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From the Scrapheap of Humanity to a Life Worth Living

A historico-cultural overview of the origin and development of disabled sport, the Paralympics and their relationship with the Olympic movement

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In this article we shall demonstrate how the social perception of people with disabilities and their physical performance has altered over time from antiquity to the present day. Attitudes have altered from societal segregation and contempt to progressive social integration and the appreciation of their athletic abilities. It shall become clear that the social situation of people with disabilities did not change significantly through the ages from ancient times until after the second world war. Sport played an important role in this development as changing perceptions gave a boost to disabled sports as a means of rehabilitation. Growing numbers of disabled athletes became highly motivated and capable of excellent athletic performance and this contributed to a further change in perception. Therefore a reciprocal relationship can be assumed.

From antiquity to modern times: imperfections as symbols of ugliness, immorality and the grotesque.

There is little information about how early humans with disabilities were treated in prehistoric times. The excavations of artefacts have so far made the idea of general discrimination or contemptuous ostracism open to question at the very least (MAYER 2001). However since the earliest times the attitude to people with disabilities has been far from positive in occidental cultures. They were often marginalised and cut off from the rest of society and were the object of contempt and derision. In ancient Greece and Rome, and especially in Sparta, nobody took responsibility for handicapped people (see WELTI 2005). In most cultures it was an accepted custom that babies with handicaps, blindness, deformations or diseases were killed at birth. In Sparta this was regulated by communal laws. The assembly of elders decided which children were strong, healthy and fit to be accepted into the community. The others were taken from their parents and killed. Disabled people had no entitlement to care and were stigmatised in many ways (see GOFFMANN 1967). Horace relates how people with a physical handicap were marked with black paint and then mocked and ridiculed in public. Antique sources also tell how rocks were thrown at people with disabilities to keep them at distance, for fear of contagious diseases. Handicapped people were often imprisoned in their own homes by their families and the use of restraints and chains was seen as legitimate (see WEILER 1987). During certain festivals those who were crippled, lame or epilepsy sufferers were beaten and sometimes even stoned. DIES describes the cult of the "scapegoat". These activities and the despatch of handicapped people into quarries and mines were rationalised by philosophers like Aristotle and Plato as being "*in the interest of public health*".

The Irishman John Croin during the boccia ball competition at the Paralympics in Sydney 2000; *Source: IPC: Raising the bar*

Handicapped people were held in low esteem in medieval times and such attitudes persisted to the mid twentieth century.[1] Viewed from today's perspective, these are hard to understand. It can be partially explained by the (latent) assignment of relevance to deviations from the norm in those times. Abnormality was not only seen as an accidental external manifestation detached from the human inner qualities but as a correlate to psyche and character (see ECO 2004; WEILER 1987). This view is sometimes reflected in the pseudo science of physiognomics, with which one believed to be able to guess the human character and mental-psychological capacities from facial features and the shape of other body parts [2].

Human beings with physical deficiencies were seen as a contradiction to the common idea of beauty because of the basic attitudes described above. They were usually perceived as socially deficient, immoral and evil. Therefore they were excluded from the physical exercises. They did not fit into the elitist concept of competition in the classical age. Physical competitions were elitist, military concepts that did not have room for disabled people.[3]

Not until the times of the Roman emperors were handicapped people "used" in a major way as part of the gladiatorial circus. Here they were exploited in grotesque fashion as the objects of merciless amusement. At the gladiator games, the *munera*, they were used in the show programme, mostly in the intermissions. During the rule of *Flavius Domitianus* (51 – 96 AD) female gladiators were pitched against dwarfs, "*a combination which probable just meant a comical intermezzo with death*" (MEIJER 2003:73). Later, during the reign of *Commodus* (161-192 AD) disabled people were rounded up, costumed as giants and sent into the arena (see NAVOSELAC 2001).[4] The significance of people with disabilities as grotesque elements can be studied on the few antique representations of the "deformed and crippled" (WEILER 1987) ablesen. Figure 1 wshows the bronze statue of a dancing dwarf. His gyrations seem to represent a grotesque dance display. Fig 2 shows a bronze figurine of a short-legged nude athlete in an apparent parody of a sporting competition. This grotesque role of people with disabilities can be still observed today in circus performances of so-called "Lilliputians" (see MÜRNER 2003).

The treatment, perception and social status of people with disabilities did not change until modern times. During the dark ages the inquisition connected human disabilities to sin. In 1494, for example 160 mentally handicapped people were burnt at the stake as witches and wizards in the German city of Osnabruck alone. Even during the humanist era, births of children with deformities were taken as bad omens. Pamphlets describing such births as monstrosities were sold in front of churches.

Even in the era of enlightenment, when modern psychiatry began to emerge, people with handicaps were discriminated against to a large extent. In 1784 the most modern hospital in Europe was established at Vienna, Austria but this institution also contained a department for the mentally insane. The methods of treatment in this 'fools tower' ranged from mechanical restraints to shock therapy with dogs, cannon shots and splashing with cold water. The situation did not greatly improve until the end of the 19th century. Again and again, people with handicaps were perceived as vicious or harbingers of evil, to be destroyed , or at best portrayed as a grotesque "caprice of nature", chilling monstrosities that could be exploited for entertainment. In the renaissance and baroque era the deformed were employed as court jesters to entertain the courtiers[5]. So-called freak shows have always entertained the masses: Siamese twins, people with hydrocephali, pointed or cylindrical heads, extremely obese or completely

Fig 1: Dancing Lilliputian (ca 100 BC); *Source: WEILER 1987:368*

Fig 2: Short-legged athlete (ca 100 BC); *Source: WEILER 1987:368*

hirsute people were on display here (see MÜRNER 2003). Not until the beginning of the 19th century did the relationship of society to those with disabilities start to change, albeit in a tentative way. This can be seen in the establishment of organisations and certain publications during this era. In mid-19th century publications appeared which drew attention to athletitherapies for "*prevention and healing of deformities of the human body*" (LORENZEN 1961:3). Important early works included the text books "*Medizinische Gymnastik*" (Medical Gymnastics, 1845) by the pedagogue Werner and "*Gymnastik für Blinde*" (Gymnastics for the Blind, 1847) by the pedagogue Klein . Only a few years later the first organisation of physically impaired people into independent athletic associations could be seen. (see FRÖSCHLE 1987). The Berlin Sports Club for the Deaf was formed in 1888 to be followed in quick succession by other such organisations. In 1910 these clubs were amalgamated into the German Association for the Deaf ("*Deutscher Gehörlosenverband")* at Cologne. Before WW1 several facilities were established to allow disabled juveniles to exercise on a regular basis. (see LORENZEN 1961).

At about the same time the first participation of an athlete with a handicap is on record at the 1904 Olympic Games in St Louis. The US-American George Eyser won three gold medals, two silver and one bronze in gymnastics despite wearing a wooden prosthetic leg. Eyser remains an exception.In the years which followed, the Olympic movement did not make provision for those with disabilities. It did not even consider the subject. In this era of the first attempts at social-integrative measures it was not possible to speak of any integration of handicapped people .

If any attention was paid to the disabled community, it came only as a result of the social problems in the era of the Kaisers and the onset of industrialisation. Dismal housing, working and living conditions caused diseases resulting in physical damage.[6] A sense of social responsibility scarcely existed and this was reflected in a sinister development that threatened the very existence of people with handicaps. The first eugenics institutes were established, dedicated to the sterilisation of the "so-called" lower classes of people and eradication of what they regarded as "unworthy life". This movement assumed that the establishment of asylums for the mentally retarded and innately crippled was highly detrimental to the human race.

Until the beginning of the 20th century handicapped people were shunned, tortured, persecuted and victimised by ruthless human voyeurism. People with disabilities were entered into athletic competitions to satisfy the lowest urges of the masses. In degrading ways, they were exploited to entertain spectators at circus games, generally reinforcing segregation and contempt. The tragedy of the two World Wars finally brought a new understanding for people with disabilities. This understanding gradually brought social segregation to an end and ushered in a more rational, progressive and practical attitude towards disability.

From the World Wars to the sixties: The objectification and integration of the imperfect.

The disastrous effects of the World Wars improved the lot of people with mental and physical handicaps .As a result the world wars, there were greater numbers of physically and mentally injured people,and these people had to be taken care of. Many measures were implemented to help them. This brought about an improvement in the situation of handicapped people changed conditions in the context of World War 1.

There were between 1.5 and 2.6 million German war victims who returned from the Great War with severe physical and mental injuries. The Weimar Republic felt an important social duty to reintegrate these men into society. This was because their injuries were suffered in a patriotic spirit and as the consequence of service to society. In addition most of these people were young men who previously had held important roles in that society or were destined to acquire such positions in the future, These were not women children or old people. Thus the general public saw the need to rehabilitate them (see WELTI 2005).

In the context of these times disability became gradually less of a stigma and more of a "badge of courage" and a sign of patriotism (see LORENZEN 1961). The growing number of wounded soldiers made these measures necessary to maintain morale at the front and also to make a reintegration back home possible. So, the first major rehabilitation measures took place at wartime military hospitals. "*Here the recovered but still weak war victims were given the opportunity to improve their physical and mental condition by participating in gymnastic exercises*." (see LORENZEN 1961:5).

Physical activity was increasingly recognised as a beneficial vehicle and used to help improve health and promote effective rehabilitation. Sport for the disabled gradually developed in tandem. In World War One military hospitals, sport was used in the healing and rehabilitation process. Even before the war ended the first books appeared on the subject. In 1917 the first illustrated book about "physical exercises for the rehabilitation of the severely wounded" ("Leibesübungen zur Ertüchtigung Schwerbeschädigter") was published and in 1918 a film entitled "Gymnastics, Play and Sports as Therapy for the War Wounded" ("*Turnen, Spiel und Sport als Heilverfahren für Kriegsbeschädigte"*) was released (same). The importance of athletics for the disabled showed a significant increase throughout the twenties in Europe. Sport became an important motivation for young men who suffered serious physical and mental injuries during the war years. It is no coincidence that the first international competitions took place in this decade. Amongst them were the first World Games for the Deaf in Paris held in 1924.

After the first world war a number of countries passed legislation which hinted at a stronger feeling of moral responsibility for people with disabilities . Wounded war veterans were promised some kind of preferred status by the state. (see WELTI 2005). In 1920 the Prussian *Krüppelfürsorgegesetz* (cripples' welfare law) was enacted. For the first time employability became an important issue.

Changed Conditions as a result of the Second World War

The second world war brought about further changes to the living conditions of people with disabilities. This conflict left a devastating toll .50 million dead and a further 35 million seriously wounded (BONTRUP 2004: 373). It was impossible to ignore and exclude so many people from community life and social interaction, and so a more realistic view of human disability and integration of handicapped people had to evolve. This became more and more urgent as war victims organised themselves into powerful associations and found an effective public voice. (see LORENZEN 1961). Another motivation for the improvement of conditions for disabled people was to lessen the financial burden on the state. By implementing therapeutic and rehabilitative measures the state had a chance to re-integrate young men with handicaps into a normal working life. It was impossible to support indigent people in such numbers. The better option was to turn welfare cases into tax payers, ie to replenish the state's coffers rather than depleting them.[7] Thus it was important not just to rehabilitate at the front but once the soldiers had returned home. (see GOODMAN 1986).

During this time major medical advances helped significantly improve the quality of treatment available for disabled people. For instance, early neurological-neurosurgical rehabilitation model had its origins in Germany during WW2. The physician Wilhelm Tönnis developed a treatment for the rehabilitation of brain damaged patients who were assembled in special institutions and were cared for by a team of multiple-discipline specialists from acute treatment to the state of occupational reintegration (see KOCK/FUHRMANN 1992).There was a great improvement in the treatment of paraplegic patients. Before the war maximum life expectancy had been about three years .As a result of this hopeless scenario, many were not treated at all, nor were they even regarded as a social problem due to the extremely negative prognosis. The fatal outcome was accepted as inevitable. Consequently, paraplegia was regarded as "*a condition not to be treated*" (GOODMAN 1986:96).

This attitude finally changed after many new therapies were developed in the military hospitals of WW2 and by the outstanding pioneering work of one man In England in 1944, the German-born neurosurgeon Sir Ludwig Guttmann founded the National Spinal Injuries Centre in the village of Stoke Mandeville near Aylesbury in Buckinghamshire. He succeeded in extending life expectancy and avoiding septic incidents (see GOODMAN 1986). His philosophy was:

> *"The basic principle of this new philosophy was to provide a comprehensive paraplegia and tetraplegia service to rescue most of these men, women and children from the human scrapheap and return most of them, in spite of permanent, profound disability – by clinical measures and psychological readjustment – to a life worth living, as useful and respected citizens in the community"* (quoted after GOODMAN 1986:101).

Thus, the war and postwar era considerably changed the conditions for people with mental and/or physical handicaps. Now the objective became integration of people with disabilities into society as fully capable members. The era of passive treatment of handicapped people became a thing of the past. Medical-therapeutic concepts are created centred around an active patient. This method was used at the National Spinal Injuries Centre at Stoke Mandeville, where sport was an active vehicle for rehabilitation. GUTTMANN developed a concept "*of purposeful, dynamic physical management rather than the traditional, passive approach, which was mostly rather gentle massage*" (GOODMANN 1986:113). As this method found willing imitators all over Europe, it quickly became obvious that many physical deficiencies could be addressed by the acquisition of new motor skills.[8]

> *"The purpose of all remedial exercises in the period of re-conditioning of the paralysed is to develop tricks making muscles move parts of the body formerly moved by other muscles"* (GUTTMANN quoted after GOODMAN 1986:144).

Accordingly, massages were no longer prescribed, but parallel bars were placed into the hospital halls. By 1944, the therapeutic value of simple ball games had already been realised. Later activities were expanded to include archery, basketball and table tennis.[9] GUTTMANN even saw the possibility that, in their quest for maximum performance, athletes with disabilities could possibly outperform able-bodied athletes (for instance in the Marathon) and thus improve their self-esteem by such success. (see GOODMAN 1986).

This illustrated that GUTTMANN did not only try to improve the medical condition of his patients but also their mental state. The worth of such qualities as vitality, fun and entertainment achieved through sport was also realised as an important part of the rehabilitation process.

Using athletic competition he tried to re-awaken the zest for life and competitive spirit in his patients. Consequently competitive sports events that took fun and entertainment into account were established at Stoke Mandeville as medical-therapeutic measures. Sport was

increasingly used as a tool for rehabilitation and integration with the focus of interest on occupational rehabilitation and (re-)integration by proof of performance.

As an extension of this concept GUTTMANN developed an international sports event that had a great public appeal. The first of these were held in 1948 at Stoke Mandeville.16 British war victims took part. To get the best possible publicity and to help the integration of his patients into society Guttmann planned to his games for the handicapped closely to the Olympic movement. He intentionally chose the opening date of July 28th, 1948 for his games, the day before the Olympic Summer Games opened in London (see GUTTMANN 1979).

From these beginnings the Paralympic movement that grew out of the paraplegic games sought affinity to the Olympic movement. At first this was not reciprocatedwhich initially. But even without support from the International Olympic committee (IOC) a worldwide movement for sports for the disabled developed and sought closer connections with the Olympic Games . By 1951 first plans were made to hold the games for disabled every four years in the same countries as the Olympic Games. These Games were not established until 1960. To finance travel expenses to Stoke Mandeville, athletes were permitted seek sponsors. The American team, for instance, was supported by Pan-American Airlines (see GOODMAN 1986). To make sure that the games remained as close as possible to the Olympics the standard sports apparatus was modified as little as possible to demonstrate the capabilities of his patients to best public effect, GUTTMANN invited successful Olympic competitors like Roger Bannister to the disabled games. The Olympic athletes were not only supposed to observe but also to compete against the athletes with handicaps. These athletic comparisons were meant to prove the capabilities of paraplegic athletes as can be gathered from the report of one participant:

> *"One year, I managed to throw a world record javelin throw. It was better than the able-bodied British javelin champion could do sitting in a wheelchair. It was typical of "Poppa" (the nickname given to Guttmann) to organise a competition with the then British champion javelin thrower and the British champion shot putter, and put them in wheelchairs on equal terms with me."* (GOODMAN 1986:155).

This concept was enthusiastically accepted by people with disabilities and quickly developed into an international sports movement. In 1952, at the paraplegic games at Stoke Mandeville, athletes from the Netherlands participated alongside the British but the great international breakthrough happened in 1960 with the world sports games for the handicapped in Rome. For the first time the games were named "Paralympics". The prefix *para,* meaning "like" was chosen to emphasise the closeness

Abebe Bikila: two-time Olympic champion in the marathon and, after a car accident, participant in the world sport games of the disabled in Berlin 1970; *Source: IPC: Raising the bar*

to the Olympic Games and their humanistic ideals and to boost the affinity between athletes with and without disabilities. For the first time the games were held at the venues for the Olympic Games, immediately following the closing ceremonies (see DOLL-TEPPER 2002). In 1960, as many as 400 athletes from 23 nations participated in eight disciplines (see GUTTMANN 1979). The event was so successful that the future Pope John Paul XXIII invited the participants to an audience at the Vatican where he called Sir Ludwig GUTTMANN a "Coubertin for the paraplegics". The disabled sports games had arrived on the stage of world sports in1960 with the Paralympics.

In this second phase a visible emancipation and social convergence for people with disabilities becomes apparent. Handicapped people no longer stand outside a society that derides and despises them but are perceived more and more as a distinct component of it, albeit a distinct part or society at large. In Nazi Germany however, this only applied to the war wounded and those who had been victims of accidents. People with serious genetic and cerebral deficiencies were branded as *'unwertes Leben'* (worthless life forms, life unworthy of living).The regime set up a machinery for mass murder of such individuals[10].As a result of the war many handicaps became more visible to society. It became necessary to take care of people with mental and/or physical defects and not to push them away from the centre of society. Consequently, their lot steadily improved in many ways. Patients were no longer supported in a passive state but active participation was demanded of them. Sporting activity had been discovered to be an important vehicle for rehabilitation which contributed greatly to the medical and social

Basketball match 1955 at Stoke Mandeville Hospital; *Source: IPC: Raising the bar*

recuperation of the patient. A more practical approach to disability evolved. Disabled sports were regarded mainly as a rehabilitative measure. Sporting performances were meant to help make the handicapped body more efficient (again) and to compensate for physical limitations and malfunctions. In addition increased efficiency improved vitality and self-esteem of people with disabilities. Another important aspect was the enjoyment the handicapped could derive from sporting activity. The Paralympic movement and its affinity to the Olympic idea and the Olympic Games made disabled sports increasingly better known. By establishing the Paralympics and holding them in Rome right after the Olympics at the same venues, the organisers had already taken huge strides towards making their games an important sporting event.

From 1960 until today: The imperfect as a glossy entertainment product.

With the passing of the years, there were fewer victims of war. Physical disabilities were less visible than in the immediate post war era and could be easier overlooked. So it became ever more important for disabled sports to hold their ground and keep their hard won position in society. It was essential that they were not marginalised again.

In the modern world it became increasingly important to attract the attention of the mass media. This offered the opportunity to reach a wider audience than ever before , to establish an identity to a major extent. The sight of people with disabilities had gradually disappeared from the streets. So the disabled sporting community needed to use the mass media to raise awareness. The western media no longer portrayed handicapped people as bizarre, abnormal freaks (see MÜRNER 2003), but emphasised the positive aspects of intergration. (see VON SIKORSKI 2007; BARTMANN 2002; SANDFORT 1982).

By this time sport had become not just a tool for rehabilitation but it was also a measure of performance in the in the context of social integration. The true value of Sir Ludwig GUTTMANN'S concept for the disabled sports movement became clear, particularly in regard to a close relationship with the Olympic Games. Without this thematic annexation the further development into one of the largest international sports events of the world would have been unimaginable. This way the Paralympic movement could benefit from the central importance of the Olympic Games for the mass media.

It was precisely the relationship with the Olympic movement which gave the Paralympics the potential to become a spectator sport, not just an event solely by and for people with mental and/or physical handicaps. This can be observed in media coverage from the very first event in 1960.

The reporting of the Paralympics grew steadily from the seventies. The first regional TV broadcast originated from Toronto, Canada in 1976. In those days the transmission reached 600,000 viewers. By 1984,the games in Stoke Mandeville and New York were covered by all major American networks, the BBC and TV networks from West Germany and Sweden.

During Sydney 2000 the official internet homepage of the Paralympic Committee (IPC) received 300 million page hits. The Athens 2004 events were covered by 68 broadcasters offering 617 hours transmission to viewers in Europe and 25 additional countries. In China and Japan alone, 18 million viewers saw the opening ceremony of the Paralympics. Some highlights programmes transmitted by the German networks ARD/ZDF and the BBC achieved audiences of between 1.5 to 2 million spectators. In Beijing 64 rights holders broadcast the Paralympics to 80 countries. The Chinese TV networks CCTV and BTV showed 22 hours of disabled sport every day.

This progress would not have been possible without the increasingly active support by the Olympic movement for the Paralympic movement. More and more, the IOC stood behind the Paralympic movement, after initially assuming a rather more ambivalent attitude.At times it supported disabled sports, but at others obstructed their progress. Presentation of the *Fearnley Cup* to the Stoke Mandeville Games in 1956 could be characterised as support. This prize was meant to honour amateur organisations for their support of the Olympic movement. In the years that followed, the IOC showed no further interest in the disabled sports movement. In 1983 the first official meeting between the International Olympic Committee (IOC) and the International Paralympic Committee (IPC) did finally happen. At this meeting the IOC were unhappy with the the IPC about the emblems for the newly established winter games. For these the IPC had used the word "Olympic". The IOC gave notice to the IPC that this

was in violation of the trade mark law (see IPC 2006). It was subsequently agreed that the words "Olympic" and "Olympia" would no longer be used by the Paralympic movement. In July 1983 the IPC had to get permission from IOC president Samaranch for the use of the term Paralympics for the winter games (same). A more serious difficulty had arisen even earlier, after the 1972 Olympics at Munich. The Olympic Organising Committee for the games decided to remodel the Olympic Village into apartment units immediately after the end of the games, effectively effectively making accommodation of the Paralympic athletes impossible. The games had to be relocated to Heidelberg at short notice (see SCHIERL/ BERTLING 2006; 2005).It was not until the late eighties and early nineties that Olympic movement finally supported the Paralympic movement. In Seoul 1988 the disabled games were held immediately after the Olympics in the same venues. After further agreements closer cooperation between IOC and IPC began in the nineties and continued into the 21st century. Agreements between the IPC and IOC provided multiple securities. Each national Olympic organising committee (OCOG) took over the organisational and financial responsibilities for the Paralympics. Additionally, the Paralympics are now transmitted by the same TV host broadcasters.

Sponsorships are now based on interlinked contracts. Main sponsors for the Olympic Games fulfil the same role for the Paralympics (see BERTLING et al. 2004). The Olympic movement has taken over responsibilities for the Paralympics in many areas. The Paralympic movement has integrated the entertainment aspect into its concept – as an integration measure evoking empathy by closeness and spontaneity. While fun and entertainment were unplanned but positive side effects for the disabled athletes now disabled sports were supposed to be fun and entertainment for the spectators and this element was pro-actively built into organising the games. The entertainment and show effect is increased by continuous development of the various sports classes and the elaborate opening ceremonies.

The affinity between the two movements is completely in the spirit of Sir Ludwig Guttmann.The opportunity for top athletes with handicaps to take part in the Olympic Games is growing. In 1984, it was still the exception. The paraplegic New Zealander Neroli Fairhall took part in the Archery competition at the Los Angeles Olympics.

In the 21st century a sports-political movement arose arose to demand equality and ultimately affected Olympic participation. The best known case was the legal success of the South African amputee runner Oscar Pistorius. In 2000 the visually impaired American middle distance runner Marla Runyan qualified for the 1500 m in Sydney. In Beijing the South African swimmer Natalie du Toit and the Polish table tennis player Natalia Partyka were entered in both, the Olympic *and* Paralympic Games .

Many disabled athletes nowadays see themselves in a same way as athletes without handicaps, as normal participants in the entertainment and event culture of the international system of elite sport, as can be seen in the latest developments. The cross-over from one world to the other has become easier.

One reason is because athletic performances have become similar, another, because the general understanding of sports and the desire to integrate have clearly improved.

Conclusion

It has been demonstrated that the social perception and treatment of people with disabilities did not change significantly until the two world wars , but that it was transformed in the post war era.Attitudes have changed from the segregation and derision of handicapped people through their integration as a distinct social group up to their extensive integration. Sport played an important role with this process and has now become a high performance elite activity on the same model as able bodied sport. As a result of the world wars, sport developed as a major agent of rehabilitation. It developed into an important tool for rehabilitation that improved efficiency and motivation on one hand and promoted fun and zest for life on the other.

The exceptional performances and the impressive motivation displayed would be exemplary in any context. The competitions have been keenly followed by spectators with high interest, enjoyment and emotion, which caused further social integration. It can be said that disabled sports are now embedded deeply into society as rehabilitation and integration tools. This is in no small measure because of its close relation to able bodied elite sport. The intentional closeness of theme, timing and location has a lot to do with that as well.

Even though the picture is generally positive, it is not yet possible to speak of completely successful integration yet. Many physical and mental disabilities are still being suppressed and only "socially acceptable" handicaps get onto centre-stage. To change these attitudes will be the goal of a fourth phase in the hopefully near future. ■

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Notes:

1 In the medieval urban societies people with disabilities also suffered under merciless derision, ghettoisation and banishment (see Weiler 1987).

2 Similar basic ideas as with Aristotle and Plato can be still found in the middle ages and in modern times. For instance in the works of *Giambattista della Porta* who concluded that people with a high and domed forehead must be stupid because that was the shape of an asses head. Such analogies can still be observed in the second half of the 19th century. The criminal anthropologist Cesare Lombroso argues in his influential book Uomo delinquente (The deliquent man) that the "the characteristics of a criminal personality always parallel somatic abnormalities" (Eco 2004:261). Even J.W. Goethe supported physiognomic character analysis in his literary collaboration with Pastor Johann Caspar Lavater (see Frey 1999:35ff.).

3 The first hesitant beginnings of a fair consideration of physicality and disability can be deduced from a few writings by *Hippokrates* (460 – 375 BC). He promoted gymnastics for the harmony of body functions and prescribed exercising the torso and breathing techniques for deformities of the thorax (see Scheibe 1994).

4 The low significance of physical performance of people with handicaps can be read out of humorous epitaphs dedicated to unsuccessful athletes. A failed pentathlete got the following inscribed on his tombstone: "None of the wrestlers fell down as quickly as me. / None or the runners was as slow as me. / I did not hit the target with the discus. / I did not get my feet up for the high jump. / And the javelin is better thrown by a crippled boy. Thus I was / declared the first to be defeated five times in the pentathlon." (see Weeber 1994:84).

5 It is recorded that Katharina von Medici kept nine dwarves at her court who she tried to breed by arranged marriages.

6 The Prussian poverty laws of 1891 contained regulations about the treatment and care of "needy mental cases, idiots, epileptics, deaf-mutes and the blind" but physically handicapped women, men and children were exempted.

7 First attempts at governmental "cripples' welfare"were suggested by the orthopaedic surgeon Biesalski in 1906/07. To conserve the state's finances preventive care was legislated in. The beginning was a census of all physically impaired children in Prussia.

8 Guttman discovered the importance of physical fitness in the treatment of paraplegics with the so-called sweat box. His patients had to enter this sauna-like contraption to draw up an accurate sketch of damaged nerves by observing the running pattern of perspiration.

9 A paraplegic boxer complained: "There's no bloody time to be ill in this bloody place . . ." (Goodman 1986:129).

10 About 100 000 people became victims of the Nazi euthanasia programme just from 1939 - 1941. It had the goal to exterminate so-called "worthless life forms" (*unwertes Leben*) – the diseased, crippled, mentally unstable (see Roedig 1985).