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The stigmatised physical educator

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The stigmatised physical educator

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The purpose of this autoethnography is to challenge the traditional, hegemonic, able-bodied identity of a physical educator and to create a space for ‘non-traditional’ physical educators to speak up about their personal experiences and embodied identities. Specifically, I utilise a personal narrative approach in my attempt to address issues of embodiment, ‘the body’ and illness in relation to my teacher identity, with a particular focus on how I have navigated a spinal injury, partial paralysis and lower back surgeries as a physical education teacher educator. Throughout this article, I first explore how my teacher identity was initially centred on my athletic, able-bodied self as a young, naïve secondary physical education teacher. I then delve into how my teacher identity as a physical educator has been changed and altered due to an unexpected ‘illness’ and deteriorated physical conditions I have encountered over the past decade, causing me to question, challenge and critique my perceptions of my teacher identity in my altered and new ‘body’. I situate my teacher identity around Goffman’s theoretical concept of ‘stigma’, with a particular emphasis placed on the type of stigma associated with abominations of the body.

Keywords: autoethnography; physical education teacher education; identity; physical limitations; body

Prologue

September 7, 2012

I sit in this familiar room, the size of a small office that houses three average-sized chairs – two for the client(s) and one for my therapist, a short wooden bookcase and two small tables, but feel so different from any appointment I have previously had with Marie.¹ ‘Thank you so much for taking your free time to let me interview you’, I convey with a shaky voice. I break the eye contact between us to look down at my interview protocol as I prepare for the start of the interview.

*Do I really want to interview people – medical professionals, family, colleagues and friends, to find out how they perceive me as a physical mover, teacher educator and person? Am I ready to deal with their feelings and experiences? Will they be honest with me and how will I know if they are being truthful?*²

I bite onto the soft, cartilage-like mouthpiece as I sip from my blue Camelbak water bottle; trying to buy a few more seconds before I must begin. I breathe deeply, inhaling and exhaling through my nose, and then I extend my right index finger and press record.

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I begin slowly as I ask a few general questions: ‘What is your name?’, ‘Can you describe the nature of how we know one another?’, ‘Going back to when we first met, how would you describe me as a person?’ I am actually enjoying our conversation – about when I started going to Marie four year’s prior and our experiences at a local fitness centre in which we are both members. I lower my shoulders and ease back into my chair.

And then it came out of nowhere.

A blow so deep in my abdomen that I felt myself *wanting* to gasp for air.

It was her response to the question, ‘how did I move and function during that time?’

Okay. The word comes to my mind, and please don’t be offended by this, you look like a cripple. You know, and I’ll say, even now, and please don’t be offended by this, as you drag your leg, there’s a totally different kind of- and it would be interesting to actually see you run. When you say you’ve run eighteen miles, I’m trying to figure out, what this even looks like, because it’s true. It looks like you’ve got a paralyzed leg or foot and some kind of- there’s obviously something there that’s different in you. You can see the effort, you know, for that. It was not a good look at all. It was like you had had a stroke and you were trying to think to take a step, and I gotta think how to lift my leg for the next step, oh, watch my foot so I don’t trip on the carpet. And, you know, I’d be worried about you coming up the stairs. I was worried about you with the carpet to the floor. You know, if she goes to the area that’s carpeted is the toe gonna trip? I mean, it was this very deliberate way of walking that really is like a cripple.

The word was out there. Cripple.

How do you respond to such a derogatory label? How did I respond? Had she read my mind, because I know I never spoke that word in any of our sessions?

I simultaneously felt kicked in the gut and a sense of relief. I hate to admit it, but it was how I started to identify myself, including as a physical educator, and so, despite the burning sensation I felt throughout my entire body from Marie’s cripple labelling, I responded in an elaborate manner with how I *did* (do?) feel like a cripple.

The purpose of this autoethnography is to challenge the traditional (i.e. male, heterosexual, white, motor elite), hegemonic, able-bodied identity of a physical educator and to create a space for non-traditional physical educators to speak up about their personal experiences and embodied identities. Specifically, I utilise a personal narrative approach, which according to Ellis (2004, p. 45) is ‘to understand a self of some aspect of life lived in a cultural context’ as I attempt to address issues of embodiment, ‘the body’ and illness in relation to my teacher identity, with a particular focus on how I have navigated a spinal injury, partial paralysis and lower back surgeries as a physical education teacher educator (PETE). Autoethnography provides me with the ability to use writing as a method of inquiry to address the aforementioned issues and purpose of this paper, because ‘autoethnographies have the potential to challenge disembodied ways of knowing, and enhance empathetic forms of understanding by seeing our “actual worlds” more clearly (Sparkes and Smith 2013, p. 160).’

Throughout this article, I first explore how my teacher identity was initially centred on my athletic, able-bodied self as a young, naïve secondary physical education teacher. I then delve into how my teacher identity as a physical educator has been changed and altered due to an unexpected ‘illness’ and deteriorated physical

conditions I have encountered over the past decade, causing me to question, challenge and critique my perceptions of my teacher identity in my altered and new 'body.' I situate my teacher identity around Goffman's (1963) theoretical concept of 'stigma', with a particular emphasis placed on the type of stigma associated with abominations of the body. Stigma, according to Goffman (1963), is experienced when a person who possesses an attribute that makes them different from others, is less desirable, is potentially bad, dangerous or weak, which reduces the members of society's minds from a whole and usual person to a tainted, discounted one. Stigma can also be 'called a failing, shortcoming, or handicap and constitutes a special discrepancy between virtual and actual social identity' (p. 12) and is often compared to a 'normal' person. Social identity is central to a person with a stigma and in this paper; it will also be central to my teacher identity as a PETE. Collectively, I utilise McRuer's *Crip Theory* (2006) to frame, understand, analyse and (de)construct my (dis)abled embodied identity.

Although I focus extensively on *my* experiences through autoethnographic writing,³ which provides 'an opening to honest and deep reflection about ourselves, our relationship with others, and how we want to live' (Ellis 2013, p. 10), I also integrate the perceptions and experiences of my students and colleagues in relation to me as a physical educator, which I obtained through individual semi-structured interviews. I attempt to 'interrogate what [I]⁴ think and believe, and that [I] challenge [my] own assumptions, asking over and over if [I] have penetrated as many layers of [my] defences, fears and insecurities as [my] project requires' (Ellis 2013, p. 10). Through this process, I attempt to make meaning of my memory of past experiences – what I recall visually and emotionally – as well as how I feel about those experiences *now*. A challenge in employing autoethnography as a method of inquiry, or what some may consider a limitation, is that 'autoethnographies can never be a stable truth because memory is active, dynamic and ever changing' (Bochner 2013, p. 54).

The able-bodied physical education teacher

September, 2000

The plastic ball screams towards the right sideline on my side of the net, while I rotate my body back to ready position after sending a forehand to move my opponent to his left, backhand side. Without hesitation, knowing that there is a slim chance that I can return this ball, I dive to my right and extend my left arm and pickleball racquet as far as I can, hoping to make contact.

Whack! The end of the wooden paddle makes contact with the ball, but I am far too late to put any amount of force for an efficient return. Meanwhile, I extend my right arm to brace myself for the evident collision that is about to transpire between the hard wood floor and me.

Squeak. Thud. Smack!

I use my hands to push off of the gym floor as I jump back up to standing position. Paddle in hand, I turn towards my opponent across the net, with a stare that will hopefully send a message to this 14-year old that it would be the last time he would beat me down the line.

I am 21-years old, white, gay, able-bodied female, just graduated from college, and this is my first teaching position at the high school level. Each day is a learning

experience. Within the first week of the academic year, I had to decide who I was going to be as a physical education teacher: was I going to be a ‘roll out the ball’ (Spencer 1998) teacher or utilise best practices and implement a quality physical education programme? I chose the latter of the two. I wasn’t willing to compromise my teaching philosophy or current teacher identity simply because it was easier or because my other colleagues were doing it. I developed unit and lesson plans that were based on learning objectives and outcomes, provided positive learning experiences across all three learning domains and established a strong rapport with my students. In the scene above, I was practising a sport I had never played before, pickleball, with a student during his lunch period. For weeks I played against my students and colleagues before school, at lunchtime and at the end of the day to prepare myself to teach this unit during the winter months. I am a strong proponent of teaching content in which you are unfamiliar; however, to teach it, you must *do it, play it, perform it*. It’s one thing to know the rules of the game; it’s another to be able to provide specific and corrective feedback to students to help improve their performance. Someone might argue that I could watch video or live performance, similar to coaches of sport, identify common errors, diagnose the problem and provide immediate feedback. Although this is beneficial and certainly a skill that physical education teachers need to possess, nothing compares to knowing what it *feels like* as a performer.

Does this mean to be an effective physical education teacher you have to be able to perform all content in which you teach? That if you JUST have the content knowledge about the sport or activity then you are not qualified or can’t be successful in implementing a quality physical education programme? Who determines this? How and why?

At the young, inexperienced, naïve age of 21, I *did* believe that you not only had to perform, but also *look* the part to be an effective physical education teacher. I bought into the traditional, hegemonic norms of a physical education teacher: white, male, heterosexual, able-bodied, motor elite (e.g. Bain 1990, Skelton 1993, Webb et al. 2004, Wedgwood 2005).

How else would students become motivated to engage in physical activity if you weren’t doing it yourself? I never wondered whether my fearless opponent in pickleball questioned my ability to move or play sport. He might have beaten me on that point, but I could play. I had game. I was capable and abled.

Oh, how elitist and privileged I was as an able athletic body-self and sporting body (Sparkes 1996, Shilling 2008, Fisette, *in press*), even though I certainly did not understand my own privilege at the time. I never articulated my beliefs to the students; however, I wonder how my performing identity influenced my teacher identity.

In just 10 months time, my perceptions and teacher identity quickly changed.

Winter, 2001

I zip up my winter jacket and brace myself for the frigid temps I am about to encounter as I exit the high school. I begin the trek out to my car, about 50 yards away, when I feel a sharp twinge in my glute.⁵ ‘Ouch!’ I immediately grab a chunk of my left glute as I abruptly stop in my tracks. I clench my upper body and use all of my effort to straighten up my hunched over body, due to the weight of the bags located on each of my shoulders. I stand there – stationary, alone, disoriented – for a

few seconds. Once the pain dissipates, I take a short step with my right leg as I attempt to move towards my destination when another sharp pain pierces my glute and radiates the entire region of my backside.

What is going on with me? I have been experiencing this pain lately and don't know why. I figured I would be able to shake it off by now. I don't recall a specific incident that brought this on. Was it when I played basketball on Wednesday night? Lifting legs? I certainly couldn't have injured myself on the elliptical. I'm an athlete after all. I should be able to shake this off. Yes, at the time, I saw this pain as a random hiccup, even a possible fluke injury, but I was banking on my youth and athleticism to afford me the opportunity to bounce back. Not once, not for one second, did I ever consider something might be 'wrong'; that there was a problem or issue with me, with my body (Frank 1995).

I reach my car, place my bags in the backseat, and take a deep breath as I lower myself sideways into the driver's seat. I hold my breath in an attempt to ward off any pain as I pivot and swing both of my legs 90 degrees to fit under the steering wheel.

Over the next few months, I continue to have discomfort in my left glute, yet carry on implementing best practices in my daily instruction. I did all I could to hide the pain from my students and colleagues. Regardless of the level of pain, I jumped, I dove, I played and I performed. I brushed off the pain; dismissed it as if it did not exist, and carried on. I was not prepared to acknowledge or deal with anything that would cause me to question and challenge my abled sporting body, never mind my evolving teacher identity.

Becoming a physical educator with a failed(ing) body

February, 2008

It's 4am. I am wide-awake, anxiously waiting for my interview day at Kent State University. I visualise my research presentation in my mind – slide by slide, word for word. Introduction, theoretical framework, methods, findings, future research. I close my eyes hoping that I will drift back to sleep. I toss, I turn and give up a few minutes later. It's time to hit the treadmill. Physical activity is my best medicine.

The treadmill is rickety, as it squeaks and crackles when I step onto it with my right foot, but I get on it anyway. I stare straight ahead at the white, barren wall, as I run to songs such as Journey's 'Don't Stop Believin' and the Rocky theme, 'Eye of the Tiger.' I intensely swing my arms back and forth, and breathe deep into my lungs. I suddenly clench my fist and pump it into the air, anticipating how I would respond if I receive a job offer. I want it. I can taste it. But doubt creeps in as my iPod shuffles to Melissa Etheridge's, 'I Run for Life;' my theme song over the past year.

Do/should I tell them about my back problems? About the surgeries? How I almost had a third surgery during my four years at UMass? Will they know? Will they be able to tell by the way I walk and move? Will they see me for who I really am – a 29-year old, white, gay, questioningly able-bodied, non-athlete, female physical education teacher? Will I be surveyed and judged (Foucault 1979) in comparison to the traditional, hegemonic physical educator or will they be more open-minded, understanding and accepting than I am of my own self?

I am at a crossroads as to how to deal with my back issues as I venture into the next stage of my professional career.

Fall, 2005

The pain in my ass that I experienced in my first year of teaching high school was diagnosed as three degenerative herniated discs that resulted into two surgeries in two years. My athletic, able-bodied self instantly changed into a painful, limited, failed(ing) body, causing me to alter and change my approach to teaching and ultimately my teacher identity. I no longer could perform all of the skills and movements I taught my students. I could not carry or set up my own equipment, rather, I had to ask for help day after day. I felt defeated and began to question my ability to be a physical education teacher. After all, I believed that you had to not only *look* the part, but also *perform* the part. Even though I altered my approach, I did not alter my beliefs. I was an imposter to the physical education teaching profession. I was a fraud, well, I at least felt like I was a fraud. The physical education context is so public, open to people's surveillance and gaze (Foucault 1979); thus, anyone and everyone could see how my body had failed, that I could not complete the responsibilities of a physical education teacher. Don't all physical educators have the same views, perspectives and expectations as to what a physical educator should look like and be able to do? At the time, I at least thought so. It was one of the reasons that I decided to go to graduate school full time in the fall of 2003.

During the second year of my doctoral programme, I learned a multitude of lessons on humility, integrity and vulnerability. I was in pain all the time. When I lost full function of my left foot and had 'foot drop', it took extra effort to move my body and drag that lagging foot across the UMass campus, my head looking directly to the ground to avoid making eye contact with a pedestrian.

I must look so pathetic. I AM pathetic. Who else 'walks' like this? Not someone at my age anyway. Not someone who was an athlete or a physical education teacher. I still, at this point, even after two back surgeries, could not accept that my body was altered; that I could not perform and move in ways that it once did and that it never would again. I resisted any notion that I could possibly be non-able-bodied, not an athlete, 'not' in any way. I clearly looked at disability or any form of impairment that was not an injury as negative and not socially acceptable. Although I was a person that tried to view the world in a positive light, I simply could not when it came to my own embodied identity. It seems that I am not alone on my resistance to 'come out' as crip, in relation to compulsory able-bodiedness (McRuer 2006).

I assumed that some of my students would see me making my way around campus in this deteriorated physical state, so instead of ignoring what was going on with me, I explained to them about my condition, in a shaky and somewhat embarrassed voice, 'I want to let you know that I am in excruciating pain. I have lost function and feeling of my left foot. I struggle to sit, so will stand most of the time. This will not hinder my ability to prepare for every class'.

Silence. Dead silence.

'Are you going to be okay? Is there anything we can do for you,' one of the female students asks.

'I certainly hope so. Thank you for the offer. I just need for us to carry on as usual except I might not be sitting still at a desk like you for the entire class period.' And with that, we moved on to the lesson topic of the day.

According to Goffman (1963), I 'covered' with my students by verbally exposing the stigma in my attempt to reduce tension and withdraw attention from the stigma.

I do believe that I can perform my teaching duties to the best of my ability, but I won't deny that I am so grateful that I am teaching in a classroom setting and not teaching physical education in a movement and public environment. If I was, would I be able to perform my duties as a physical education teacher? Would students be motivated to move and take me seriously? Would I be able to take myself seriously? Fortunately, I do not have to worry about such questions ... not right now anyway.

According to Frank (1995), I was struggling with bodily issues of loss of control and contingency. Although I vowed I would be prepared for each class, my back problem was at a bodily stage of unpredictability (Frank 1995).

July, 2008

By the time I graduated from UMass in 2008, I was feeling more like my 'old', restored self (Frank 1995, Smith and Sparkes 2008, 2012, Smith 2013) than I had in the past 7 years. Yes, I still had discomfort and pain at times, but I was running 6 miles a few days a week, going on 20–30 mile bike rides, weight training and moving around in life without (*well, limited?*) pain or restriction. I spent three years trying to 'correct the situation' (Goffman 1963) with extensive physical therapy and epidural steroid injections, as I retrained my body to perform 'normally' once again. If people did not know about my back problem, I think I could have 'passed' (Goffman 1963) without them having any idea that I have a physical (*hidden?*) disability.

From taking social justice workshops I came to believe that I had a 'hidden' disability. I was rather adamant about that. Did I identify that way? If someone asked me to describe myself would I say that I have a hidden disability or ignore my 'back problem', my 'failed body' completely (Sparkes 1996, Fisette, in press)? My ability to move, to perform, to be 'able' was central to my embodied identity. I thought about 'it' every single day, but did others think about 'it' in relation to me daily, especially those that did not know? According to McRuer (2006), 'visibility and invisibility are not, after all, fixed attributes that somehow permanently attach to any identity' (p. 2). Instead of getting to a place of acceptance of me, of who I am, of who I have become, I continued to resist, deny, and hide this 'hidden' or 'invisible' disability. I was still determined to get back to that able-bodied, athletic self, not only because I was a physical education teacher, but because that is how I viewed myself and who I wanted to be.

As I accepted a tenure track position at Kent State University, I was concerned about my 'hidden/invisible' disability. My uneasiness and worry aligns with Goffman's (1963) description of a person with a stigma 'can never be sure what the attitude of a new acquaintance will be, whether it will be rejective or accepting, until the contact has been made' (p. 24). The key to Goffman's description is the ability to create that contact, yet, because I was so worried of how others would perceive me, I did not give them the opportunity to reject or accept me – I had already done the rejection for both/all of us.

February, 2008

I did not give any indication on my interview that I had any physical limitations; that is, I *intentionally* chose to not disclose my back issues. I ‘looked’ the part of a physical educator (athletic build, symmetrical, fit) and certainly demonstrated my content knowledge of physical education teacher education. Most importantly, I wasn’t asked to teach an activity-based lesson on the gym floor. I was once again in a privileged position, because I could ‘pass’ (Goffman 1963) as an able-bodied person; not as a *physical educator*, but person, because my stigma was not visible. In hindsight six years later, I cringe at the thought of how I identified as someone with a disability. Based on the American with Disabilities Act (2014) definition, I do not have a disability, because I can function on my own without assistance. Yet, I am not a completely able-bodied, or ‘normal’ person. McRuer argues (2006) how difficult it is to define, demonstrate and identify what normalcy is; particularly in this instance related to able-bodiedness. So what do I have exactly as a person with a spinal_____? A limitation? A condition? An injury? An issue? A problem? Where do I fit within socially constructed labels and ideologies? And how, then, does/will my body-self and performing identity influence my teacher identity? And ultimately, why does it even matter? Of course it matters to me personally as how I identity and am identified by others influences my embodied identity. Furthermore, in addressing the purpose of this autoethnography, it has potential ramifications on how other physical educators and PETEs identity themselves.

The wounded physical educator**September, 2011**

The sun is shining brightly on this early fall morning; a perfect day to teach striking and fielding activities outside with my students. Every fall semester I get pumped for teaching this game performance course; it allows me to get a sense of my students’ abilities as physical performers and provides ample opportunities to ‘live the curriculum’ in regard to demonstrating the importance of pedagogical and content knowledge. But, this fall, things are different. Very different. In August, the lightning bolt, razor sharp excruciating pain resurfaced in full force. The pain originates in the sacroiliac area on my left side and descends deep within my glute, down the backside of my leg, across the anterior tibialis, into my left foot ending with my big toe. I cannot stand, sit, lie down, or do anything without intense pain radiating down my leg. And, even more severe, is the fact that I have no function in my left foot and lower leg. None. Zero. It’s lifeless. Simply does not work.

On this beautiful morning, I am accompanied by my two graduate students, who assist me not only as teaching assistants, but also as bodyguards or ‘bumpers,’ as Christy would later state in an interview. As we walk out to the field, my walking gait requires me to hitch my knee up high and swing my left leg out to the side with every step. This causes my right side to shift even more to the right for counterbalance and often times overcompensate due to the decreased strength of my overall body, not just my left side. It is a slow process, but we finally make it to the ‘safety zone’, a circular space bounded by tall, colourful cones where all of the equipment is housed for the three softball fields that are set-up. ‘Wow, I’m winded,’ I admit to Michael and Christy as I put my hands on my hips and take a deep breath to get my wind back. I shake my head while staring down at the dewy grass. I could not look

into their concerned, worried eyes again. I am frustrated with myself, with my body, with this ‘problem’ that I have. I mean, how pathetic am I for being exhausted after traversing *only* a quarter of a mile? But, there is no time for a pity party, for feeling sorry for myself. ‘Freeze’ I yell as I raise my arms in the air signalling to the students that it is time to come in for instruction. ‘Let’s quickly review some defensive positioning from last class. There’s a person on first and the batter hits a groundball to the shortstop, who covers second base?’

‘The second base person,’ someone shouts out loud.

‘Is it a force or tag play?’, I ask.

‘Force, because there is a person on first. It would be a tag play if there was no one on first and the batter/base runner rounded first and advanced to second,’ another student responds. I give them a few more scenarios and assess their cognitive knowledge of what they learned the previous week. I provide them with goals and conditions for this morning’s first small-sided game and send them back to their home fields to enhance and develop their skilfulness of the game. ‘Hustle, hustle, hustle,’ I bellow, as I try to motivate them on a Friday morning. I drag my left foot, and my failing body, around to all three fields providing feedback to the able-bodied students, many of whom are performing at a motor elite level. I remain in the safety zone, even though to me, it seems like a minefield, or, according to my undergraduate student, Jenny, the ‘danger zone.’

How am I going to move through the multitude of bats and balls? What about those large softball bags? Around the batting tees? Never mind the balls that come flying through the zone from one field to the next. Can Michael, Christy, and the class sense my timidity or am I able to hide my tentativeness?

Michael and Christy attempt to follow me and deflect any incoming debris that comes in my direction. ‘Dr Fisette, do you want each of us to take one field so you do not have to move around so much,’ Christy offers.

‘No, thanks. I need to see all of the students perform and provide them with specific feedback. I do want you to go to each of the fields as well. Let’s be sure that we are at different fields so we can give them maximum feedback.’

I ache inside with not only what is happening to me, but also how my physical limitations are influencing my students’ learning experiences. I feel selfish. Teaching is giving me a reason to carry on each day; yet, the students deserve so much more. They MUST question my ability to teach, wonder how I can be a physical educator if I can’t even perform tasks to SHOW them the skills and movements necessary to perform a task. That is, of course, if their perceptions of a physical educator align with the traditional, hegemonic physical education teacher in which I am comparing myself. How am I leading by example? Once again, I feel like a fraud, an imposter to the PETE profession. Actually, I feel as if I am wearing the Scarlet Letter (Hawthorne 1850) on my left foot and lower leg. No, it is not to represent shame for Adultery (A); rather, to represent my fear, worry, concern and possible embarrassment my lower extremity brings to me as a wounded physical educator (Frank 1995).

I could no longer ‘pass’ (Goffman 1963) or hide my physical issues; rather, I now had a stigma that was visible for all to see. My body failed (me) again.

The (Crip)pled⁶ Physical Educator

November, 2011

It was inevitable. Eight weeks into the fall 2011 semester, I had my third back surgery; the first on my L3-L4 disc. The surgery was deemed a success by my neurosurgeon, but I did not possess more feeling or function in my foot and lower leg than I did before the surgery; I still had paralysis. Although I was physically limited, I did not allow it to restrict me from completing daily functions and routines, and from getting back to work three weeks later. But, I was weak, feeble, exceedingly cautious with every step that I took, and terrified of tripping and falling in front of students, faculty or staff; similar to Marie's worry about me making my way to her office.

Please don't trip; please don't fall,' I would say to myself on a daily basis as I stared at the ground studying the terrain in which I was walking. 'There's a rumple in the carpet on the right, shift to the left. There is an inch discrepancy between the sidewalk slates coming up – stutter-step, stutter-step, until I can lead with my left foot over the barrier.

It was mentally and physically exhausting. Honestly, I did not realise how exhausting it was until the end of the academic year in May when I struggled to get out of bed; a rare occurrence for me. Everyone was overly encouraging, concerned and willing to help: 'Can I hold that door for you?', 'Would you like me to take your materials down to the classroom?', 'Do you want to grab onto my arm for support?'

Do they think I am not capable? Are they feeling pity for me? Do they not realise I can do it on my own? I was determined to do everything on my own. I wanted to prove to my colleagues, students, family and friends that I was capable and abled, that I could perform my job, yet, I knew that I – my body, my embodied identity – had changed. The reality was I could not function like a fully-abled bodied person and I could not 'hide' my limitations and paralysis anymore; I could not 'pass' (Goffman 1963) as something I was not. Although I knew this – knew that I might never regain function of my foot and lower leg again, I was determined to get the function back. I desired greatly to become part of the remission society (Frank 1995), once again, resisting any notion that I could be 'other', that is, disabled, impaired, or even, crip. Why did I view such labels as negative you might ask? Saying, 'I simply do not know' would be a copout, I know that, but I really do not know. I guess I don't want to have any limitations. I want to be able to do, perform, be however I want, but that is not reality. That is not life.

The Scarlett Letter (Hawthorne 1850) and the stigma were emblazoned all over my existence. I felt I was having an identity crisis amidst my own struggle to return to a functioning, able-bodied person.

Fall, 2012

After attending my first International Congress of Qualitative Inquiry conference in May 2012, I decided to embark on an autoethnographic journey of my body-self and performing and teaching identities (see Fisette, [in press](#)). After obtaining IRB (institutional review board), I began to interview my family and friends, doctors and therapists, colleagues and students. I selected participants that represented all aspects of my journey with my back issues, going back to family, friends and former clients that were in my life for all three surgeries and during my time at UMass and

particularly focused on recruiting key players in my most recent experience. Thus far, I have conducted 20 interviews that were both face-to-face ($n = 15$) and electronic ($n = 5$); the face-to-face interviews ranged from 20 to 100 min. Specifically, I interviewed my immediate colleagues at Kent State, all of the medical professionals that worked with and on me during that time, and a sample of graduate and undergraduate students that I had in class in fall 2011 and in which I still had access. I also engaged in a writing and reflective practice through personal and professional journaling – of my daily and weekly experiences as well as my immediate analysis of each interview I conducted. The process conjured up deep emotion, causing me to be more intentional about my own reflexivity, which resulted in a struggle of who I felt I was, with whom I wanted to be (Ellis 2004, Laurendeau 2011, Dashper 2013).

I felt like a cripple.

I privately referred to myself as a cripple.

Marie identified me as a cripple.

I publicly expressed my desire to walk 'normal' again.

I was terrified that the Scarlett Letter, the stigma would remain; that I would continue to be a fraud as a physical educator.

One of the first interviews I conducted was with my immediate colleague and friend, Matt. Sitting in the conference room within our office suite – each taking a seat close to one another among the long table that housed at least 10 other chairs – looking into each other's eyes with a faint smile, both indicating that we knew this could get emotional. Half way through the interview, I asked Matt, 'So you said you noticed a gradual change in my physicality. Did anything stand out to you when we taught content and methods together in the spring?'

Matt took a minute to reflect back on that time and responded, 'I guess it's never been an important thing to me. 'Cause the answer's No. It's not like I'm sitting there thinking, '___ can't do this because she doesn't have the physical ability. That's never been the case. It's just never occurred to me. And I hope that comes out in the right way because I think that says something about my expectations of you and for you.'

I feel an ache in my stomach and my eyes moistening. That emotional moment that we thought could occur in this interview is happening. In that moment, I want to give him the biggest hug as I believe every word that he conveys to me – and, the words that he has not explicitly stated – that despite a physical limitation, impairment, paralysis – he accepts me for who I am and views me as a PETE, as a capable and abled PETE. I attempt to return the honesty, 'Well, it's heartwarming, because, I view myself as a cripple. And that's what I call myself. Rather frequently.'

With tears filling his brown, sincere eyes, he responded,

I've heard you do that and I never wanted to correct you. I kinda hate that you refer to yourself as a cripple, I do. I think I am going to slap you the next time you call yourself a cripple. I've only ever felt that you were somebody walking with a limp. But for the most part, those things tend to be temporary ailments.

At the moment, I feel a sense of relief for 'outing' my crippling identity (McRuer 2006), but feel utterly embarrassed. I mean, who, in the twenty-first century even

uses such a derogatory term as cripple? How would I feel if my family, colleagues or students used that term to describe themselves or others? I would be pissed off and would not hesitate a moment to correct them. Even Goffman, back in 1963 expressed, ‘Cripples is an awful word. It specifies! It sets apart! It is too intimate! It is condescending! It makes me want to vomit like a wiggling creature coming out of the cocoon’ (p. 139). Little did I realise until I conducted research for this article, that not only was Goffman right over five decades ago, but McRuer’s (2006) Crip Theory repositions the term to commonly used identifiers such as ‘crip’ or ‘cripping.’

Did my students identify me as a cripple? If not, how did they identify or perceive me? Did I perceive myself as a crip when viewing myself from McRuer’s (2006) description of Crip Theory as ‘how bodies and disabilities have been conceived and materialized in multiple cultural locations and how they might be understood and imagined as forms of resistance to cultural homogenization’ (p. 33)? Honestly, until I worked on this article, I had no concept of McRuer’s Crip Theory.

I won’t deny that it was awkward to interview my students about their perceptions of and experiences with me in the game performance class a year prior. I did not have these students in my class at the time I interviewed them, but I was hopeful that they would ‘just tell me the truth’ (Peers 2012). I was also concerned about the power positioning (Foucault 1979) between the students and me, even though I, ultimately, was the one that was vulnerable and exposed. Well, I *felt* vulnerable and exposed.

Would they know this, I wondered? Did they feel the same about themselves?

The four students I interviewed, Jenny, Nick (undergraduates), Christy and Michael (graduate students), utilised an array of terms, such as limited, normal, disabled, disability, able-bodied, throughout the interviews to describe me or at least, to describe the condition or situation I was in. Nick was the only person to use the word ‘cripple’ in the interviews, aside from Marie, without being prompted. I admit, it was work to get Nick to provide detail and description to his recollection of memories. He is a person of limited words to begin with, never mind when asking questions about his professor from a year prior! Towards the end of the interview, he perked up with excitement when I asked, ‘Hypothetically, do you believe the surgery worked?’

Yes!, he exclaimed.

I was startled by his enthusiasm. Knowing that he would not provide me with any more information unless I asked a direct question, I probed, ‘Because I am moving?’

Yes! I mean, yeah, maybe in your mind you’re not completely back to where you were but from a standpoint that you were almost into a crippled, debilitated state to where you are now.’

The word was expressed out loud again. With a lump in my throat, I responded to his description of my physical state with yet another follow-up question – one in which I was nervous to hear his reply, ‘Yeah. It’s a fair point. Did you think of me like that? As a crippled, debilitated kind of person?’

Without hesitation, Nick answered, ‘No, because you didn’t show it. How to say it ... you weren’t complaining like oh, woe is me today, I can’t do this.’

My interview with Christy was quite the contrary to the interview with Nick. She has the ability to verbally express with abundance and provided detailed recollections of the events and experiences that transpired the previous fall. On numerous

occasions, Christy talked about labels and stereotypes, such as physical ailments and disability, prompting me to outright ask, 'Is this how you define or view me – someone with a disability? It wasn't a question on the interview protocol, but how could I not take advantage of this meatball she tossed me.'

This is what I am interested in learning, isn't it? But, I was really worried about her response. Christy, after all, had been in the same course the previous year; a prerequisite to get into the PETE graduate programme. She has known me for a couple of years. I valued her opinion. Looking back on my initial inner voice of this experience causes me to reflect even deeper to not so much as to what I was feeling, but the meaning behind these feelings. Why would I care so deeply about how a graduate student perceived me? Yes, of course I care about my students, but it meant THAT much to me to NOT be viewed as disabled, as a cripple, as something 'other than?' How could I live most of my life afraid of a label or spending so much time on the things I could not do compared to all that I COULD do? That is the issue, isn't it?

Christy responded to the question in a compassionate and thoughtful manner; a question I felt hung in the air forever, 'I mean, the function is not the same as what it was or the same in your other foot. So, it's not like I'm not acknowledging it, but I just, I don't view you as a disabled person, no.'

My interview with Michael, in a café in downtown Kent, was the most detailed and complex of the interviews with the students. Michael, with an exercise science undergraduate degree, was able to observe and diagnose my physicality more than others, because he was trained to do so. For over an hour, we engaged in deep, rich dialogue. At times, tears filled up my hazel eyes and at other moments, I felt a twisting ache deep in my gut. One of those times was when I asked him, 'How would you describe me as a teacher educator *after* the surgery? Was I the same or different?'

It seems like it doesn't define you but it does make up a part of you. I think it brings sensitivity towards things so I think you didn't let it define you at all. You have that type of resilience, but at the same time I think we discussed marginalisation, we discussed social groupings, we discussed able bodies vs. non-able bodies. I think it brought a whole new perspective and how we accommodated those individuals, how inclusive they are within society, within physical activity settings.

Nodding, I followed his academic stream of conscious as he talked, knowing full well he would eventually get to the personal.

So I think it kind of enriched your outlook towards it maybe even more so, how you teach others. I think some students kind of overlooked it. For a while there you were considering or even thinking about worst case scenario – I think potentially not being able bodied and how society should talk about that or how you being able to have aspirations as a teacher educator. So I think you kind of helped that experience or used that experience to kind of help enrich some of the things that you instruct about. Not that you didn't before, but now you have a story to share to go along with it so you kind of highlighted at least the need for it.

I was not surprised in Michael's academic musings about able-bodiedness, disability and person with limitations since Michael had taken to addressing social inequalities and deconstructing social ideologies during the two years he was a graduate student. Listening intently to Michael, I decide to probe further about the academic and personal experiences and perceptions in which he is recalling. 'Another

question that came to mind, you used three different terms. You used able-bodied, non-able bodied and limitations. How would you describe me physically?"

With scrunched up eyebrows and a head tilt he asked, 'Now?'

Yep, would you put any of those labels on there or any different type of label? How would you describe and or categorize me?

He looked down at the tile floor for a moment and then looked straight into my eyes.

You are more able than you were. Are you more able than others? Maybe not, but I think you are definitely more able than others as well. I would definitely say post-surgery you were more able. I'm sure you have limitations still or there are certain things or activities that you might accommodate for. I think if you have to accommodate for something physically then inertly it is a limitation, but I would definitely from a society's perspective consider you an able body for sure.

Collectively, the students did not put as much focus or emphasis on how I *was* during the Fall 2011 semester, because they viewed the diagnosis and symptoms as temporary, a medical condition that was resolved or fixed by the surgery. Rather, they focused more on how I am *now* in Fall 2012 – mostly back to 'normal'. They did not see me as a cripple or disabled,⁷ but did see me as altered or different in some manner, even if they did not know how to 'classify or label' my physical limitations. To them, it didn't seem to matter.

But did it? Or is my questioning of them more about how it mattered to me?

Honestly, I don't really know the answer to these questions. I certainly wish that I did. I guess I simply long to be able-bodied in its fullest sense so I could be the athletic sporting body (Sparkes 1996, Shilling 2008, Fisette, [in press](#)) I once was as well as a physical educator without a stigma. But then again, Peers and Eales ([in press](#)) would argue, who *IS* able-bodied? Or maybe I should take Goffman's (1963) advice:

To see [myself] as a fully human being like anyone else, one that at worst happens to be excluded from what is, in the last analysis, merely one area of social life. [I am] not a type or category, but a human being. Who said that cripples are unfortunate? Do they, or do you? Just because they can't dance? All music has to stop sometime anyway. Just because they can't play tennis? Lots of times the sun is too hot! Just because you have to help them up and down the stairs? Is there something else you would rather do? (p. 139)

Goffman proposes fair and reasonable questions that cause me to look at the bigger picture in life – of being fortunate I am able to move and function on my own, of being able to have a career in which I enjoy and socially interact with others. Yet, despite the semi-reassurance, I received from my students as well as Goffman's perspective about cripples, the stigma was visible for all to see; at least to those who had knowledge of the stigma prior to meeting me for the first time (Goffman 1963). I knew about the stigma and it still bothered me.

The stigmatised physical educator

February, 2014

My lower back is stiff after standing on the hard wood floors for two hours, while I observe my pre-service teachers in their secondary field experience. At the conclusion of the sixth-grade class, I provide feedback to my student about her teaching, and then venture to find relief for my lower back. I sit on a stair located next to the

boy's locker room. I am not worried; I am accustomed to this tightness. It happens every time I am on a gym floor.

It's probably a good thing I left K-12 teaching a decade ago. I can't imagine how I would feel teaching on a gym floor all day long year after year. If I question my ability to be a PETE now, consider myself a fraud to the physical education profession, then how would I have viewed myself as a K-12 physical education teacher?

During this planning period, three out of four of my students grab pickleball paddles and begin playing a 2 v 1 game.

It instantly brings back memories. Yes, of the 14-year old boy and all of the others I played while I was teaching secondary physical education, but also of simply playing sport.

I watch them smack the ball back and forth over the net. I continue to sit, a position I do not often take, and smile at the enjoyment they are experiencing while playing the game.

Should I join them so it is an even 2 v 2? No, don't even think about it. I haven't picked up a paddle in a decade! Plus, they know I have back issues. They know about my stigma. Everyone knows ... at least I think everyone knows. I don't want to embarrass myself; I mean, I USED to have game, but not anymore.

I stand up as if I am going to head onto the court, but lower my stiff body back down onto the stair.

But it looks so fun! I am feeling better than I have since August 2011, maybe I can play, just a little?

'Hey, I'll play with Gail,' I shout out in an enthusiastic, but nervous tone. For a moment, I feel like I am 21 again, but I am *thinking* like a 35-year old who has had three back surgeries and has partial paralysis of their foot and lower leg. My heart is racing and I haven't even played a point yet. As the ball is served to Gail, I am on the balls of my feet, getting myself prepared to move in any direction. After a few hits, the ball is headed towards me. Forehand side. *I got this.* I pivot on my left back foot; bring my right leg forward, pointing my non-racquet shoulder towards my opponent. I swing the racquet at waist level and make contact with the ball out in front of my body, while I transfer my weight and step with opposition. Crack! The ball is in flight. *Thank goodness I did not swing and miss.* Swoosh. The ball hits the net. I look down at the hard wood floor and avoid making eye contact with any of my students. Despite the unforced error, my competitive juices are flowing, which provides an extra bounce in my step. We only play for 15 or so minutes, but I *played*. I high five my three students. 'Gail and I will get you next time!' I confidently shout to the boys. Oh, how I miss playing sport. I quickly do a body check – something I do plenty of times each day – no back pain...at least at the moment. And then, I immediately begin to analyse my performance.

Did I demonstrate skillfulness or make a fool out of myself? Did they expect me to perform better? To have more game? Did they even try or were they going easy on me? It seemed they were trying, but how do I know?

It's over 2 years after my third back surgery. I am feeling stronger than I have in some time, but I know my limitations. Although I feel stronger and am more confident in how I move and my ability to *teach* physical education teacher education, I still feel like an inadequate PETE. There is a part of me that longs to be able to move, play and demonstrate in my classes to show students what the performance is supposed to be like, that I, too, live the curriculum in which we teach them.

I disclose my back issues with my junior and senior methods students, as we all write a social identity paper early on in the semester. Despite that, fortunately (*or unfortunately*) I am considered the fitness expert of our faculty. My students also know that I engage in physical activity on a regular basis. So, I might be able pass with them despite my stigma (Goffman 1963) since I am not necessarily expected to perform in sport-related games.

Is this because they know about my back or because I am an 'expert' in a non-sport area? I wonder, how do they perceive me? Am I expected to perform and play sport ... by students, other PETEs, society? How are these expectations formulated? What is the basis in which they are assessing and evaluating my ability and me? The traditional, hegemonic, able-bodied ideal of a physical educator in which I compare my own self?

Fall 2012

To address some of the aforementioned questions, during the interviews, I directly asked my students about their perceptions of me as a physical educator. To my astonishment, all four of the students I interviewed did not view me as inadequate or less than of a teacher, did not question my ability to teach, because of my knowledge of the content, that they were still able to learn even though I had to have students demonstrate for me, and they never heard their classmates pass judgement or question me as a teacher. They did admit that my energy level was lower than which they were accustomed. I pose this question to Jenny, an athlete on the Kent State softball team. Without making eye contact with me, she recalled,

I think in the Target and Field Games you had to rely more on people's demonstrations. Since it's all for a beginner, the instructor usually does that, and since you couldn't really do anything that you had to rely on students, which is fine because we're in college'. We could learn just as easily from them. So, other than that I didn't learn less because you weren't giving demonstrations, but you were still able to give all the content that we needed. There was no lack of knowledge that I didn't gain because you couldn't demonstrate. I don't think there was ever that 'why is she teaching this class if she can't move and do all this?'

A month later, when I interviewed Michael, he also articulated that he never heard anyone criticise me as a teacher because of my limitations. He then depicted a picture of my teaching performance that aligned with how I *felt* or at least how I *perceived* myself to be during that challenging, painful time.

It [my movement] was limited so you really didn't feel like you could perform and maybe you'd have someone else demonstrate or you'd use different strategies to get the instruction across. You felt a disassociation, I felt that from you, that's how you use your engagement for your students as being involved, showing them, making movements with them and I think especially with them within the context that we teach. It's an important piece to the connection and I think that's really what you are drawn towards and what you used to be, an effective teacher.

My stomach knots up as he is talking. He is absolutely right. Sometimes the truth hurts. *But, is he really right? If we compare to the traditional, hegemonic physical education teacher he is, but there's more to being a physical educator than that socially constructed idealistic image – isn't there?*

I move pass my uneasiness and hone back to Michael as he never skipped a beat,

What was so nice was that you shared when you were frustrated, you shared when you were disappointed, or you made a random comment like, 'oh I'd show you, but I can't.' That sense of humour was evident and from our stand point it was nice to see a person in there and not just someone who doesn't feel like I can't open up to some undergraduate or graduate students. I need to keep my closure. You put yourself out there and were utterly exposed to the different opinions and views.

How to even begin to deconstruct all that Michael articulated in his response. He emphasised my limitations and how I was 'utterly exposed'. Yes, my stigma was certainly visible for all to see and even though the undergraduate students did not question my ability to be a physical educator, Michael, who at the time of the interview had just completed his student teaching and graduate programme, thus more knowledgeable about teaching methods, poked a hole in my effectiveness as a teacher. He was shedding light on what I consider to be my strength as a teacher, the ability to get to know my students, connect with them on professional and personal levels, yet, it was evident that I was not completely present when I was teaching, even though I *thought* that I put the physical pain out of my mind while I was instructing. It causes me to raise the question, what IS an effective teacher? Did Michael question my effectiveness because he knows my teaching philosophy and had experienced a different aspect of my teaching performance so had something to compare it to? Or, was he questioning my effectiveness in comparison to the literature (e.g. Metzler 2011, Wuest and Fiset 2014)?

Collectively, all four students repeatedly expressed how they were inspired by my passion and desire to continue teaching through significant pain and limitations. At the time I conducted these interviews, the students felt I was back to 'normal' for the most part. After such a heavy conversation, Christy, who always looked at the glass half full, tried to shed a positive light on the situation,

I feel you're very understanding of other people. But I feel like maybe part of why this is going on is because you're even more gracious, other-centred, and it makes you want to know other people better. On the outside someone might have a physical ailment or disability, whatever you want to call it. It might be a part of your identity, but it's not your identity. That's not who you are. It doesn't label your ability to run or to be successful or to be confident. So, even more so, it kind of matches with where your heart's at in terms of helping people and not labelling people, not stereotyping. I feel you're even more able to sympathise or empathise with others.

But is it my identity? Part of my identity? Who I am?

At this very moment, yes, it is part of my teacher identity, because it is a large part of my personal and social embodied identities. I have to think about my physical limitations every single day – from the shoes that I wear, whether I can sit or stand, the type of chair in which I can sit, how to put on my clothes, the length of a car drive, the terrain that I traverse – the list goes on and on. It is a part of me. It *is* me and fortunately, as all of the students conveyed, I utilise my limitations as teachable moments and experiences for my students. I can shed light on a world in which so few of my students have experience or can relate to, because they have been and continue to be successful movers and performers and they *think* that students in physical education will be like them when it is quite the contrary.

I have a visible, known stigma. They see it. I feel it. It is there and it's not going away.

Epilogue – a challenge for you

After taking time to engage in deep reflection and critically examining myself within cultural and social practices (Jones *et al.* 2013), I continue to struggle with my teacher identity. I still do not know how to identify based on socially constructed ideologies. Am I a person with an injury, ailment, illness, problem, disability, etc.? Does it really matter what I am labelled or how I am categorised physically? Who determines this labelling anyway? In my instance, since I don't 'fit' within socially constructed categories, I guess it's up to me, isn't it?

Or is it?

Although how I am 'socially' classified physically is part of this discourse and my every day lived experience (which ultimately contributes to my embodied identity), it is not the salient cultural issue I attempt to address in this autoethnography; rather, I question and challenge all of us PETEs and physical education teachers to respond to the following questions:

Are we supposed to look the part? Play the part? Be the part? Is there still the traditional, hegemonic idealistic perception of what a physical education teacher is supposed to be? How is this determined and who determines it?

On the surface they seem like simple questions, yet, the responses are not so simple, are they? I believe that we, PETEs, determine 'it' by our own lived experiences and our belief systems, which are primarily based on socially constructed ideologies of the 'typical' white male, heterosexual, able-bodied physical education teacher. Am I the only one that has compared myself to this ideal or are there other PETEs out there that have compared themselves (and possibly their colleagues and students) to it? What about PETEs that have social identities that counter this ideal – female, gay, non-able-bodied, non-motor-elite and of an older age? What about teachers that are nearing retirement after 30 + years of teaching – are they supposed to live up to this same ideal? Is there more to teaching physical education than having the ability to perform at an elite or skilful level to be an effective teacher? I argue that there is so much more to teaching physical education. And yet, over the past 13 years of being in this profession with limited physical ability, I have looked at myself as a fraud, a teacher with physical limitations, and I have questioned my ability to teach. Why have I done such a thing? Why have I tried to prove to my students and colleagues – to myself – that I am capable and able? Why have I bought into the traditional, hegemonic ideal of a physical education teacher that was socially constructed long ago, especially since I centre much of my teaching and research on critical pedagogy? I have attempted to use Goffman's (1963) 'stigma' and McRuer's (2006) 'crip theory' to answer many of the questions I posed, or, at the very least to frame, understand, analyse and (de)construct my (dis)abled embodied identity. Yet, after embarking on this autoethnographic journey, instead of having answers, I find myself asking more questions. As one reviewer suggested, maybe it's because I did not delve into McRuer and other theorists as deeply as I should have or is needed to get to the root of these core issues. As I, along with other scholars, continue to research PETEs' embodied identities, maybe we need to delve into social theories and theorists more deeply to deconstruct social ideologies that influence our embodied identities.

We are all socially constructed individuals that have reproduced, reinforced, perpetuated and hopefully challenged social ideologies. As I turned to the research literature to support or counter my own perceptions, there was limited research on PETEs' identities (Fionna Dowling published an article on gender and emotion in PETE in 2008), especially in relation to *looking* the part (i.e. objectifying our bodies) and *physically playing/performing* the part (i.e. motor elitism). There has been research conducted on pre-service and in-service physical education teacher identities and teaching practices, particularly in relation to gender hegemony (e.g. Martino and Beckett 2004, Brown 2005, Wedgwood 2005, Sirna *et al.* 2010), professionalism and best practice (e.g. Tinning 2004, Aldous and Brown 2010, Dowling 2011, Wrench and Garrett 2012) and a few that addressed the 'body' (e.g. Webb *et al.* 2004, O'Brien *et al.* 2007, Webb and Quennerstedt 2010).

I also conducted a search on scholars that have attempted to deconstruct these social ideologies within PETE by utilising critical pedagogy. Based on my previous research, I was not surprised with the scholars who engage in this work (e.g. MacDonald and Kirk 1996, Kirk *et al.* 1997, Sicilia-Camacho and Fernandez-Balboa 2009, Sparkes *et al.* 2010, Pringle and Pringle 2012, Leahy *et al.* 2013, Lorente-Catalan and Kirk 2014). Although there are some scholars who are conducting research that focus on teacher identity, embodied identities and critical pedagogy in higher education (even still, most of this research is conducted at the K-12 level), I am still left asking, where are we PETEs? What about our own embodied and teacher identities? Do any other physical educators have a stigma like me and question their ability to teach, to lead by example? I challenge you to come forward. I challenge you to expose your stigma and share your identity with us. Then, maybe, just maybe, if you come forward, *my* Scarlett Letter can disappear. And, even more importantly, we, together, can take down the traditional, hegemonic, socially constructed ideal of what it means to *be* a physical educator.

Notes

1. To protect the anonymity and vulnerability of the individuals, I include in this autoethnography, I have used pseudonyms for all of the composite characters (Ellis 2004).
2. I write in traditional text as my first and primary voice to describe my experiences and my collective story. However, I employ an *inner voice*, which is displayed in italics (Ellis 2004), to represent my critique and analysis of these experiences, both at the individual and societal levels.
3. According to the *Handbook of Autoethnography* (Jones *et al.* 2013), autoethnographic writing/autoethnography is distinguished from other personal work/writing based on four salient characteristics: '(1) purposely commenting on/critiquing of culture and cultural practices, (2) making contributions to existing research, (3) embracing vulnerability with purpose, and (4) creating a reciprocal relationship with audiences in order to compel a response (p. 22).' It is my hope that I have achieved all four characteristics in this paper.
4. I have inserted first person by using [brackets] in numerous direct quotes in placement of second or third person to make it more personal as if the quote is directly about/in relation to me.
5. Glute is short for gluteus maximus, the largest muscle in the buttocks.
6. Crip is placed in parentheses of 'crippled', because according to Robert McRuer (2006) in his groundbreaking book, *Crip Theory: Cultural Signs of Queerness and Disability*, crip is the current and known pejorative term in which individuals with a disability identify. McRuer's work focuses on the culturally produced and construction of 'compulsory able-bodiedness', which, he argues, creates disability.

7. As I cited the American with Disabilities Amendments Act of 2008 (USDCRD 2014) earlier in the paper to define 'disability', I turned to the ADA to define a disabled person. However, the ADA specifically identifies disability, but not disabled, even though they use the terms interchangeably to define a person with a disability/disabled person as 'an individual must have an impairment that prevents or severely restricts the individual from doing activities that are of central importance to most people's daily lives' (USDCRD 2014). Thus, I prefer to use Peers' (2012) use of the term, 'disabled is intended to connote a person who is being disabled by society' (p. 187).

Notes on contributor

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