17(5):509–527.
- West, Candace, and Don H. Zimmerman. 1987. "Doing Gender." *Gender & Society* 1(2):125–151.
- Williams, Christine. 1992. "The Glass Escalator: Hidden Advantages for Men in the "Female"

Professions.” *Social Problems* 39(3):253–267.

Wright, B. 1988. “Attitudes and the Fundamental Negative Bias: Conditions and Corrections.”

Pp 3–21 in *Attitudes Toward Persons With Disabilities*, edited by H.E. Yuker. New York: Springer.

Yoder, Janice D. 1994. “Looking Beyond Numbers: The Effects of Gender Status, Job Prestige, and Occupational Gender-Typing on Tokenism Processes.” *Social Psychology Quarterly* 57(2):150–159.

## **Appendix A Recruitment Advertisement**

Are you a woman who plays wheelchair rugby in Canada or the United States?  
Have you participated in at least one tournament?



If so, we invite you to participate in an interview about your experiences and perceptions.

You will be compensated with your choice of either an Amazon, Starbucks or Walmart \$25 gift card for your participation. Interviews take about 45 minutes and

take place either in person in Houston, TX, by phone, or online via Skype or FaceTime.

For more information, please contact:

Hannah Richard\*

M.A. sociology student, University of Houston

(409) 658-7804 or [hrichard@uh.edu](mailto:hrichard@uh.edu)

This project has been reviewed by the University of Houston  
Committee for the Protection of Human Subjects (713) 743-9204.

\*This research is co-conducted with Mike Cottingham (University of Houston Adaptive Athletics) and Samantha Kwan (Department of Sociology, University of Houston).

**Appendix B**  
**In-Depth Interview Screening Script**  
**(Phone or Email)**

The recruitment ad asks potential participants to contact the researcher. The following script will serve as a guide when a PI responds to those inquiring about the study.

Thank you for inquiring about our wheelchair rugby study.

The study involves interviews with women who play wheelchair rugby to understand their perceptions and experiences with the sport.

In order to participate you must be a woman and 18 years of age or older. You must play wheelchair rugby recreationally or on a team in North America. You must also have competed in at least one tournament.

Interviews will be digitally recorded (this is a condition of participation) and take about 45 minutes. If you are located in the Houston, Texas area interviews will take place in my office at the University of Houston. However, if this is not accessible to you, we could meet at a public location such as a café. If you are located a considerable distance away, interviews will take place over the phone or online through a telecommunication app such as Skype or FaceTime.

You will have to sign a consent form before participating in the interview. If we are proceeding with a phone or online interview, I can either email or mail you the consent form to sign.

The study does not involve any physical risk; however, interview questions may pose some psychological stress or anxiety since some questions ask about your disability. Please note that the research is voluntary and you may decline to participate at any time. You may also skip any question you are not comfortable with.

You will be compensated with a \$25 gift card for completing the interview. You will have the option to choose an Amazon, Starbucks, or a Walmart card.

If you are interested in participating in an interview, I would like to ensure that you meet the study inclusion criteria. Can you please tell me how old you are? Where do you play wheelchair rugby? Have you ever participated in a tournament?

Thank you. I would like to invite you to participate in an interview. [Or, if she does not qualify, explain why and thank them for her interest.]

## **Appendix C**

### **UNIVERSITY OF HOUSTON CONSENT TO PARTICIPATE IN RESEARCH**

#### **PROJECT TITLE:** Female Wheelchair Rugby Athletes

You are being invited to take part in a research project conducted by Samantha Kwan (Associate Professor, Department of Sociology), Hannah Richard (Master's student, Department of Sociology), and Michael Cottingham (Assistant Professor, Department of Health and Human Performance) at the University of Houston.

#### **NON-PARTICIPATION STATEMENT**

Taking part in this research project is voluntary and you may refuse to take part or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any research-related questions that make you uncomfortable.

#### **PURPOSE OF THE STUDY**

The research aims to understand the perspectives and experiences of female rugby players. The duration of the study is approximately 1 year and your participation will last about an hour.

#### **PROCEDURES**

You will be one of approximately 25 subjects invited to take part in this project. Your participation consists of a single digitally recorded interview that will last about 45 minutes. The researcher will ask you a series of questions about your involvement in wheelchair rugby and your experiences with the sport. For example, you will be asked: What motivated you to get involved with wheelchair rugby? Is there some physical aspect of the sport you find challenging or difficult? What are your relationships like with other players? How do you deal with the culture of masculinity in the sport? And would you recommend the sport to other women with disabilities? You will also be asked to provide some demographic information about yourself. At the end of the interview, you will be given the opportunity to ask questions about the study and to share any additional views you might have about women in disability sport.

#### **CONFIDENTIALITY**

Every effort will be made to maintain the confidentiality of your participation in this project. Your name will be paired with a pseudonym by the principal investigators. This pseudonym will appear on all written materials. The list pairing your name to the pseudonym will be kept separate from all research materials and will be available only to the principal investigators. Confidentiality will be maintained within legal limits.

#### **RISKS/DISCOMFORTS**

You may experience some stress or discomfort during the interview as interview questions ask about your decision to participate in wheelchair rugby and your experiences surrounding the sport and disability in general. You can withdraw from participating at any time and you can also skip any question that you are not comfortable answering.

### **BENEFITS**

While you will not directly benefit from participation, your participation may help investigators better understand the perspectives and experiences of women participating in disability sport.

### **ALTERNATIVES**

Participation in this project is voluntary and the only alternative to this project is non-participation.

### **COSTS**

If the interview takes place in person, you will incur the costs associated with traveling to the interview location, as well as any parking fees.

### **INCENTIVES/REMUNERATION**

You will be compensated with your choice of either an Amazon, Starbucks or Walmart \$25 gift card for completing the interview. Should you enroll in the study but not complete the interview, you will not be compensated.

### **PUBLICATION STATEMENT**

The results of this study may be published in scientific journals, professional publications, or educational presentations; however, no individual subject will be identified.

### **AGREEMENT FOR THE USE OF AUDIO TAPES**

If you consent to take part in this study, please indicate whether you agree to be audio recorded during the study by checking the appropriate box below. If you agree, please also indicate whether the audio recordings can be used for publication/presentations.

- ☐ I agree to be audio recorded during the interview.
- ☐ I agree that the audio recordings can be used in publication/presentations.
- ☐ I do not agree that the audio recordings can be used in publication/presentations.
- ☐ I do not agree to be audio recorded during the interview.

If you do not agree to the audio recording, you will not be able to participate in this study.

### **CIRCUMSTANCES FOR DISMISSAL FROM PROJECT**

Your participation in this project may be terminated by the principal investigator:

- If you do not keep study appointments;
- If you do not follow the instructions you are given;
- If the principal investigator determines that staying in the project is harmful to your health or is not in your best interest

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### **SUBJECT RIGHTS**

1. I understand that informed consent is required of all persons participating in this project.
2. I have been told that I may refuse to participate or to stop my participation in this project at any time before or during the project. I may also refuse to answer any question.



3. Any risks and/or discomforts have been explained to me, as have any potential benefits.
4. I understand the protections in place to safeguard any personally identifiable information related to my participation.
5. I understand that, if I have any questions, I may contact Hannah Richard at (409) 658-7804. I may also contact Samantha Kwan, Ph.D. at (713) 743-3948 or Michael Cottingham, Ph.D. at (713) 743-9065.
6. Any questions regarding my rights as a research subject may be addressed to the University of Houston Committee for the Protection of Human Subjects at (713) 743-9204. All research projects that are carried out by Investigators at the University of Houston are governed by requirements of the University and the federal government.

### **SIGNATURES**

***I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions to my satisfaction. I give my consent to participate in this study, and have been provided with a copy of this form for my records and in case I have questions as the research progresses.***

Study Subject (print name): \_\_\_\_\_

Signature of Study Subject: \_\_\_\_\_

Date: \_\_\_\_\_

-----

***I have read this form to the subject and/or the subject has read this form. An explanation of the research was provided and questions from the subject were solicited and answered to the subject's satisfaction. In my judgment, the subject has demonstrated comprehension of the information.***

Principal Investigator (print name and title): \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix D**

### **In-Depth Interview Guide**

In this interview, I will ask you to share your perspectives of and experiences with wheelchair rugby. I want to remind you that you can skip any question you're not comfortable with addressing.

#### Introduction

Please tell me a little about yourself.

- What do you do? (Probe: student, employment, and family.)
- Can you tell me a little bit about your disability?
- - o If not congenital, how and when did your disability occur?
  - o If not congenital, were you involved with sport before the disability occurred? (What sports? Co-ed sports?)

#### Motivations and Involvement

- How did you first hear about the sport?
- 
- What motivated you to get involved?
- 
- Did you try other sports? Are you involved with other sports? Why wheelchair rugby?
- 
- Do you play in a league or recreationally? Have you ever thought about joining a league?
- 
- Where do you play?
- 
- What is your classification? What role do you play?
- 
- How often do you practice? How long have you been playing?
- 
- What keeps you motivated to play?
- 
- What aspects of the sport do you find most enjoyable? What aspects are most frustrating?

#### Adapting Physically

- What was your initial reaction to the physicality of the sport?
- 
- Initially, did the physicality (including level of aggression) of the sport concern you?
- 
- Tell me about your experiences learning the basics of the game.
-

- Are there physical aspects of the sport that attract you? Concern you?

### Gendered Interactions and Identity

As you know, you're one of only a few females who participate in wheelchair rugby.

- How did other players react when you first participated?
- 
- Can you tell me about your experiences with the others players? What it's like playing with them?
- 
- What are your relationships like with other players (on your team or other teams)?
- - o Do you feel included on and off the court?
    - Tell me about your relationships and interactions with the men. Do you consider any of them friends? Are you close on or off the court? Do you network with them? How supportive are they of you? (Probe: specific examples.)
    - Tell me about your relationships and interactions with the other women. Do you consider any of them friends? Are you close on or off the court? Do you network with them? How supportive are they of you? (Probe: specific examples.)
- How is your contribution to the team perceived? Do you receive more (or less) credit because you're a woman? Do you feel like you have more to "prove" compared to the male players?
- Do you think male players and coaches treat you differently than other male players? Has this changed since you first started playing?
- Tell me about times when you were aware that you are a woman playing a sport that is male dominated.
- Do you think there is a culture of masculinity in the sport? Is there a culture of "guy talk" in the sport? Can you please tell me about this culture?
  - o (Probe: Catheters, coaches language, e.g., "go men!," discussions about Viagra, feeling like "one of the guys.")
- - o How do you navigate these situations? How do you deal with this culture of masculinity?
  - o
- Is it important for you to feel and appear feminine?

- How does playing rugby shape your views of yourself as a woman? Have your views on womanhood/femininity changed since you started playing rugby?
- 

#### Advice to Other Women with Disabilities

- What do you think stops other women from playing this sport?
- 
- Would you recommend this sport to other women with disabilities?
- 
- What do you think wheelchair rugby could do to attract more women?

#### Closing

- How important is wheelchair rugby in your life?
- 
- How has rugby changed you, your life, how you see yourself?
- 
- Any further comments about wheelchair rugby or disability sport in general?
- 
- Do you have questions for me about the study?
- Do you know of any other women who might qualify and be interesting in speaking with me?

**Appendix E**  
**Close Ended Survey Questions**

**DEMOGRAPHICS**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

How old are you? \_\_\_\_\_

Are you employed?    ☐ Yes    ☐ No

If yes, what is your occupation? \_\_\_\_\_

Is this a full-time or part-time position?    ☐ Full-time    ☐ part-time

What is the highest level of education you have attained?

- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college
- ☐ College (undergraduate degree)
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree (law, medicine, pharmacy, etc.)
- ☐ Other \_\_\_\_\_

What is your current marital or relationship status?

- ☐ Single (not dating anyone)
- ☐ Divorced
- ☐ Casually dating (one or more persons)
- ☐ Seriously dating (one person) \_\_\_\_\_ years
- ☐ Married
- ☐ Engaged
- ☐ Other \_\_\_\_\_

What is your sexual orientation?

- ☐ Heterosexual
- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Other \_\_\_\_\_

What race/ethnicity do you consider yourself?

- ☐ White
- ☐ Black/African American
- ☐ Hispanic/Latino/a
- ☐ East Asian/Pacific Islander

- ☐ American Indian/Alaskan Native
- ☐ Middle Eastern
- ☐ South Asian/Asian Indian
- ☐ Other \_\_\_\_\_

Approximately what was your PERSONAL income last year before taxes?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$9,999    | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$100,000 or more    |
| <input type="checkbox"/> \$50,000 to \$59,999 |   |

Approximately what was your TOTAL HOUSEHOLD income last year before taxes?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$9,999    | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$100,000 or more    |
| <input type="checkbox"/> \$50,000 to \$59,999 |   |

## **Appendix F**

### **Informal Interview Questions**

#### Involvement with the Sport

- How are you connected to this very small wheelchair rugby community?
- How long have you been a part of this community?
- What was your initial reaction to seeing the sport played?
- What is your favorite aspect of the sport?

#### Perceptions of Female Players

- What skills do you believe a player needs to possess to be successful?
- How do you feel about the breakdown of men and women who play the sport?
- Have you ever seen a female play before?  
How do other players treat female players?
- Why do you think there are so few female players?

## **Appendix G**

### **Verbal Script for Informal Interviews**

Hello, my name is Hannah Richard, and I am a Master's student at the University of Houston conducting supervised research about women who play wheelchair rugby. How old are you?

What is your connection to this sport? I'd like to ask you a few questions about your involvement in the sport and the disability community. Your participation is completely voluntary and will be kept confidential, so you may choose to stop talking to me at any time. No audio recording will occur. However, I may write down a few things for my field notes. If all this sounds alright with you, do you mind if I ask you some questions?