Experiences of Disability Simulations

By

Jennifer Leo

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Faculty of Physical Education and Recreation
University of Alberta

Abstract

Disability simulations are experiential learning activities that have been used to simulate the functional and cultural experiences associated with disability. Despite their widespread use in post-secondary settings (e.g., physical education, recreation, medicine, and nursing), there is disagreement about their ethical use, value, and efficacy, within the field of adapted physical activity. The purpose of this dissertation was to examine the use of disability simulations as a pedagogical tool in an adapted physical activity post-secondary setting. In Study One, interpretative phenomenological analysis (IPA) was used to examine how disability simulations were experienced by undergraduate students in a required adapted physical activity course. The experiences of four students were captured through reflective journals and one-on-one interviews over the course of one term. The conceptual framework of situated learning, specifically the concepts of artefacts (i.e., wheelchairs) and their visibility were used to interpret the findings. The findings were focused on the participants' emotional responses towards the use of wheelchairs as disability artefacts, their heightened awareness of the environmental barriers associated with culturally and socially normative activities, and their management of discomfort with the knowledge that simulations are temporary experiences. In Study Two, an autoethnographic study was completed to explore meaning making as a graduate student teaching assistant tasked with leading disability simulation activities. Data were comprised of reflective journals. Through the preparation of representational vignettes, stories across the professional and practical knowledge landscapes were presented. Ableism provided a useful lens for understanding a non-disabled instructor's reflections on leading disability simulations. The reflections centred on instructor competence as a way to legitimize the instructor's position in the teaching setting, the influence of expertism, ableist norms, and assumptions (e.g., disability as desirable lived experience to support professionally, yet not an experience one would choose personally), and uneasiness with the absence of authentic disability experiences within the use of disability simulations. In Study Three seven members of the disability community shared their thoughts, ideas, and experiences on disability simulation use. The IPA methods of reflective writing and one-on-one interviews were utilized to capture participants' experiences. The participants' experiences were once again interpreted through the lens of ableism to illustrate possible tensions of disability representation by non-disabled instructors through simulated embodiment of impairment. The participants disclosed a collective questioning of their absence from the design and delivery of disability simulations, they spoke to a juxtaposition of disability reality with simulations and they revealed conflicting views between the role of fun as an engagement strategy or as a distraction from deeper reflection. The combined findings of the studies in this dissertation provided insights into the assumptions, perceptions, and experiences of disability simulation use in post-secondary settings. The visibility and performativity associated with disability simulations led, in part, to the reinforcement of disability as an undesirable way of being in the world. This expression by students and the instructor occurred even in light of theoretically grounded classroom discussions that people are not solely defined by the disabling impacts of physical, social and cultural barriers. To unseat ableistic beliefs, values and assumptions, involvement of members of the disability community in the planning and implementation of simulations was deemed essential so as not to perpetuate stigmatizing discourses of disabled embodiment. Involving members of the disability community introduces a possible strategy to bring about awareness of the social, cultural, and political factors that influence lived experiences of disability beyond the brief, simulated pedagogical activities. The use of disability simulations as a pedagogical tool has a complexity that is layered with ableist assumptions that have underpinned their design and facilitation, and the social, cultural, and political factors that have influenced the various perspectives of community members who may or may not have lived experiences of disability.

Preface

This thesis is an original work by Jennifer Leo.

The following research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board: Voices from the inside: A disability perspective on disability simulations, Pro00027296, January 9, 2012.

Chapter Two has been published as Leo, J., & D. Goodwin, D. (2014). "Negotiated meanings of disability simulations in an adapted physical activity course: Learning from student reflections," *Adapted Physical Activity Quarterly, 31,* 144-162. I was responsible for the study design, data collection and analysis as well as manuscript composition. Dr. Goodwin was the supervisory author and assisted with the study design and data analysis, provided feedback throughout the manuscript writing, and assisted with the response to reviewers prior to final publication.

The following research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board: Voices from the inside: A disability perspective on disability simulations, Pro00027296, January 9, 2012.

Chapter Four has been submitted as Leo, J., & Goodwin, D. L. (Accepted). "Simulating Others' Realities: Insiders Reflect on Disability Simulations," *Adapted Physical Activity Quarterly.* I was responsible for the study design, data collection and analysis as wells as manuscript composition. Dr. Goodwin was the supervisory author and assisted with the study design and data analysis, provided feedback throughout the manuscript writing, and assisted with the response to reviewers prior to final publication.

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CHAPTER ONE: INTRODUCTION

Background

Adapted physical activity (APA), as an academic field of study is involved in the professional preparation of those who may support, promote, and enhance physical activity among those who experience disabilities[i] (Hutzler & Sherrill, 2007; Sherrill, 2006). Post-secondary institutions have been tasked with the responsibility of preparing these professionals for active engagement in the community and they have an obligation to provide a learning environment that is critically and ethically conscious (DePauw, 2009). However, many undergraduate students (e.g., pre-service physical educators) have revealed they do not feel adequately prepared once they enter community practice (e.g., teach children experiencing disabilities) (Crawford, O'Reilly, Flanagan, 2012). Experiential learning has been used to prepare professionals for the challenges they will encounter in their professional practice.

Experiential learning involves the use of concrete, hands-on experiences to apply concepts and ideas learned in the classroom (Katula & Threnhauser, 1999). In APA, it has been adopted as one of the foundational pedagogical approaches in the preparation of undergraduate students (Duchane, Leung, & Coulter-Kern, 2008; Katula & Threnhauser, 1999; Sherrill, 2006). It is assumed that placement within the community will promote positive attitudes towards disability and provide valuable strategies for the planning and implementation of programs (Bishop & Driver, 2007; Roper & Santiago, 2014). As such, the topic of practicum experiences, in which undergraduate students interacted with individuals experiencing disabilities, was the focus of much of the literature in this area (e.g., Connolly, 1994; Hodge, Davis, Woodward & Sherrill, 2002; Hodge, Tannehill, & Kluge, 2003; Rizzo & Kirkendell, 1995).

Experiential learning however, is not limited to practicum experiences. Disability simulations are activities that are used within the hands-on learning toolbox. They are designed to place people without impairments into situations which simulate the functional and cultural experiences associated with disability (Flower, Burns, & Bottsford-Miller, 2007). This process of discovering and making meaning of classroom learnings is termed *situated learning* in which students spend time observing and performing basic tasks associated with participation in a given community (e.g., using a wheelchair to gain insight into participating in the disability community) (Lave & Wenger, 1991). Although widely used within adapted physical activity pedagogical practices, the efficacy of disability simulations has not been a topic of interest reflected in the APA literature (Emes & Legg, 2006; Foley, Tindall, Lieberman, & Kim, 2007; Leo & Goodwin, 2014).

Disability simulations emerged along with other (e.g., peer tutoring) ‘best practices’ in APA professional practice in advance of research evidence to support their use (Goodwin, 2003). As such, an interest in examining our pedagogical approaches within APA is growing through reflection on current practices (Standal, 2008). Standal and Rugseth (2014) stated that there is a “need for more research driven knowledge about the content, quality, and processes of students’ learning in practicum” (p. 220). Further, Goodwin and Rossow-Kimball (2012) called for an ethical turn to reflect on our practices, approaches, and assumptions as instructors, educators, and practitioners in APA. “…the ethical comportment of the purveyor of professional practice (expert) is worthy of ethical reflection” (Goodwin & Rossow-Kimball, 2012, p. 303).

I entered the topic of this dissertation from a place of moral discomfort as I reflected on my own practices and experiences as an instructor in a post-secondary setting. The following narrative provides an introduction to my encounters with disability simulations within the context of an undergraduate APA class.

I arrive at the gym to see a row of wheelchairs lined up against the wall. Our instructor, Mary, appears to be finishing something up before class begins. Glancing over at the stations that have been set up around the gym, I am excited and looking forward to… I don't want to say playing with the wheelchairs, but using a wheelchair isn't exactly something that we get to do every day. I pick up a handout for the lab and begin to read about why we are taking class time to wheel around. Are we supposed to see what's it like for someone who uses a wheelchair every day? In the handout I read that in addition to becoming more aware of the different skills that are required to manoeuvre a wheelchair, we will be learning about accessibility and the architectural barriers that individuals with disabilities face in community facilities.

For half an hour, I move through activity stations which introduce different wheelchair skills such as wheeling forwards, backwards, and navigating obstacles. It's difficult to manoeuver the wheelchair at first and I feel very uncoordinated. The unfamiliar movement of my arms causes the wheelchair to lurch forwards and I awkwardly turn the wheels around the obstacles, grateful it's ok to bump against them. I concentrate on weaving through the pylons - first moving forwards, then backwards. Oops, I keep running over the pylon as I wheel backwards. In a way, learning to use a wheelchair is similar to when I was learning to ride a bicycle - both are motor skills that require practice- yet that would mean they are both just physical skills. I wonder if there is more to using a wheelchair than just learning a new motor skill?

Before I know it, Mary is bringing us all back together. She says that it's time for us to explore the campus on our own. This means I'm leaving the protection of the gym, entering a *public space, and learning on my own. Excited to be moving again, I join the others as we all wheel towards the gym door, armed with a list of tasks to complete – buy a coffee, use the washroom, and find a seat in the arena. Although it wasn't listed as part of the learning objectives for the activity, I feel uncertain about what the experience will bring and I'm not quite sure how others are going to react to seeing us wheeling around. To me, the wheelchair is a symbol of disability. I wonder what others will think about me when they see me in the halls. What if I see someone I know? I hadn't really thought about other people seeing us wheeling around in chairs. As I turn to my friend to suggest that we head over to get a coffee, we both realize that neither of us is sure how to get outside as we are no longer able to run up the stairs to exit the building. This is not going to be easy.*

The development of my future pedagogical strategies took place alongside my experiences of disability simulations. Years later, these experiences were foundational to my dissertation research.

Theoretical & Conceptual Frameworks

The eventual pedagogical practices I engaged in to introduce disability simulations, share knowledge with undergraduate students, and provide experiential learning opportunities were built upon the foundation of knowledge that I acquired through years of undergraduate and graduate teaching, along with volunteer and professional experiences that involved people experiencing disability. Across all of these experiences, I spent little time critically examining how disability was constructed and how that influenced my practices as a non-disabled student, instructor, and community member.

Disability can be viewed through multiple lenses. From a medical model perspective, disability is an individualized problem that requires intervention from professionals to 'fix' the disabled body such that it will meet the standards of normalcy (Shakespeare, 2006; Withers, 2012). Alternately, proponents of the social model suggest that disability is imposed by the social and physical barriers that limit participation within society (Shakespeare, 2006). As a graduate student who does not experience disability, the way that I construct disability in my roles as an instructor, academic, and researcher, have been influenced by the ableist beliefs that formed the basis of my learning and professional practices. This has involved shifting between the medical and social models of disability as I have moved through my career.

Ableism. Ableism is a theoretical framework that emerged later in my dissertation work, however it became fundamental to my understanding of the use of disability simulations. Ableism is:

> a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human. (Campbell, 2009, p.5)

As disability simulations are typically designed and facilitated by instructors who do not experience disability (Burgstahler & Doe, 2004), it is important to examine the beliefs and attitudes that underpin their development. If instructors are guided by ableist thinking that is built upon the notion that disability is a negative, unacceptable way of being, it is possible that students will leave the learning environment with the view that all forms of disability are undesirable (Campbell, 2012; Kiger, 1992).

> Ableist belief values certain things as felicitous and particular sorts of contributions. Disabled people are often seen as a burden, a problem, a drain on the system, who make no civic contribution. According to this understanding of ableism, ‘disability’ refers to

> people who do not make the grade, are unfit in some way – and therefore are not properly human. (Campbell, 2012, p.214)

Without recognizing ableist views within disability related instructional settings, the need to engage members of the disability community in the design and facilitation of disability simulations would not be recognized. In order to create social change, we need to disrupt these notions of disability and turn our gaze back on ourselves. Disability simulations have been designed to focus on the physical and architectural barriers that impact community participation (Delamere, 2007; Williams & Datillo, 2005). However, without consideration of the broader social, cultural and political influences at play brought about through ableist belief systems; it will be difficult to effect social change (Kincheloe, 2008). “It is assumed that disability always equals suffering. If disabled people suffer, people think it is related to impairment and not other issues like lack of support and belongingness” (Campbell, 2012, 216). In designing disability simulations, instructors may attempt to suggest the physical environment is inaccessible and difficult to navigate, however, there is little space to explore the broader social, cultural and political factors that influenced the creation of those environments through the disability experience. Students may interpret their simulated experiences to mean that disability leads to chronic suffering and lack of participation and that they play no role in the creation of the experience or its perpetuation (French, 1992; Kiger, 1992). Without the engagement of people who experience disability, there is little potential to disrupt instructor and students' ableist beliefs, processes and practices.

> Disability and disabled bodies are positioned in the nether regions of ‘unthought’. … The ongoing stability of ableism, a diffuse network of thought, depends upon the capacity of

> that network to ‘shut away’, to exteriorise and unthink disability and its resemblance to the essential (ableist) human self. (Campbell, 2001, p. 43-44)

My aim is to move thinking and use of disability simulations beyond their conceptualization as unquestioned pedagogical tools towards a place of critical reflection. “Interrogating ableism means thinking about what being *abled* means to us today… A focus on ableism can also unpack what is produced phenomenologically by the disability experience” (Campbell, 2012, p.214). An examination of the meaning of how disability simulations are experienced provided a way to explore questions of ability and how disability is (re)produced through simulated pedagogical activities. Three studies were completed to bring multiple perspectives to the interrogation of disability simulation design and use. In doing so, it was anticipated that we might learn about how disability simulations were experienced from the various stakeholders that play a role in their use, thereby offering a multi-layer examination of a taken-for-granted best practice in APA. The different ways of thinking about and experiencing disability simulations included the undergraduate students who participated in the activities, the teaching assistant tasked with planning and leading the simulations, and the members of the disability community who’s lived experiences were purported to be represented. I will first present methodological decisions made in the development of this dissertation.

Introduction to Dissertation Studies

Methodological Decisions. An interpretative approach in qualitative research is one in which researchers “study things in their natural settings attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2000, p. 3). Working within an interpretative paradigm, “Individuals make multiple meanings of the social world based on their experiences: an understanding of reality is relative to an individual’s context and experiences. This assumes local and specific co-constructed knowledges of a reality" (Markula & Silk, 2011, p.37). An interpretative, qualitative approach was most suitable to understand the subjective lived experiences and to interpret the meaning making of participants involved in the design, facilitation, representation, and participation of disability simulations (Markula & Silk, 2011; Smith, Flowers, & Larkin, 2009).

The role of the researcher as an instrument of data collection is worthy of mention within interpretative research. I acknowledged and reflected on my own role throughout the research process, including gathering and analyzing data, along with the writing of the final research texts (Denzin & Lincoln, 2000; 2005). Denzin and Lincoln (2005) referred to this as the crisis of representation which called for recognition of the multiple voices involved in qualitative research. Throughout this dissertation, I addressed this call by bringing reflexivity to my writing and representation of the participants' experiences and meanings. For example, vignettes were prepared in the first study to provide a vivid representation of the participants' lived experiences.

Despite its prevalence as an accepted pedagogical tool, my dissertation examined a topic which has received little attention in the field of adapted physical activity. As such, interpretive inquiry was a useful approach to examine the subjective experience of disability simulations. It enabled me to explore the meaning participants attributed to their experiences, as I attempted to uncover what it means to participate in disability simulations for undergraduate students, to facilitate disability simulations as an instructor, and to consider their use by members of the disability community.

Specifically, I looked to interpretative phenomenological analysis (IPA) and autoethnography to examine how participants made sense of disability simulation experiences. Both of these research approaches emphasize meaning making of lived experiences (Chang, 2008; Smith, Flowers, & Larkin, 2009). The aim of IPA is to examine and explore the similarities and differences of particular experiences, followed by movement towards deeper and more universal experiences of a phenomenon (hermeneutic circle) (Smith, Flowers, & Larkin, 2009). Whereas IPA focuses on the experiences of others, autoethnography shifts the focus inward to examine and reflect upon the experiences of the researcher, or self (Chang, 2008; Ellis & Bochner, 2000).

As a first step towards exploring the questions I had about disability simulations and their taken-for-granted use within undergraduate leaning contexts, I conducted a pilot study in the Fall of 2010. This pilot work was incredibly valuable in the development of my dissertation proposal. After conducting a narrative study of undergraduate students' experiences of disability simulations (Leo & Goodwin, 2013) however, I was left with questions related to further clarification of the meaning of the students' stories, along with a desire to gain a deeper understanding of the words found on the paper. I wanted to introduce methods that provided an alternative to exclusively gathering written narratives. For this reason, my dissertation combined the use of reflective writing and one-on-one interviews. The following data sources were used in each study: (a) in study one, student participants prepared multiple reflective journals and took part in one-on-one interviews; (b) in study two, I prepared multiple reflective journals; and (c) in study three, participants experiencing disability prepared one reflective writing piece followed by taking part in a one-on-one interview. In addition to generating data, the act of reflecting through writing helped participants to prepare for the face to face interview (Cooper, 1991; Curtner-Smith, 2001; Standal & Rugseth, 2014). The use of multiple methods was integrated across the following three studies as participants were encouraged to reflect, write, and discuss their thoughts, experiences, and insights on how disability simulations were experienced.

Study 1: Negotiated Meanings of Disability Simulations in an Adapted Physical Activity Course. The purpose of this study was to understand how post-secondary kinesiology students made sense of their participation in disability simulations in an introductory APA course. van Manen (1993) suggested that teacher education is typically directed towards the adults who will be in the position of 'teacher', however, he revealed the perspectives of the students, including how they experience the world are considered less often. The importance of taking into account the experiences and perceptions of the students was highlighted in van Manen's (1993) discussion on pedagogical tact. His call to consider the perspective of students helped to provide rationale for Study 1 as the purpose was to understand how undergraduate students experienced disability simulation activities. The conceptual framework of situated learning, specifically, the concepts of artefacts (i.e., wheelchairs) and their visibility were used to facilitate the interpretation of the findings.

Study 2: Reflections on Disability Simulations. The purpose of this study was to reflexively examine the personal, intersubjective and social processes of a teaching assistant leading disability simulation activities in a post-secondary kinesiology course. I used vignettes to illustrate my stories as a teaching assistant using disability simulations in a post-secondary context (Barter & Renold, 1999; Hughes & Huby, 2002; Spalding & Phillips, 2007). The presentation and interpretation of these cover and secret stories was guided by Clandinin and Connelly's (1996) stories across the professional and practical knowledge landscapes and they were explored by examining my positionality as an insider/ outsider to lived experiences of disability. Furthermore, the influence of ableism (Campbell, 2009) provided a useful lens through which to examine my status as a non-disabled instructor leading disability simulations.

Study 3: Simulating Others' Realities. Empirical research about what members of the disability community think and feel about using these activities to introduce students to the complexities of their insider lived experiences is all but absent from the literature. Despite having intimate, first-hand knowledge, individuals who experience disability are not typically considered as experts when it comes to issues related to disability (Goodwin & Rossow-Kimball, 2012). However, the inclusion of "counterstories" or the real lived experiences of those living with impairments has been identified as fundamental to the preparation of professionals who are ethical and critically reflexive in their practice (Clapton, 2003; Goodwin & Rossow-Kimball, 2012). The purpose of this study was to explore how disabled people perceive and ascribe meaning to disability simulations as a means to enhance post-secondary students' understanding of their lived experiences. Through the lens of ableism, the importance of disability representation in the development and implementation of disability simulations was affirmed as a means to deepen pedagogical reflexiveness of their intended use.

By bringing the three perspectives of students, instructor, and disability community members, a broad view of the pedagogical relevance, ethical stance, and beliefs, processes and practices embedded in disability simulation were uncovered. Reflection on this taken-for-granted practice is present in each of the three research studies. The concluding chapter will revisit those reflections with recommendations for professional practice, post-secondary instruction, and future research.

CHAPTER TWO: STUDY ONE

Negotiated Meanings of Disability Simulations in an Adapted Physical Activity Course: Learning from Student Reflections

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Adapted physical activity (APA), as an academic field of study has adopted experiential learning, or the central role that experience plays in transformational learning processes, as one of its foundational pedagogical approaches to the preparation of undergraduate students (DePauw, 2000; Duchane, Leung, & Coulter-Kern, 2008; Hodge, Davis, Woodward & Sherrill, 2002; Hodge, Tannehill, & Kluge, 2003; Rizzo & Kirkendell, 1995; Sherrill, 2006). Disability simulations are used as an experiential learning tool. They are often designed to place people without impairments into situations which simulate the functional and cultural experiences of disability (Flower, Burns, & Bottsford-Miller, 2007). Activities such as exploring a public space (e.g., university campus) or playing a disability sport may be completed using *disability artifacts* (e.g., wheelchairs) to simulate mobility impairments or blindfolds to simulate visual impairments (Flower, et al., 2007; Lave & Wegner, 1991; Reina, López, Jiménez, & Hutzler, 2011). Disability artifacts provide individuals with material objects to engage and interact with as part of the learning process (Lave & Wegner, 1991). Despite their widespread use, there is disagreement about the value, efficacy, and ethical implications of simulations (Behler, 1993; Delamere, 2007; Leo & Goodwin, 2013; Pentland, Hutton, MacMillan & Mayer, 2003; Williams & Datillo, 2005).

Advocates argue that simulations heighten sensitivity, change attitudes and behaviours in positive directions, and raise awareness of marginalization (Delamere, 2007; Pentland et al., 2003; Williams & Datillo, 2005). Others argue that it is nonsensical to imagine that simulations could begin to capture the lived experiences of disability, either physically, psychologically, or socially (Kiger, 1992). Additionally, unanticipated feelings of anxiety or discomfort may emerge when simulation participants identify with negative emotions they assume people with impairments must feel as they experience stereotyping public stares of others during their simulation activities (Kiger 1992; Reeve, 2002). Reeve (2002) suggested that the visibility of some aspects of impairment (e.g., wheelchair use) provides others with assumed disabling knowledge about the individual:

> Having an impairment that is immediately visible presents the observer with privileged information and therefore power about that body. This gaze is influenced by the stereotypes and prejudices about disabled people, and so the power of the gaze is intimately linked and nourished by knowledge from within the social domain. (p. 499)

Anticipated Learning Outcomes

In light of the controversy surrounding simulations, they are purported to achieve a number of learning outcomes, including favourable attitudes towards people with impairments (Foley, Tindall, Lieberman, & Kim, 2007; Patrick, 1987), empathy toward the experience of disability (Crotty, Finucane, & Ahem, 2000; Wurst & Wolford, 1994), and insight into issues of inclusion, which included perceived barriers within the environment (Delamere, 2007; Pfeiffer, 1989; Scullion, 1999; Williams & Dattilo, 2005). Several studies have been reported using students' written accounts of everyday tasks completed while using a wheelchair. They revealed a heightened awareness of physical barriers such as heavy and narrow doors, drinking fountain height, and absent curb cuts (Delamere, 2007; Pfeiffer, 1989; Williams & Dattilo, 2005). Using questionnaires or journal entries researchers working with medical, psychology, recreation and leisure, and adapted physical activity students reported new found empathy to those experiencing disability following simulation activities (Crotty, Finucane, & Ahem, 2000; Emes & Legg, 2006; Williams & Dattilo, 2004; Wurst & Wolford, 1994).

Positive outcomes of simulations are to be viewed with caution according to Flower, Burns, & Bottsford-Miller (2007). Their findings of a multi-disciplinary meta-analysis on disability simulations proclaiming improved attitudes towards persons with disabilities revealed that 24% of the empirically-based studies had limited effect sizes. This suggests that the strength of the relationship between disability simulations and attitude change should be interpreted with caution. The authors' concluded the simulation literature ranges from wishful thinking regarding the benefits to solid studies that had mixed results.

Unanticipated Learning Outcomes

Learning, as an activity that is contextually and culturally embedded, has both intentional and unintentional outcomes (Fernandez-Balboa, 2009). Criticisms have been directed at disability simulation because of their potential to elicit unintended learning outcomes (Burgstahler & Doe, 2004; French, 1992; Kuppers, 2007). Some authors suggest that the *novelty* of the activities may be a fun alternative to classroom learning; however, related behaviours such as laugher and joking around may be perceived as offensive to the disability community (Burgstahler & Doe, 2004; French, 1992). Simulation activities may also *trivialize* the disability experience by acquiring meaningful insights during unrealistic simulations of impairment (Burgstahler & Doe, 2004). Students may also be left with the unintended impression that the lives of people with impairments are unfortunate, to be pitied or devalued due to the perceived negative social consequences. These impressions may reinforce their *ablebodiedness* (Herbert, 2000; Kiger, 1992; Leo & Goodwin, 2013; Williams & Dattilo, 2005; Wurst & Wolford, 1994).

Moreover, disability simulations may reinforce negative stereotypes based on perceptions of chronic frustration that may no longer be part of the *disability experience* as new skill sets are mastered through the extended use of a well-fitting wheelchair (Behler, 1992; Burgstahler & Doe, 2004; Kuppers, 2007; Williams & Datillo, 2005). Well-fitting mobility devices have been described positively as a means of gaining access to physical and social environments (Zitzelsberger, 2005). Papadimitriou (2008) used the term *en-wheeled* to describe people with new spinal cord injuries learning how to use and live through their wheelchairs. To become en-wheeled entails accepting the wheelchair as a part of oneself. Due to the temporary nature of simulation activities, it may not be possible to simulate lived disability experiences (French, 1992; Kuppers, 2007).

Conceptual Framework: Situated Learning

Lave and Wenger (1991) coined the term *situated learning* to express how learners discover, shape and make their theoretical and classroom understandings explicit. Situated learning occurs as learners spend time observing and performing basic tasks (akin to a cognitive apprenticeship) within a community of professional practice. The notion of practice is used to reinterpret thinking and learning and to transition identity from that of a “newcomer to becoming a master” by providing a place for “legitimate peripheral participation” and interacting with “old-timers” (p. 98). On entry into a community of practice, people are deemed legitimate peripheral participants to the practices and norms of the given community. With experience, full participation status is gained along with the attendant identity shift. Learning becomes a process that is distributed across activities, time, and place, thereby making it incumbent upon education systems to attend to the wider learning contexts in which students are embedded (O’Donnell & Tobbel, 2007).

A community of practice is reflected in its domain of knowledge, the social context in which learning occurs, and the practices and artifacts that are used to share and maintain the core knowledge. Learners participate in the socio-cultural practices of a professional community under the watch of practitioners and they have an opportunity to develop their professional identities in relation to other community members (Kirk & Macdonald, 1998). Practicums and co-operative work experience placements are examples of situated learning within a professional context. In situations where knowledge application through authentic practice within a situated learning context is not possible, simulations can offer an alternative approach to the mastery and knowledge of skills toward effective problem solving (Kneebone, 2005; Lunce 2006). Situated learning is a process that involves active relational engagement that "is always based on the situated negotiation and renegotiation of meaning in the world" and on the formation and reformation of professional identities in communities of practice (Lave & Wegner, 1991, p. 51).

One way in which people (re)negotiate meaning in their communities of practice is through artifacts. For instance, the wheelchair is a recognized physical artifact of disability and professional practice in adapted physical activity (Ben-Moshe & Powell, 2007; Papadimitriou, 2008). Exploring an artifact's inner meaning (e.g., wheelchair) may shift one's 'black box' description of the artifact to that of a 'glass box' thereby making invisible socio-cultural meanings visible through newly gained layers of insight (Lave & Wenger, 1991). A wheelchair's visibility may elicit thoughts about the value, worth, and significance of the person who uses it (e.g., illness, vulnerability, overcoming, or hero) while at the same time cloaking the actual person in invisibility (Ben-Moshe & Powell, 2007; Goodwin, Thurmeier, & Gustafson, 2004; Papadimitriou, 2008; Shakespeare, 2006). This process of making sense of an artifact and how it is incorporated into meaningful human practices recognizes the active participation of the individual within the social and material world (Arnseth, 2008).

The purpose of this study was to understand how post-secondary kinesiology students made sense of their participation in disability simulations in an introductory APA course. The conceptual framework of situated learning, specifically, the concepts of artifacts (i.e., wheelchairs) and their visibility were used to facilitate the interpretation of the findings.

Method

A qualitative, interpretative phenomenological analysis (IPA) approach was undertaken as it brings sensitivity to how individuals make sense of life events and processes of change (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2004). The aim of IPA is to reveal and explore in-depth, similarities and differences in individual experiences (ideography of the particular), moving across and back and forth among cases, to then move to more transferable assertions so as “to delve deeper into the particular…take[s] us closer to the universal” (Smith, Flowers, & Larkin, 2009, p. 31). The interpretative processes of IPA are influenced by the traditions of phenomenology and hermeneutics. Descriptions of personal everyday experiences are gathered with the recognition that interpretation of the phenomenon (e.g., simulations) occurs at both the participant and researcher level (Allen-Collinson, 2009). IPA engages the researcher in a double hermeneutic of interpretation. The researcher “is trying to make sense of the participant trying to make sense of what is happening to them” (Smith et al., 2009, p. 3). IPA provided a systematic and engaged approach for gaining an in-depth understanding of the students’ reflective experiences of how they came to an understanding of their participation in disability simulation activities.

In recent years, qualitative researchers have begun experimenting with novel ways to give voice to the participants’ first-hand experiences through the presentation of their findings (Sparkes, 2002). Smith et al. (2009) suggested that there is no single way to present the analysis in IPA research. To make the experiences of the students accessible, inviting, and engaging to the reader, vignettes based on the analysis of the reflective thoughts, feelings, and events of the students were created (Carless & Sparkes, 2008; Sparkes, 2002). The process for the writing of the vignettes is described below.

Participants

A convenience sample of four student participants (Kate, Lisa, Anne, & Sara[ii]) were purposefully recruited from a required, second year introductory undergraduate course in adapted physical activity. The class was comprised of approximately 120 students who were registered in a kinesiology program at a large university. Specific information on the age range, ethnic composition, or number of male and female students in the class was not secured. Although the invitation to participate in the study was open to all students, the study volunteers by chance were all female. The sample size is consistent with IPA research given its ideographic "commitment to the case study level of analysis….and the richness of the individual cases" (Smith et al., 2009, p. 51). A small sample size enabled an ideographic, in-depth understanding of the phenomenon of simulations from the perspective of particular people in a specific context.

With permission of the course instructor, the study was introduced at the beginning of a regularly scheduled class. Information about the purpose of the study, what participation entailed, how to become involved, reassurance that standing in their course would not be impacted, and researcher contact information was presented.

The volunteer participants were female, between the ages of 19 to 21 years, and in their second, third, and fourth year of a Bachelor of Science degree in kinesiology (n=2, n=1, n=1, respectively). One student identified herself as someone with a hearing impairment. Two of the students revealed that they had immediate family members with impairments and one indicated that she had previous experience with disability simulation activities. Ethical approval was obtained from the Institutional Ethics Review Board. All students provided written informed consent.

Setting the Scene

The second year required course introduced kinesiology and physical education students to issues and theories in adapted physical activity, including socio-cultural influences encasing the planning, implementation, and evaluation of physical activity and sport programs for people with impairments. According to a journal entry prepared by the course instructor, the disability simulation activities were used to provide "opportunities for an individual to experience what it would be like in someone else's shoes. The idea is to raise awareness about the opportunities and barriers another person experiences in different situations." The students completed three disability simulation (i.e., mobility impairment, visual impairment, and sensory impairments) labs. This study focused on the *wheelchair lab* as it was the experience most reflected upon by the study participants and is most prominent in the literature (see Crotty, Finucane, & Ahurn, 2000; Delamere, 2007; Pfeiffer, 1989; Williams & Datillo, 2005). Considering these two factors, the decision to focus on this simulation activity for the purpose of this study was made following data collection.

The wheelchair lab involved one class (approximately 2 hours) of gymnasium activities. Wheelchairs were made available to the students and they were asked to complete two groupings of activities under the guidance of a graduate student teaching assistant. The gymnasium activities included wheeling forwards, backwards, and navigating obstacles through a predetermined course. This was followed by more general activities common to student life and included using the washroom, accessing the ice arena to 'watch' a hockey game, and ordering a coffee from an adjacent building. The course instructor described the following goals for this disability simulation. "The main goals of the lab are to have students learn basic wheelchair skills and to explore accessibility on campus. Inadvertently, the students may also experience positive, neutral, or negative attitudes from other people on campus when they are using their wheelchairs." Conducting adequate debriefing sessions was identified as a challenge by the course instructor due to the large class size and limited time in lab sessions.

Gathering Data

The IPA qualitative methods of participant journals, clarifying face-to-face interviews, and field notes were used to reveal how the students' made sense of their experiences in the simulation lab (Cooper, 1991; Patton, 2002; Smith et al., 2009).

Journal entries. Journals provide a means for examining the meaning of experiences. They are a "way to tell our own story, a way to learn who we have been, who we are, and who we are becoming" (Cooper, 1991, p. 98). Journal writing provided the students with a way to find their story telling, self-reflective, and self-analytic voices (Smith et al., 2009).

The students were asked to complete electronic journal entries (computer file) prior to and following each of the three simulation lab activities. In total, 15 journal entries were prepared by the students (Kate 4, Lisa 5, Anne 3, Sara 3). With busy academic schedules, the students had difficulty completing pre lab journal entries (2 students did not complete any journal entries before the activities). The entries ranged in length from half a page to three type-written pages (31 total pages of narrative writing). The students were encouraged to submit their journals to the first author as they were completed, thereby providing instant access to the data and an opportunity to reinforce their participation in the study (Curtner-Smith, 2001). In response to each journal entry, an affirming and neutral email reply was sent thanking the students for sharing their stories (Dillon, 2010).

Face-to-face interviews. At the end of the term, the students took part in one semi-structured face-to-face, audio recorded interview with the first author to explore ideas recorded in the journals (Kvale, 2009). The interview questions were developed after reading the journals and included questions such as, “Tell me a story about your experience participating in a disability simulation activity.” “What would you tell an instructor who is thinking about using disability simulations in her or his class?” “Describe the reactions of others as you were engaged in your activities.” and “How did it make you feel?” The interviews lasted between 30 and 37 minutes (mean time of 35 minutes) and were transcribed verbatim. A quality check was conducted by the first author to ensure the accuracy of the transcription.

Field notes. Field notes were also recorded by the first author throughout the academic term. They helped the authors return conceptually to the research setting during data analysis (Patton, 2002). The descriptive field notes included observations of the labs, comments about noteworthy events or ideas shared in the interviews, and preliminary interpretations of the ideas shared.

Finally, the gathered information was further contextualized by collecting course instructor information (i.e., course syllabus, lab materials, a face-to-face audio recorded and transcribed interview, written summation of the purpose of the simulations) (Todorva, 2011). This information was returned to during data analysis to bring a sense of nearness to the context of the course during the analysis process.

Data Analysis

The data were analyzed in two stages. Stage one involved an inductive and iterative thematic analysis to identify common ideas that emerged throughout the data (Smith et al., 2009). The first author read through the first journal and interview transcript several times. Descriptive comments were used to identify common patterns within the transcript. Emergent themes were then developed to illustrate the convergence and divergence of the patterns. In keeping with the idiographic nature of IPA analysis, the same process was repeated for each participant's data. Connections between the emergent themes were identified using abstraction and contextualisation (Smith et al., 2009). The abstraction patterns across the emergent themes were grouped together, putting like ideas with like. Moving between the transcripts, field note observations, and the conceptual framework of situated learning, the researcher contextualized the findings while achieving an interpretation of the findings. Finally, super-ordinate themes were identified to bring together the multiple layers of analysis (Smith, et al., 2009) and prepare for the second stage of data analysis. Prior to moving to stage two, the themes and supporting quotations from stage one were discussed with the second author until consensus was reached. This step was important to move the analysis beyond the descriptive phase through "detailed micro-analysis of the text" (Smith et al., 2009, p. 104).

Phenomenological writing speaks to the act of writing and reflection (Smith, et al., 2009; van Manen, 1997). Stage two of the analysis involved interpretative reflection and preparation of a series of vignettes that were illustrative of the themes that emerged from stage one of the analysis (Carless & Sparkes, 2008). The vignettes provide the reader with a narrative of the analytic commentary that occurred between the students' raw extracts and the researchers' interweaving interpretations (Smith, et al., 2009). The 'hows' and 'whats' of lived experiences were intertwined within the analytic process (Sparkes, 2002). This iterative process involved narrative writing that involved moving between the students' words and the vignettes while returning to the theme descriptions to provide the reader with a rich, interpreted illustration of the students' lived experiences. Selected data from the interviews were reflected upon and presented in the form of a creative non-fiction story with the first author being the writer behind the participants' voices, acting as the organizing consciousness of the stories (Agar, 1995). Each vignette provides insight into the experiences of all of the participants, rather than showcasing individual experiences. This form of presentation has been used by others as an aesthetic and provocative form for sharing the experiences of others (see Carless & Sparkes, 2008; McMahon, & Dinan Thompson, 2011).

Judging Quality

Criteria for judging the quality of IPA research include sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance (Smith et al., 2009). Sensitivity to context requires researcher immersion in the data and focused attention on the students' spoken and written account. Vignettes provided a rich reflective, descriptive, and interpretive portrayal of the themes encompassing the students' descriptions of their lived experiences. Verbatim extracts were used to prepare the vignettes and maintain sensitivity to the context throughout the analysis process. The first author also returned to the field notes and reflected on her own experiences with disability simulations during the analysis.

Commitment requires attentiveness to the participants and care in the analysis of each case. Following the analysis, the themes were shared with the students by email. All four students responded that their experiences were reflected in the themes. The first author established rapport with the students through regular email correspondence over a four month period (one university semester), answering questions that arose. As the students submitted their journal submissions, personalized responses were provided. The first author also attended the wheelchair lab as an observer thereby providing an opportunity to meet the students before the scheduled interview. Moreover, the development of the vignettes, based on transcribed interviews, were balanced with the double phenomenological hermeneutic interpretive activity inherent in IPA as the authors reflected deeply on the how the stories were presented and their meaning to the students and the researchers.

Rigor was established by performing a thorough and complete ideographic analysis of the data and careful crafting of experience-based vignettes. Additionally, the interviews were conducted by the first author who is experienced in qualitative interviewing. Coherence, or adherence to the underlying principles of IPA, was achieved through transparent accounting of the methods used throughout the research process (e.g., description of the participants, data collection, phases used in the analysis). The researchers possess backgrounds in adapted physical activity and disability simulation teaching experience but are not members of the disability community and acknowledge that this bias may be evident in the presentation of the study.

Impact and importance are satisfied if the reader is left with a new perspective, one that is interesting, useful, or important. Presenting the findings in the form of vignettes was done to bring an aesthetic to the story telling and enhance the readers' *leaning in.* The impact and importance of our work lies in part with the reaction and response of the reader to the information presented.

Findings

Three themes transpired from the analysis; unnerving visibility, negotiating environments differently, and tomorrow I'll be fine. *Unnerving Visibility* describes the students' experiences of revealing themselves to others as they wheeled into the public domain. The students no longer felt they were anonymous members of the student body as they negotiated the conflicting emotions of being identified as *disabled* through and under the public gaze of others. They also felt embarrassment as they encountered stares from members of the disability community they encountered, perceiving themselves as frauds in the eyes of those experiencing disability. In the theme *Negotiating Environments Differently,* the students described how their use of the wheelchair led them to develop a new awareness of architectural barriers within the physical environment and the planfulness required to negotiate previously taken-for-granted spaces. Finally, *Tomorrow I'll be Fine* described how the students moderated their discomfort and uncertainty throughout the experience with the knowledge that the simulation was temporary and they could walk away/end the simulation at any time.

Unnerving Visibility

The visibility of the wheelchair, as an attention drawing artifact of *disability*, and the implied social meaning of its use, contributed to the students' feelings of vulnerability as they came under the judgmental and watchful gaze of others outside of the lab context (Reeve, 2002). The visibility was in contrast to their everyday identity of being largely anonymous students on campus.

The sudden visibility brought on by the use of a wheelchair led to uncertainty of their perceived social identity. They revealed discomfort with the assumptions that their wheelchair use was both real, and necessary. Their *ablebodied* student identity was disrupted and reformulated to that of students with impairments through the meanings they assigned to their lab experiences. The wheelchair removed anonymity, and made a previously comfortable, familiar environment such as the university building feel different, strange, and awkward.

Moreover, as the students experienced spontaneous relational engagement with members of the disability community in their disability "community of practice," their feelings of discomfort intensified. Their increased visibility through their situational *doing* of the lab experience brought about a renegotiated identity, one that was connected to the socio-cultural messages associated with wheelchair use. Their discomfort also stemmed from *being in character* and feeling unprepared as 'newcomers' to their community of practice, to deal with their feelings about their encounters with ‘real’ people with impairments.

In small groups of four, one person wheeling alongside the others, we leave the comfort of the gym to descend upon the university campus. As soon as we enter the hallway, I am suddenly aware of how visible I am in this wheelchair. Students on their way to work out turn their heads to sneak a peek. Professors on their way to class casually shift their gaze in my direction. The cleaning woman sweeping the floor pauses for a moment to look up. Usually I’m able to wander these halls on my own, saying hi to those I know, and remaining anonymous from those I don’t. If this situation was real, I wouldn’t want everyone watching me as I wheeled through the hallways. Can’t they just go about their day? I can sense all eyes are on me. I know they are staring. I imagine they are making quick judgements about my abilities, or assumed lack of, as this is how I would likely respond if I was the one staring. This adds to my growing discomfort as I feel my anonymity disappearing. The wheelchair has made me conspicuous, obvious, noticeable, noteworthy, and not in a way that is comfortable or flattering to who I perceive myself to be or how I want to be perceived by others.

If I think of the wheelchair as a symbol of disability and by that I mean, something that says to everyone, “Hey, I can’t get around on my own.” How can I expect others to recognize that this isn’t my typical mode of transport? I don’t have a disability, but moving in this wheelchair makes others think that I do. I don’t like that feeling. Usually I’m the one looking at others because of their difference, but this time it feels as though the ‘wheels’ are turned. This is a little strange, but at least we’re still in the phys ed. building. This place is safe because the other students should be familiar with what we’re doing as this is a required class and I don’t have to wonder what they think about me as a person.

Turning a corner, my smile quickly fades and I feel a hot blush begin to creep up my neck *to my cheeks. I see four adults sitting in wheelchairs lined up along the wall, waiting for the adult transportation buses to arrive. They are not fellow students from our class. They are not trying to find an accessible route out of the building. They are not going to stand up and walk away from this activity in 30 minutes. They use a wheelchair every day. They use one because they have to. I see their gaze shift towards us as we head down the hallway. They don't say anything, but their eyes follow our movements. I become increasingly aware of how we look, and feel self-conscious to be under the scrutiny of someone who really uses a wheelchair. I wonder what they're thinking and can't help but feel embarrassed to be sitting in a wheelchair, wheeling around like it's something fun to do. Did they catch us laughing? I'm worried they think we're making fun of their situations. Their expressions are not exactly pleasant. I am really uncomfortable being in this moment; putting them in this situation of seeing me wheeling around when I could (should?) be walking. The way they are looking at me, I can't help but wish I was suddenly invisible. Why does the wheelchair have to make this whole situation so obvious? This is supposed to be my chance to learn about using a wheelchair, but right now, I just want to get past them. I want this moment to be over. I don't want to force them to watch me laughing and talking to my friends. I want them to know that I'm taking this seriously - despite our laughter, I don't think living with a disability is a joke. Even though I hope they know all of this, I certainly don't want to talk to them. I feel awkward enough passing by them in the hallway, I can't imagine what I would actually say. This was supposed to be fun. Why was I put in this position? I wasn't prepared for this.*

Negotiating Environments Differently

Wheelchairs, symbolic artifacts of the community of practice of adapted physical activity, brought new insights to the experience of traversing previously familiar university buildings

(Arnseth, 2008; Lave & Wenger, 1991). The wheelchairs provided a physical tool through which the students interacted with their environments and came to understand the physical and socio-cultural meaning of their use. Through active engagement with the built environment, the students were awakened to the ableism that dominates the spaces in which we live, work, and play. Wheelchair use was meaningful insomuch as the students began to renegotiate the meaning they assigned to physical and social spaces and their perceptions of the fittingness for multiple users. Moving about using a wheelchair in their community of professional practice interrupted their identities as 'typical' students of kinesiology. Having to be planful about their time, negotiation of space, and movement skill utilization was unsettling as they were no longer (at least temporarily) members of their student community but rather perceived to be members of the 'disability community.'

The meanings associated with their reformulated identity were that wheelchair use was a burden to everyday life given obstacle ridden environments. The students were left asking how people manage, tolerate, and endure the obstacles that they are confronted with daily. The unstated meaning could arguably be, "I'm so glad this is not my reality." The students did not reflect upon the cultural norms and social processes that contribute to, sustain, or prevent change within their community of practice and what their roles may be.

Mmmm, I would love a cup of coffee right, maybe a muffin. It's not very often I am told to leave during class to go out and pick one up. I'm definitely not going to pass up this chance! The only twist is that I have to use a wheelchair to get to the coffee shop. No problem - I know these buildings well and I should have lots of time to get over there, grab a coffee, and enjoy a few relaxing minutes luxuriating over my hot drink before I have to return to the gym. As I wheel down the hallway, I'm beginning to think I could be wrong - this might take a little longer than I *thought. I'm actually not even sure how to find an accessible route to leave the phys ed building! Following my usual route, I realize there are stairs leading up to the door I would typically use. I continue to wheel around, somewhat aimlessly, until I find another exit at the opposite end from where I want to go. Now travelling outside, I begin wheeling around the building finally heading towards our destination. There seems to be a bit of hill, one which I have never noticed before - it doesn't really look like a big hill when you're walking around - but using a wheelchair is whole different story. My arms are exhausted from wheeling up the incline! And the gravel that keeps our feet from slipping on the icy road proves to be nothing but a thick barrier for my wheels to push through – it's almost as though someone tried to make this path as difficult to navigate as possible. I find myself beginning to see the environment differently. I get to experience first-hand how bumpy the roads can be. I feel like a kid riding in the shopping cart at the grocery store, enjoying the feeling and sound of my voice vibrating, as I bounce up and down. It was fun when I was young, but I would hate to have to experience this every day. I finally find the ramp which is just wide enough for us to use one at a time. I wheel through the door, and find the coffee shop with minutes to spare. I order my coffee and the cashier reaches over the counter to hand it to me. Looking down at my lap, I realize that I now have to wheel back to class carrying a hot cup of coffee. How do people navigate this environment every day?*

Tomorrow I'll Be Fine

Practices and artifacts are used to share and maintain core knowledge of professional practice (Lave & Wagner, 1991). Within the simulation context, the students were distanced from the opportunity "to experience what it would be like in someone else's shoes" (course instructor) as their skill levels and concerns for personal safety took precedence. The viability of simulating impairment (e.g., muscular weakness of lower limbs) and the related socio-cultural implications of disability were questioned by the students as they found themselves contemplating the use of their legs. The students wanted to stay true to the simulation; however falling *out of character* was a viable option when they felt unsafe which threatened the instructor's intention of their experiential learning. The students' skills at descending inclines raised issues of safety and frustration. Coping with the intensity of their negative feelings was addressed by the self-comfort of knowing they could *fall out of character.* They would not/could not be members of the disability community, even temporarily through their simulation experiences.

Heading outdoors, the incline of the pathway leading away from the building entrance doesn't look very steep, but I haven't actually wheeled down an incline before. As I wheel the front castors over the edge of the curb cut and head down the path, the wheelchair begins to pick up speed. Gravel rocks fly out from under the tires, and I look ahead to see a fence rapidly approaching in front of me. At the end of the pathway, I see a sharp turn to the right and a grassy field on the other side of the fence. I am conscious of the chain link barrier that will soon prevent me from making a soft landing if I am unable to slow down and make the turn. I immediately start to panic, realizing that I'm losing control. I tell myself to stay calm. "Just breathe. It's going to be okay. You can just put your feet down." I know that I can stop the wheelchair and slow down at any time by using my feet, my legs, my arms... whatever part of my body that needs to move to keep me safe. The wheels appear to be moving too fast to put my hands on them - I'm not wearing gloves and I don't want them to get hurt. I feel my legs twitching as I think about sliding my toes to the edge of the foot rest. Just a little bit. My right toe creeps forward ready to touch the ground. No matter how much I try and stay true to the simulation by not moving my legs, it just becomes instinctive. If it's going to be me or the simulation, my feet will hit the ground. Yet, at the same time, I'm trying not to think about it. I am a good student and I want to *do this according to the instructor's directions. I'm trying really hard to pretend that my legs don't work because I want to learn as much as I can from this experience. What if I really couldn't move my legs? How would I feel if I was out of control- unable to protect my own safety? This is kind of weird though. Even when I'm trying not to think about it, in the back of my head there's a little voice reminding me that everything's going to be okay. At the end of the class, I will no longer have to worry about how to get around campus on four wheels as my own two legs are not restricted by the stairs, gravel pathways, or steep inclines. I won't have to struggle with this decision to pretend that I am something or someone that I am not. I hear myself saying, "Don't worry. Don't be frustrated. Tomorrow you'll be fine. You won't be in the wheelchair anymore."*

Discussion

As the students entered the situated learning context of the lab, they assumed new identities – that of being *disabled.* Their new identity was self-imposed as they enacted personally held assumptions about people who used wheelchairs that were reinforced by their reading of others perceptions, or what others have referred to as the medical gaze of deficiency (Withers, 2012). In essence, through lack of self-reflection, the students acquiesced to their own unexamined assumptions about the social meanings of wheelchairs as artifacts of disability – that of weakness, frustration, exhaustion, and differentness (Papadimitriou, 2008; Shakespeare, 2006). By the mere act of sitting down in a wheelchair, the students became someone else – they were no longer confident, vibrant, healthy students of kinesiology. Moreover, under the surveillance of members of the community they were 'simulating' feelings of self-doubt, discomfort, and embarrassment, further reinforcing their assumed deficit model of disability (Swain, French, Barnes, & Thomas, 2004). A deficit model of disability frames disability as an individual problem based in dependency and tragedy due to a body that does not meet the constructed ideal of normal (Withers, 2012). In the eyes of the instructor, these learning outcomes would not reflect the desired 'legitimate peripheral participation' in the professional community of adapted physical activity, in which the focus is directed away from these negative associations (Lave & Wenger, 1991; Leo & Goodwin, 2013; Papadimitriou, 2008).

Self-evaluation brought about by discomfort may stretch thinking and critical self-reflection (Barnett, 1997). However, when it is accompanied by fear, uncertainty, and embarrassment, its pedagogical appropriateness is worthy of discussion (Verkerk, Lindemann, Maeckelberghe, Feenstra, Hartoungh, & de Bree, 2004). Moreover, if the intention of experiential (situated) learning is to reinterpret thinking and learning to build meaning from practice and progress from newcomer to participation in practices of the community through legitimate peripheral participation, is it reasonable to think that simulation experiences will nurture belonging, doing, and becoming closer to the central work of professional practice (Lave & Wegner, 1991)? In summary, the messages the students took away from their experiences were mixed, and it could be argued that the negative affect associated with the reinforcement of personally held assumptions were counterstories to the pedagogical intent of the instructor (Burgstahler & Doe , 2004; French, 1992; Kuppers, 2007). A counterstory undermines the dominant story through its (re)telling in such a way as to invite new interpretations and conclusions (Clapton, 2003).

The embodied practice of using a wheelchair removed the students from their community of engaged, achieving university students to that of 'Otherness' (Hughes & Paterson, 1997). The Other is predicated on relations of exclusion and dominance and implies a status of being less than in ability and value. In their *visibility,* they became uncertain, cautious, and fearful in the negotiation of their new identities. Heightened visibility increased their vulnerability to the gaze, thoughts, and actions of others (Reeve, 2002). Lave and Wenger (1991) referred to visibility as a mechanism for encouraging this form of multiple levels of learning and reflection. The narratives shared by the students reflected a breadth of reflections. Whereas the student assumed an identity that was socially and culturally imbedded in a deficit model of disability (Shakespeare, 2006), they also learned about the significance of environmental barriers to safety and mobility (Williams & Datillo, 2005).

On another level, however the uncertainty experienced through their feelings of being disrespectful to those who lived with impairments led to a renegotiation of the meaning of the simulation that may not have occurred otherwise (Lave & Wenger, 1991). Reflecting on being put in ‘the position’ of making others feel uncomfortable (i.e., those with ‘real’ disabilities), may have been significant in their awakening of empathy, and the complexity of the social, cultural and historical depth of the disability experience. The serendipity of their encounter with members of the disability community deepened the students’ reflections. Engaging disabled people in simulation activities is worthy of careful pedagogical reflection as it may deepen the meaningfulness of the situated learning environment. Mutual engagement through a joint enterprise of those central to professional practice would bring a shared repertoire of understanding to the setting (Lave & Wagner, 1991). In essence, the situated learning undertaken through the lab experiences reinforced that learning and identity formation are connected and inseparable (Lave & Wagner, 1991). The wheelchair was an artifact through which students became awakened to the planning and negotiation required to navigate environmental barriers (Lave & Wenger, 1991). This finding was similar to that of Williams and Datillo (2005) and Pfeiffer (1989) who reported that wheelchair use led to heightened awareness of the physical barriers associated with negotiating the environment. Titchkosky (2011) summarizes this well, “Understanding disability as a personal need which requires evaluation, services, or counseling, rather than collective action or exploration, requires us to engage disability in individualized terms” (p. 12). Within situated learning theory, artifacts that have historical roots (e.g., wheelchair traditionally used to represent disability) are typically introduced, however, students derive their meaning and significance according to the given circumstances under which they are used (Arnseth, 2008). Yet the students of this study did not recognize their own agency in the creation, modification, or removal of barriers on a campus to which they closely identified. We are left wondering if the students left the simulation with the core knowledge of their community of practice that the physical environment is a ‘problem’ for those with impairments, that it is an individual issue to be addressed, thereby removing the responsibility of society.

The students’ journals revealed an attempt to make sense of their fear as they reflected on the temporary nature of the simulations and contemplated breaking “character if they ever feel threatened by circumstances” (Williams & Datillo, 2004, p. 140). Protecting student safety was also an essential component of the recommendations provided by Burgsthler and Doe (2004), Herbert (2000), and Kiger (1992) and should be a component of all simulated learning environments. Kirk and Macdonald (1998) suggested that learning which occurs within school-based communities of practice may not translate to practice beyond the school walls. As one possibility for transcending this disconnect, Burgstahler and Doe (2004) and Herbert (2000) spoke to the importance of debriefing experiential sessions to enable students to share, discuss, and make sense of their experiences. They reinforced the need for a clear link between the intent of the activities, the experiential learning that occurs, and how that learning is positioned beyond the classroom. In doing so, the instructors may also gain insights into the learning process that students undergo during situated learning experiences.

Papadimitriou’s (2008) concept of becoming en-wheeled, or incorporating the chair into one’s body through learning to live through it, explains how the wheelchair becomes a part of one’s way of being in the world. Although the wheelchair was an artifact to facilitate learning through immersion in simulating the world of impairment, the students could not be expected to transcend their able-bodiedness and accept the wheelchair as a part of them. In this setting, students did not become en-wheeled as they knew the simulation was temporary. While the ability to disengage from the simulation activity was important for students to feel more comfortable in their learning environment, their particular experience appears to support French’s (1992) criticism that it is not possible to simulate the disability experience.

We wish to acknowledge that the interpretation of the findings is based on experiences of a limited number of female participants. Moreover, the experiences are specific to simulation activities involving novice wheelchair use for a limited period of time. Other simulation conditions may have induced different experiences.

Conclusions and Recommendations

By engaging in the disability simulations, the students reflected on their social worlds as they explored their assumed disability embodiment. However, they did not appear to transcend their individual experiences of discomfort with loss of autonomy, challenges of negotiating the physical environment, or *being in disability character*. Nor did the students consider the broader socio-cultural implications of disability and the meaning it might hold for their ultimate professional community of practice. From a pedagogical perspective, careful reflection is also needed by post-secondary instructors as to why and how disability simulations are being used.

To ensure that students are meaningfully prepared for and have the tools to reflect upon their simulation experiences, pre- and post-activity discussions, preferably by a member of the disability community, about the possible emotions and situations encountered may enrich reflection upon their lived experiences. Doing so opens opportunities for a socio-cultural broadening of the understanding they bring to their experiences and possible new found insights for their professional community of practice (Delamere, 20007). Finally, future study is needed from members of the disability community to understand the pedagogical and ethical merit of disability simulation use in the preparation of adapted physical activity professionals.

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CHAPTER THREE: STUDY TWO

Reflection and Reflexivity on Disability Simulations Use in a Post-secondary Kinesiology Course

I am about to instruct an experiential lab for the undergraduate adapted physical activity class for which I am the teaching assistant. I am wondering what these students will take away from the lab. For some, this may be the only class in which they learn and think about issues of disability and physical activity. Although I have taught this lab before, a sense of increasing discomfort returns. I greet the students, then walk across the room, and lower myself into a wheelchair. I sit in a wheelchair as someone who doesn't experience impairment, trying to move with smooth wheelchair strokes across the gymnasium floor. I feel the students' eyes on me. I want to give the appearance that I have done this before, that I know what I am doing, and that I am competent to teach them about using a wheelchair. With growing uncertainty about the purpose of the planned activities, I feel, once again, like I am entering murky water.

The opening vignette describes a reflective moment on the part of the first author. The discomfort experienced became a *critical moment* in the quest to further understand disquieting meanings behind the taken-for-granted professional practice of disability simulation use in post-secondary education. Vignettes, as compact sketches, provide a valuable tool for studying peoples' attitudes, beliefs, and meanings about specific situations (Barter & Renold, 1999; Hughes & Huby, 2002; Spalding & Phillips, 2007). When combined with critical moments they become "fateful moments or times when events come together in such a way that an individual stands at a crossroads in their existence or where a person learns of information with fateful consequences" (Giddens, 1991, p. 113). They become an effective way of encapsulating, highlighting, and reflecting upon particular events which through vignette writing "illuminate the culture under study" (Ellis & Bochner, 2000, p. 740). Autoethnographic vignettes were utilized in this study to bring to life a critical period of academic reflection through emotional identification and understanding of that period (Ellis, 1998; Humphreys, 2005; Tayeb, 1991).

Within post-secondary settings, disability simulations have been used to provide experiential (embodied) understanding of disability (Pfeiffer, 1989; Wurst & Wolford, 1994). They are designed to simulate impairment by using disability artefacts such as wheelchairs or dark glasses (Flower, Burns, & Bottsford-Miller, 2007; Leo & Goodwin, 2014). Participants often complete activities typical of daily life such as eating, getting dressed, or negotiating public spaces (e.g., mall or university campus). Simulations have been widely used in health and wellness related post-secondary contexts including kinesiology, recreation, medicine, and nursing (Crotty, Finucane, & Ahurn, 2000; Delamere, 2007; Scullion, 1999; Williams & Datillo, 2005).

Disability has been widely represented by situating impairment as a deficit, or the failure to meet normative embodied standards within the body and hence within the individual (medical model) (Withers, 2012). “Under this [medical] framework, disability is based in the body, normal is constructed as ideal, disabled people are dependent, and our identities are tragedies in need of intervention” (Withers, 2012, p. 31). Intervention is then typically provided by an expert who is often anyone *but* someone who experiences impairment on a daily basis. For instance, Scheuringer et al. (2010) looked to health professionals as the experts who were best suited “to identify problems in people with spinal cord injuries” (p. 530). Parents were identified by de Geeter, Poppes, and Vlaskamp (2002) as experts on the care and education planning for their children with disabilities. Block & Obrusnikova (2007) suggested that professionals are the experts when it comes to disability and physical education. Although multiple perspectives can be important to providing meaningful care and access to services, the marginalization of the lived disability experience disability is unacceptable . Tyreman (2005) countered professional expertism in a health context by introducing the “expert” patient to the care team thereby facilitating collaboration between the patient and practitioner given their respective areas of expertise and responsibility to which each can contribute.

Alternately, disability has been conceptualized by looking outward to the barriers and restrictions imposed by society that disable (social model) (Shakespeare, 2006). The social model of disability “shifts attention from the individual and their physical or mental deficits to the ways in which society includes or excludes them” (Shakespeare, 2006, p. 29). Critics of simulations purport that it is not possible to simulate the disability experience from either an embodied experience (French, 1992) or socio-cultural perspective (Kuppers, 2007). Ableism may help explicate the embodied and socio-cultural shortcomings of disability simulations. Ableism is defined as:

> a network of belief, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human. (Campbell, 2001, p. 44)

Ableism provides a useful lens through which to examine the assumptions and beliefs that underpin the design and implementation of disability simulations.

Reflective Practice and Reflexivity across Knowledge Landscapes

The call to integrate reflection and reflexivity in adapted physical activity practice has recently emerged in the literature (e.g., Silva & Howe, 2012; Standal & Moe, 2013; Standal & Rugseth, 2014). Through reflection, or thinking back on our practices to examine what happened and why leads one to reveal deeper pedagogical meanings (Bolton, 2010). Integrating critical reflection into professional practice encourages the development of professionals who explore new approaches, attend to ethical consequences of teaching practice, deep examination of personal beliefs, and question assumptions held about human potential and learning (Larrivee, 2000). Reflective journals and self-narratives are significant tools for promoting critical self-reflection (Bleakley, 2000; Thorpe, 2004) which is a precursor to reflexivity (Bolton, 2010).

Reflexivity, with roots in critical self-reflection, "is a deconstructive exercise for locating the intersections of author, others, text, and the world" (Macbeth, 2001, p. 35). It brings introspection to assumptions, positioning, and behaviours of shared experiences while also interrogating the underlying social discourses (Finlay, & Gough, 2003). Bringing reflexivity of critical moments into educational contexts has the potential to reveal multiple layers of meaning and further our understanding of teaching practices (Bullough & Pinnegar, 2001; Labercane, Last, Nichols, & Johnson, 1998; Longhran, 2002).

Within the context of professional preparation, Bolton (2010) suggests reflexivity involves questioning

> …our own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand our complex roles in relation to others… It is becoming aware of the limits of our knowledge… [and] we recognise we are active in shaping our surroundings. (p.14)

Connelly and Clandinin (1999) in their extensive work on professional preparation of teachers introduced the phrase *stories to live by*. Stories to live by are narratives of experience composed on a knowledge landscape comprised of relations among people, places and things. The stories are both personal in that they reflect personal life histories and social in that they are lived and understood within social contexts (Clandinin & Connelly, 2002; Connelly & Clandinin, 1999). Further, the context for understanding teacher knowledge is three fold, "individual teacher knowledge, the working landscape, and the ways in which this landscape relates to public policy and theory" or what has been referred to as the *professional knowledge landscape* (Clandinin & Connelly, 1996, p. 24). The *practical knowledge landscape* is a place behind closed doors where teachers spend time with students.

Soltis (1995) summarized the creation and navigation of knowledge landscapes as *secret places*, *sacred stories* and *cover stories*, as "a way to see into and meaningfully navigate the complex professional landscapes" (p. iv). Stores of secret places, *secret stories* are seldom shared with others outside of the knowledge in a space generally free from scrutiny where teachers live stories of practice (Clandinin & Connelly, 1996, p. 25). Sacred stories tell us how to 'be' and how to 'do' through theory driven views of practice introduced outside of the classroom by policy makers, administrators, and researchers. When teachers move out of their classrooms onto the professional landscape, they "portray themselves as experts, certain characters whose stories fit within the acceptable range of the story of school being lived in the school" (Clandinin & Connelly, 1996, p. 25). Cover stories enable teachers to continue their teaching practice despite dissension between their sacred and secret stories (marginalized teacher story). For example, Huber (1999) an elementary school teacher, described her cover story of successfully meeting the curriculum standards for the at-risk youth in her classroom, which was contrasted by the uncertainty and doubt in her secret story as she moved away from the expectations of her school principal to address the individual needs of her students. The disconnect between the curriculum Huber was responsible for teaching and her desire to understand and transform the messages her students took away from the learning environment was similar to tension experienced in the delivery curriculum based simulations and the questioning of the assumptions and expertism upon which they were based.

In this study, you will hear secret and cover stories, portrayed through vignettes, of a teaching assistant using disability simulation in a post-secondary context. Clandinin and Connelly's (1996) stories across the professional and practical knowledge landscapes will facilitate the presentation and interpretation of self-narratives penned by the first author. Ableism (Campbell, 2009) provided a useful lens through which to examine these stories. The purpose of this paper was to reflectively and reflexively examine ableistic, personal, intersubjective and social processes involved in leading disability simulation activities in a post-secondary kinesiology course.

Method

Research Approach

A qualitative authoethnographic research approach framed the study. Autoethnography "provides the researcher with a means to examine his or her pedagogical and research practices from his or her lived evocative experiences" (Belbase, Luitel & Taylor, 2008, p. 86).

Giles and Williams (2007) advocated the use of autoethnography as a way to explore and understand the boundaries and connections that exist between our academic and non-academic identities. Within teaching contexts, it reveals "not only the authors' teaching practices but also the cultural assumptions they bring to self-examination" (Chang, 2008, p. 38).

The data were comprised of self-narratives of the first author. Self-narratives (Chang, 2008) or narratives of self (Sparkes, 2000) are "highly personalized accounts that draw upon the experiences of the author/researcher for the purposes of extending sociological understanding" (p. 21). They are valuable in the process of reflexiveness (Humphreys, 2005). The use of self-narratives therefore, offered an avenue to "connect the personal to the cultural," and examine subjective meaning-making as an instructor who facilitated disability simulations in a post - secondary setting (Ellis & Bochner, 2000, p. 740).

A conceptual framework is essential to move self-narrative beyond storytelling towards developing a theoretical understanding of social phenomenon that moves deeper within the data (Ellis & Bochner, 2000). Teacher stories and stories of teaching (e.g., secret, cover, and sacred stories) (Clandinin & Connelly, 1999), ableism (Campbell, 2009), and the medical and social models of disability were used to support and deepen the reflexive interpretation of the storied experiences (Withers, 2012).

Research Context

It is useful to provide a context for this reflexive process, as such; the following brief biography locates the first author according to her academic and social position (Bishop & Shepherd, 2011). The lead author, a doctoral student in adapted physical activity assumed teaching assistantship responsibilities that involved leading disability simulation experiential labs for undergraduate students. Prior to beginning this study, she completed graduate level courses that covered a wide range of topics including, ethical practice in health care, adapted physical activity, and qualitative methods. This course of study, along with disability simulation teaching experiences and regular conversations with the second author, led to a place of reflexivity that was precipitated by a consciousness rising of the assumptions which underpinned the first author's practices as a non-disabled graduate student instructor. Although the authors have professional experiences that include interacting with and supporting individuals experiencing disability, to drawn upon, they do not have lived experience of impairment They further acknowledge their position as Caucasian, middle class women and recognize these factors as limitations to the study.

The course was situated within a faculty that offers degrees in physical education, kinesiology, and recreation. The teaching assistant duties entailed teaching two disability simulation lab sessions of 60 minutes each, involving the use a wheelchair to navigate the university campus and adapting activities to include participants with various simulated impairments (e.g., wearing a blindfold, tying back a limb). According to the lab manual, the objective of the lab sessions was to learn about accessibility and adaptation strategies for learners who experience various impairments. Each lab session accommodated 60 students and was delivered twice over the course of a week to provide opportunities for the entire class of 120 students. Guided by an autoethnographic self-narrative approach (Chang, 2008), the first author engaged in the reflexive process of documenting experiences as a graduate student teaching assistant tasked with leading disability simulation labs for a required second year undergraduate adapted physical activity course (see Leo & Goodwin, 2014 for an in-depth description of the lab sessions).

Gathering Data

Self-narratives were accumulated in the forms of journal entries recorded over one teaching term (primary data source), written reflections prepared over a 4-year period, and document reviews. van Manen's (1977) reflective framework guided the journaling. His framework proposed three levels of reflection (a) technical reflection focusing on how one meets a given goal, (b) exploring one's assumptions and underlying meanings of teaching activities and decisions and (c) consideration of the moral, ethical, and political aspects of teaching.

Throughout the journaling process, a total of 21 journal entries (totaling 59 pages) were recorded. The journal notations were of two formats. The first one included observations of student reactions and conversations following teaching sessions by the first author. Interactions with students and other instructors, related to disability simulations, including discussions that took place outside of the classroom were also documented. Additionally, the journaling provided a place for the first author to explore her thoughts, questions, and reflections, such as examining assumptions that underpinned attitudes towards the use of disability simulations.

Second, reflective journal entries were recorded, which focused on critical moments surrounding the use of disability simulations. Critical moments "disrupt our process… are those times when researchers are impelled to negotiate between the theories and conventions about research and their lived experience of it" (Horsfall, Byrne-Armstrong, & Higgs, 2001, p. 4). Journaling facilitated my learning and constructed new meanings, sensitivities, and emotions to the earlier writing.

The process of writing reflective journal entries continued until the topic had been exhausted and nothing new was emerging in the reflections and writing (Duncan, 2004; McMahon & Dinan Thompson, 2011). Additional documents included a paper written by the first author for a graduate course on ethics in health care. To provide context for the journal entries, course materials (e.g., course outline, laboratory manual) were also reviewed.

Analysis of Self-Narratives

The analysis consisted of moving from self-reflection on the written narratives, written responses to the narrative, and document review to deeply reflexive thought that encompassed assumptions, position in the instructional context, and the underlying social discourses at play (Bullough & Pinnegar, 2001; Ellis & Bochner, 2000). Analysis of the self-narratives was an ongoing process that took place as stories and experiences were reflected upon. The first author pondered questions that arose and attempted to make sense of the experiences and tensions encountered (Smith & Sparkes, 2008). The journals were recorded or transcribed from hand written notations to electronic files and gathered into a master file that was read and re-read several times. Meaningful phrases were highlighted and coded. The process of analysis and interpretation involved moving between fracturing (into codes) and connecting the data (into themes) (Chang, 2008). The coded data were organized and rearranged to facilitate comparison across the data and identify connections (Chang, 2008). Patterns emerged from the connections within the data, and due to their regularity, they resulted in the identification of three themes which described the relationships and gave fundamental meaning to the data (Chang, 2008). The patterns were reflexively held up against the conceptual frameworks of ableism, professional and practical knowledge landscapes, and the medical and social models of disability.

Narrative vignettes were created to present the self-reflexive findings. In order to move from the thematic analysis to the preparation of the vignettes, we used the following process. Key ideas for each theme were written down and best exemplars were identified. A story was drafted to reflect the experiences of the first author. We engaged in deep reflexive thought about the influence of the social, cultural, and political forces as we interpreted the meaningfulness of the vignettes against the conceptual frameworks. The developing vignettes were shared with the second author, reflecting their telling and retelling. Changes were made during the revisiting of the emerging stories in the emotional depth and aesthetic quality of the writing, the ability to express the experiences, effect of social, cultural, and political influences on the emerging stories, and the understandings that emerged (Mahony, 2007). The vignettes explored three distinct themes: *First Impressions, Lost Intent,* and *The Non-expert Expert.* Our aim was to engage the reader such that she or he is able to construct personal meaning alongside the analytic insights revealed (Humphreys, 2005).

Judging Quality

Criteria for judging the quality of autoethnographic research includes authenticity and verisimilitude, substantive contribution, and impact (Richardson & St. Pierre, 2005; Sparkes, 2000; Whittemore, Chase, & Mandle, 2001). *Authenticity* refers to the reflexive consciousness of a researcher to consider her or his perspective, respect the perspective of others, and demonstrate fairness in her or his portrayal of these constructions (Whittemore et al., 2001). We acknowledge our subjective positions as researcher/participants in constructing and representing lived experiences as they emerged throughout the research process.

Verisimilitude refers to the evocative power of the written account to draw readers into the experiences of study participant(s) in such a way that they can be felt metaphorically, based upon their own experiences bringing new meanings and insights to the phenomenon of interest (du Preez, 2008; Schwandt, 2001; Sparkes, 2002). Verisimilitude was brought about by writing and rewriting, while sharing the writing with others and soliciting feedback. Additionally, strong metaphors were used to relive the events.

Substantive contribution was addressed by interpreting the meaning of the findings against the conceptual frameworks of the professional and knowledge landscapes (Clandinin & Connelly, 1999), ableism (Campbell, 2009), the medical and social models of disability (Withers, 2012), and social science literature related to disability simulations and reflective practice (Richardson & St. Pierre, 2005). Ultimately, the *impactfulness* of the work rests with the reader (Richardson & St. Pierre, 2005). Our aim was to affect readers intellectually and emotionally to take pause in the taken-for-granted pedagogical benefits of disability simulations in post-secondary settings.

Reflecting Inward Projecting Outward

The self-reflexive narrative stories are presented as a multi-layered text shifting between personal and academic voices (McMahon & DinanThompson, 2011; Sparkes, 2004). The vignettes describe inward reflections followed by outward reflexivity of societal expectations, moving in and out of the experiences to understand their meaning. The two voices illustrate the connections between personal experiences and interpretative reflexivity, drawing upon professional and practical knowledge landscapes and models of disability to bring meaning to the teaching experiences. The vignettes will be presented first, which will be followed by a reflexive discussion of their meaning.

Shattering the Facade

I stand in front of my closet and survey the clothes hanging before me. I bypass the jeans, step over a crumpled t-shirt on the floor and finally select my black blazer. I wear this blazer whenever I feel like I need to put on my professional armour. It makes me feel like I project an image of authority, or at least, I think that is the case. The blazer gives me a sense of security in who I am and the identity that I want to display. Today, I want to look professional as I enter the world of undergraduate students. I want to look the part of lab instructor, not student. I pull on my dark grey pants, put on some makeup, and straighten my hair. Today, I will reveal myself as one who is qualified to teach. With a long glance at myself standing in the mirror, I pause for a moment to think about how the students will perceive me. Have I created the right image? Will I portray the knowledgeable instructor that I think I am?

It's the first week of classes and I head to the lecture hall to meet the students. Walking across campus, I feel like a veteran - self-assured in my previous experiences. Unknowingly, this sense of security and arrogance stems from a foundation of ableist assumptions that have built up my confidence. I have done this 'meeting of the students' before as this is my fourth term teaching these labs. It does not enter into my consciousness to recognize and reflect upon the ableness that is interwoven across my previous experiences. Instead, my thoughts superficially drift to coffee. With a few minutes to spare before class begins, I stop to grab a latte. As I stand, waiting in line, I feel certain that this meeting will set the tone for the lab sessions.

I want to use this opportunity to leave a first impression with the students that I am prepared, that I am confident and I have a good grasp of the course content. I may be conceited in my disability knowledge, but part of me thinks this is the way I am supposed to act. After all, I am a graduate student. I know what I am talking about. I have book knowledge about disability, I feel certain about my understanding of lived experiences of disability and I have pride in my ability to impart this knowledge on others. To create this persona for the students, I plan to showcase my past teaching and academic experiences. Especially within the context of teaching simulations, I hope to demonstrate to the students that I am knowledgeable about disability and impairment. After I place my coffee order, I briefly land on and then dismiss the notion of being an expert. What do I really mean by expert? I think about this for a moment and wonder if I am trying to portray the image of an expert instructor in the eyes of the students, and by that I mean one who is really familiar with the course content and lab activities- or am I referring to something deeper? Am I trying to suggest that I am an expert about all things disability? I'm beginning to sense some turmoil as I reflect on the meaning behind being an expert. I reach for my coffee and notice a feeling of unease growing in the pit of my stomach.

As the course instructor settles the class, I look around the large lecture room, seeking out a familiar face - not recognizing any. I have nothing prepared as I have done these kinds of introductions many times before, and yet, despite my arrogance as an experienced lab instructor, I am surprised by my sudden nervousness. I wonder if I should have taken the time to plan my introduction to the students. I spend these brief moments as the classroom begins to quiet down reflecting on how I will present myself.

The instructor calls my name, I stand up and walk slowly to the front of the room. As I place one foot in front of the other, I feel a small crack in my self-assured veneer begin to form.

That nagging feeling becomes clear as the questions begin to leak from my subconscious. Why am I walking to the front of the classroom? Shouldn't I be wheeling? But I don't really use a wheelchair so why do I think I should be wheeling? Do I really mean that 'the instructor' shouldn't be walking? Should 'the instructor' be wheeling? If that's what I mean, then maybe I'm not the right person for this role. I feel my confidence drain away from me. I don't actually use a wheelchair. What am I doing up here? My credibility façade shatters around me. My mouth is dry and I'm not sure where to begin. I feel so confused. I just want to get this over with as quickly as possible. How could I possibly have thought the most important part of my identity was my clothing? I reflect back on that moment when I stood in front of my closet, thinking about my appearance. I wonder if I was actually using the clothes to build up a facade of confidence. A façade that I now realize no longer protects me from the doubt, the embarrassment of my position as a non-disabled instructor, or the shame I feel in moving forward with plans for teaching practices that I am beginning to find troubling.

In reality, my ability to navigate the campus using my two legs, without the support of a mobility device is the most revealing part of my introduction. I suddenly feel my own vulnerability and to the scrutiny of others as I stand before the students, presenting myself as one who is knowledgeable and competent, even though I don't actually have any real lived experiences to draw upon. What if the students find out my credibility as an instructor is all an illusion?

I pause for a brief moment and stare at the students, unsure if I should share my uncertainty as their lab instructor. I am no longer the same instructor who walked through those classroom doors only moments ago. Inside I know that I will now approach my work in a new way. I will engage in teaching and research with doubt, humility, uncertainty and fear. Although *brief, this very public experience has a transformational quality to it as I experienced a deep shift in my identity as a lab instructor.*

Instead of sharing the significance of this moment with the students, I begin as I always do, telling the students who I am, disclosing my years of teaching experience and my academic background in adapted physical activity, justifying to them and myself why I am qualified to teach them. I don't explicitly state that I do not have first-hand experiences of disability. Despite the significance of this moment and its potential for creating a critically reflective moment for the students, I find myself retreating to the safety of the familiar introduction I have used many times before. Perhaps I am not ready to reveal my inner reflections - I am not ready to place my vulnerability as an instructor open to examination and analysis from the students. I need time to process these reflections for myself.

Somehow I ignore the pieces of my shattered facade all over the floor. I feel like there are two versions of myself - one is talking, introducing herself to the students, the other is thinking, I don't experience impairment, the labs are about impairment, should we even be doing this and should it be led by me? I am a fraud!? I leave the classroom feeling exposed, uncertain, and unsure where this revelation will lead.

The credibility or believability of an instructor is comprised of three components including competence, caring, and character (Myers, 2004). Competence refers to the perceived knowledge or expertise of an instructor on a given subject and is considered to be positively associated with effective teachers (Myers, 2004). As I spoke to the students, I attempted to demonstrate my competence by using academic vocabulary to portray my knowledge of disability and accessibility. My academic status however, did not address my ableistic assumption that as a person who projected embodied perfectionism, I was reinforcing disability as a “diminished state of being human” (Campbell, 2001, p. 44). If competence is defined according to perceived knowledge, then the knowledge that I planned to impart on the students was rooted in the medical model as I convinced the students and myself that disability was a tragedy in need of intervention by their actions as future professionals (Withers, 2012). Until that vulnerable, transformational moment, in which I began to question my position as a non-disabled instructor, I was confident in the privileged knowledge I was ready to impart on the students.

In the public moment when I questioned my identity as a credible instructor, qualified to teach about impairment and disability, I hesitated when it came time to reveal these uncertainties. As a veteran instructor, why did I not use the opportunity to lead an honest discussion with the students? Being a credible instructor is about more than just perceived competence. It also incorporates character, or the ‘goodness’ that an instructor demonstrates through their actions such as honesty and trustworthiness and caring, or the degree to which an instructor expresses concern for student welfare (Myers, 2004). Although I like to think of myself as an honest person, it has been incredibly difficult to reveal my inner reflections and hesitations about my teaching practices. I would describe myself as someone with strong character that values honesty, and trustworthiness, yet I was unable to demonstrate the goodness of my character through an authentic discussion with the students.

Through the reflexive process, I have come to realize that I held back out of fear. I was afraid that if I publicly shared the concerns about my lack of knowledge and experience to fulfill the teaching role, I would be left without a role to fulfill. I would no longer have a job as the position may no longer be available to me as a non-disabled instructor. Rather than confront this fear and encourage open discussion, I reverted back to the safety of the medical model in which I was a holder of privileged knowledge, thereby reinforcing the ableist beliefs and assumptions that perpetuated my practices (Campbell, 2009; Withers, 2012). Linton (1998) suggested this desire to hold on to the familiar and avoid disrupting taken-for-granted understandings of disability is not an uncommon reaction.

> "Disability is a linchpin in a complex web of social ideals, institutional structures and government policies. As a result, many people have a vested interest in keeping a tenacious hold on the current meaning because it is consistent with the practice and policies that are central to their livelihood or their ideologies." (p.10)

As a non-disabled person, unprepared to question the teaching structures that I was accustomed to in which people who experience disability are absent in the instructor role, it felt safer to embrace the accepted and somewhat privileged, individualized approach that would protect this teaching role.

As a graduate student, building a career on the notion of being and becoming a knowledgeable person, it was a shock to consider how a revelation that threatens my credibility would affect my position. I experienced a deep sense of vulnerability that went beyond my personal identity as a non-disabled instructor, rather, I felt threatened in my public role as an academic researcher and instructor. This threat to my personal security and well-being was unsettling and it silenced any revelations of my concerns, hesitations, or reflections.

Campbell (2009) explored the performativity of teaching with a disabled body and what that means for instructors who don't experience disability. From her perspective, "the disabled experience does create difference – a valuable difference – a different perspectivism or mind style of living in the world. This is not to say such experiences induce some kind of epistemic privilege because of their purity" (p. 718). While Campbell (2009) does not suggest that non-disabled teachers would bring privileged knowledge to the learning environment, she also does not dismiss the contributions they can offer. This is important for instructors, who like me, were in the midst of an identity crisis. Campbell (2009) called for disabled and non-disabled instructors alike to acknowledge their positionality and to open up dialogue about the impact of ableist assumptions and the intersection of disablement on teaching and research. “What is *not* [emphasis added] being called for is a reactive response to disability apartheid – a call for all able-bodied people to give up their positions to disabled teachers” (p.721).

This vignette presents a cover story. The sacred story of instructor competence reflected through the cultivation of a professional persona was in strong contrast to a secret story of awakening to a sense of waning credibility (Clandinin & Connelly, 1996). At this stage in my instructor development, maintaining the cover story of competence was important to my identity. I was not prepared to delve deeper into the secret story that led to questioning my suitably to guide the students (Clandinin & Connelly, 1996).

Engaging in this reflexive work of questioning the ableistic assumptions that underpinned my teaching practices left me feeling exposed, exposed to my own internal uncertainties as well as that of the students. I am guided by the thoughts, perceptions, and experiences as one who navigates the world according to the standards of normalcy as determined by society – my ableism (Campbell, 2009). I have found my place of vulnerability through a painful reflexive process and for this I am grateful as it will transform my future teaching and research practices.

My reflexive work stemmed from a place of caring and compassion for others. In my desire to provide students with a thought-provoking, engaging, and ethically sound learning experience that portrayed the disability community well, I learned there is more to being a credible instructor than just caring. Rather, credibility is the intersection of caring, character, and competence that leads to credibility (Myers, 2004). I am no longer secure in my credibility as an instructor of disability simulations as I have opened the door to questioning my knowledge and finding that place for honesty in my teaching practices. My cover story illustrated my previously unexamined ableism and how my attitudes, assumptions and past habitual actions positioned me as an expert on disability.

Lost Intent

At the beginning of this lab session, I told the students the purpose of the lab was to learn about accessibility and architectural barriers within our facilities. The purpose was to acquire an appreciation for the skills needed to successfully manoeuvre the environment from a wheelchair. The purpose was not *to pretend to have a disability.*

The wheelchair lab took place in a newer building, a conference centre designed to include more accessible features compared to many of the older buildings on campus. In the past students have been asked to explore our main recreation complex, a mature building that was built under the guidance previous building codes. Despite the many retrofits over the years, the students were typically shocked at how difficult it was to complete tasks such as navigating the building to order a cup of coffee or locating an accessible washroom.

I easily located the washroom on the main floor. Walking into one of the washrooms before class, I began to worry that the students' experience would be different, and by different I meant straightforward, uncomplicated, and without challenge, compared to previous years. If I am concerned that an element of struggle is absent from their simulation experience, am I really trying to reinforce a deficit model of disability? My assumptions that challenge and struggle are essential to the disability experience are beginning to surface. Where did these come from? As an instructor who does not experience disability first hand, but has spent a significant amount of time with people who do experience disability, I feel shocked, shameful, and very uncomfortable *that these ideas may actually underpin my teaching practices and indeed my beliefs about disability.*

It took me a moment to realize the washroom space was designed with a doorless entrance. This is a great advancement in building accessibility, yet I can't help but frame it as a lost learning opportunity. The doorless entrance meant there was no heavy door for the students to struggle with, or automated button to find; rather they could simply wheel right in. I couldn't help but worry about what the students would learn if they experienced such ease in access? Did I set up the activities to portray a narrow focus on how people experiencing disability use and navigate public spaces by using gaining entry as an indicator of success? Would the students realize that this building actually meets some of the accessibility guidelines, or would they be dismissive of the whole experience? Again, I am caught off guard as my first response to success in identifying positive accessibility features and the lack of challenge in the labs is one of hesitation and concern that this would lead to a disappointing learning experience for the students. To keep the students engaged, shouldn't the activities be difficult, stimulating, and demanding? As I sent the students out to explore the spaces, they were armed with a task list and set of accessibility guidelines from the city. With about 30 minutes on their own, I hoped they would spend the entire time on the tasks, rather than rushing through them or ignoring them altogether so as to leave class early. I find myself questioning the value of disability simulations as I wanted the students to learn from the experience, and 'walk away' with new perspective of navigating the world without the use of their two legs.

Unfortunately, this did not happen. Students returned to the gym quickly, some after spending only 10 minutes wheeling around the conference centre. I excitedly asked the students about where they had gone, what they had discovered, and what they had learned. My questions *were barely acknowledged with brief statements like, "It was good". Most of the students couldn't seem to return the wheelchairs fast enough. They appeared focused on leaving class well before their dismissal time. Or perhaps, they may have been uncomfortable with the experience of being perceived to be 'disabled' in a public place. There was little communication with me about any of the accessibility features they may or may not have encountered or about any of the feelings that arose during the simulated experience. With no one asking me questions or sharing their stories from the simulation, I overheard the students' conversations about assignments for other classes and plans for the upcoming reading week. No one jumped at the chance to tell me what they found, and it remains unclear if this was related to any of the discomfort they experienced in the public domain or if it was a lack of engagement with the activities. I felt really disappointed in myself and the experience I provided for the students. Although it may not have been realistic in such a short period of time, I failed to present a perspective-changing learning activity. I failed to make a difference in the way these students understood the design of public spaces for those who used wheelchairs.*

Deep inside I wanted the students to see that living with a disability sometimes takes more time and planning to get to where you need to go. I wanted them to think about how spontaneous and convenient their daily lives are. I don't want to admit it, but I wanted the students to see what it might be like to live with impairments, even if it's only temporary. Even as I write this I am surprised by what I hear myself admitting. This shouldn't be what I hope students will take away from disability simulations. They should be thinking about the environment - physical and social - and what they as students and future professionals can do to make it more accessible to others. Except, I'm not sure this can happen from simulations, I'm not sure it's ethical to suggest the students can gain insight into someone else's lived experiences of *disability through simulation. I may be doing more harm than good if I set things up such that the students walk away from the learning environment with the perception that living with impairment is a constant struggle. But then again, this is not what they experienced given the accessibility features of the new building.*

As I reminded the students they were not pretending to have a disability, I found myself secretly hoping that they gained some insight into the disability experience. I'm feeling conflicted. I'm not sure what's right anymore and I don't know what to do. My job is to disseminate the knowledge I possess. But who says I'm the right one to do this? I don't know if the knowledge I have is sufficient or if I'm naïve to think that it's valuable given my ableistic views as an instructor who lacks disability experience? To address this, I could have spoken to them about how, through social awareness, previous barriers were removed in this newer building and their movement about the building was transformed because of it. I could have spoken about the doorless access to the washrooms and how that compared to the washrooms in our home academic building. Rather, I chose to focus on what they missed – the struggle. Disability was to be experienced as a struggle…

The above vignette revealed a secret story (Clandinin & Connelly, 1996) about the emotions I experienced as I came to the realization that there was disconnect between the explicit intentions I publicly shared for the students' learning and the implicit intentions and hidden from view assumptions that emerged during the writing of my reflections. This secret story of feeling confused and uncertain about the purpose of the lab session I was teaching goes beyond the explicit desire for students to learn about architectural barriers. My secret story revealed intent for students to gain insights in a way that I had outwardly criticized. It revealed the ableist assumptions, that disability is situated within the individual and it is constructed relative to how that individual meets the standards of normalcy as determined by those who do not experience disability or impairment (Campbell, 2009). For example, students would only understand disability if they experienced difficulty completing a task that was considered ‘normal’ in their daily lives, such as accessing a washroom. Upon reflection, I learned that these assumptions underpinned my teaching practice in a way I had not acknowledged. This revelation made me feel very exposed as an instructor as I was opening myself up to others to examine my credibility and skill. By harboring secret intentions for the students that defied my public pedagogical actions, I was concerned that my character would come into question (Myers, 2004). I was worried about the reaction of those who experience disability, of those whom I had worked to build relationships with as I embarked on this reflective questioning of simulation use.

The very act of making a secret story public, led to changing my story to live by as I moved towards awareness, growth, and shaping of my professional identity (Connelly & Clandinin, 1999). The process of examining, revealing, and questioning the ableistic assumptions that underpinned my teaching practices prompted me to be more reflexive as a way of being in the world. I first moved into the teaching environment with an ease and confidence that my knowledge and competence were intricately linked; only to learn they were not necessarily one and the same. Moving forward I plan to embrace the reflexivity that may help me to create learning environments that are more honest and approachable such that students will feel comfortable to identify, confront, and disrupt the assumptions that may guide their practices (Withers, 2012).

As an outsider to experiences of disability I reflected on how this positionality informed my teaching. I was struck by the profound ableist assumptions that underpinned my understanding of disability simulations even when I was questioning their use. Despite my personal feelings and hesitations about the use of simulations to teach about disability, my journals revealed that I assumed that simulations were relevant learning activities. This is in contrast to French's (1992) criticism that it is not possible to simulate disability. I was concerned that students would leave the pedagogical setting with a perception that disability is abnormal because they would be unable to successfully perform 'typical' daily activities in their simulated disabled state as a wheelchair user, thereby reinforcing the ableist assumption that purports disability as an individualized, medicalized experience (Campbell, 2009). "From the outsiders' perspective, the appearance and activity of a person with impairments and disabilities may appear 'abnormal'. From the insider's perspective, however, these ways of being are the realities of daily life and, as such, are 'normal'" (Peters, 1996, p. 598). This notion of disability as an abnormality is in line with Kiger's (1992) warning that students will associate negative thoughts and feelings towards the disability experience following their participation. The curriculum for the disability simulations was designed by instructors without first-hand experiences of disability which resulted in activities that were built around assumptions of space access and usage from a non-disabled perspective. My reflections revealed a purposeful attempt to elicit these feelings in the students as I, along with the course instructor, both non-disabled individuals, developed an activity outline that would be challenging, difficult, and potentially lead to negative perceptions of disability.

I held to the position that the purpose of disability simulations was not to actually simulate disability but rather expose students to disabling environments. Given the criticisms associated with imparting a medical model understanding of disability (Withers, 2012), my overt expectations of the students were to be mindful of the barriers within the built environment and therefore shift the focus towards a social model (Oliver, 2013). My secret stories revealed an underlying ableist assumption that the disability experience was rooted in struggle and located within the person, rather than social, physical, and cultural environment (Campbell, 2009). This self-reflexion was an important part in understanding the real story I lived by.

Barney (2012) advocated the introduction of a social model approach to structure disability simulation activities as a way to encourage students to consider the broader social-cultural implications of the activities beyond the physical experience of using a wheelchair. I am hesitant to suggest that we are able to transcend our outsider perspective (Macbeth, 2009) as there are embodied experiences, including fatigue, pain, and managing bodily functions (Leo & Goodwin, accepted) which are fundamental aspects to the insider perspective (Shakespeare, 2006; Withers, 2012). “Although an observer might empathize, measure, or classify, only the insider fully embodies the events that take place in each of these contexts. Insiders are therefore authorities on meanings generated within these domains” (Peters, 1996, p. 597). This would be consistent with French’s (1992) criticisms of disability simulations as she purported that it is not possible to simulate the disability experience. I agree that it is not possible to provide students with subjective insider knowledge related to disability however, through honest reflection and engagement with the disability community, there may be opportunities to disrupt the boundaries and challenge the ableist assumptions that influence instructors and students’ alike.

The Non-expert Expert

I welcome the students to the gymnasium. The lab today focuses on the wheelchair skill of transferring. I will be asking the students to transfer themselves from the wheelchairs provided onto a bench, independent of help from others. Although I have watched many people who use wheelchairs perform such transfers - they move seamlessly from their wheelchairs to another chair, or a bed, or their cars - my observational learning hasn’t prepared me for instructing the *task. Like the large class of 60 students, I too am guided by the line-by-line directions outlining the steps to transfer in their prepared lab manuals.*

After a brief introduction, I lower myself into the closest available wheelchair. With a final glance at the directions, I am thrust into performing a skill that I am not proficient with. I awkwardly shift my body from wheelchair to bench, struggle to only use my arms, ignore my abdominal muscles that keep trying to help, and pretend my legs are not able to move. I feel very uncomfortable with everyone's eyes on me. Hovering mid-air over the seat, I slip and use my foot to regain my balance. Not only am I struggling to perform this transfer, but I am having difficulty with the implication of a successful performance. I don't experience disability, yet I feel as though I am suggesting that I do. I feel like I am performing disability rather than teaching or instructing and this doesn't feel right. I fumble with the wheelchair. I'm not really sure where to put my hands. I avoid making eye contact with the students looming before me. I search for the next set of instructions.

I feel like I am trying to demonstrate a skill which is not meaningful to me and misrepresents those who legitimately use the skill of transferring from a wheelchair. I glance nervously around the room and feel grateful that there aren't any full-time wheelchair users observing this teaching moment. I think about how awkward their presence would make me feel. They would be the real expert. I am merely pretending to be one in the hope that it will help me to maintain control of this large class.

If we (and I say we because I am now performing alongside the students) practiced transferring out of the wheelchair using all of our muscles, it would be different, it would feel more like an athletic, sport-like skill. However, I feel embarrassed because I am pretending to be something or someone that I am not and I am asking the students to do the same. By pretending *that we can't use our abdominal muscles, that our legs do not respond to signals from the brain, I realize the focus is on trying to experience what it might be like to not have access to these limbs or body parts. Shocked to be experiencing such profound apprehension, I find myself unable to articulate the undercurrents of meaning behind the performance of transferring from a wheelchair as a non-disabled instructor.*

It is in the performativity of this moment, in front of the audience of students where the discomfort resides. I am not experienced with navigating a wheelchair, nor am I comfortable transferring in and out of one. Not only is this a skill that I'm not very good at, but I'm also beginning to wonder why I am asking the students to do it in the first place. This is a lot of doubt to have at time when I am supposed to be moving forward with confidence. If I falter, even for a moment, I risk losing the students' attention and being unsuccessful as their teacher.

Glancing briefly at the students gathered around the gym, I don't see any wheelchair users and make a quick assumption that no one experiences disability themselves. Did I remember to take a moment to ask if anyone had previous experience using a wheelchair? I assume that all of these students are 'normal', able, fully functioning. I am suddenly conscious of the influence of ableism. I jumped right in to teaching, without acknowledging the diversity that might exist across the lived experiences of the students in this course. I should share these concerns and introduce the idea of ableist assumptions that influence our actions. But I don't. I am not prepared for all of these questions and doubt. I am starting to sweat and am finding it increasingly difficult to focus on the disability simulations as planned.

I think about all of the times that I have taught lectures that have included material I had only learned the night before. This isn't the first time I have pretended to have expertise in front of university students. It's not a lack of knowledge that is making me feel uncomfortable. Staring *at the students, watching them unsuccessfully perform the transfer, I feel like I am not able to offer them any more direction. I think about this idea of being an expert in all things disability and I come to a shocking revelation. I am uncomfortable because I don't actually want to be the expert in this instance. The real expert is someone who experiences disability, therefore for me to be an expert that would mean I am disabled. Standing in front of the students, I become conscious that I don't want to be a disability expert. I don't want to experience disability. I am terrified to admit this because it feels like the wrong thing to say. I feel like the very words are ugly to speak out loud and as they are heard, will be hurtful to many. I have spent a long time learning about strategies to improve quality of life for people who experience disability and I have always believed that it would be ok if I woke up tomorrow and had to use a wheelchair full time. I would manage and learn to negotiate life.*

It is safer to admit that I am uncomfortable teaching about disability because I don't experience disability, not because disability is undesirable. This is the ableist perception that I bring to my teaching. Despite all of the experiences I have that involved working with members of the disability community; I am not one of them. As I fumble around with the wheelchair, trying to 'pretend' that I don't have use of my legs or abdominal muscles, I am acutely aware that I do not experience disability. I identify more with the students awkwardly giggling around me than I do with individuals who have expertise when it comes to performing these transfers every day. I can't perform disability and I am incredibly distressed trying to do so. Not only do I not know how to use a wheelchair well, I don't really want to know.

I feel very overwhelmed identifying these ableist assumptions that have clearly influenced my teaching practices from the very beginning. I am frightened by these negative thoughts and I fear the judgement of others. I am completely unprepared to deal with these revelations *personally, let alone publicly with the students. I put my head down and finish the class. Keep it simple. Move on. As I prepare to carry on and dismiss these thoughts, I shift my focus to just getting through the lesson because that is what is required of me as a teaching assistant. This isn't fair to the students. Their learning experience could have been much richer if I had taken a risk and voiced my concerns - if I was honest with them and myself, we could have had a thought-provoking discussion about who the real expert is when it comes to matters of disability and impairment. We could have considered what this means for instructors like myself who don't experience disability and how we could create an enriching learning environment for students. We could have discussed how ableism has influenced our perception of what it means to be disabled and whether it is considered to be undesirable. Instead I remained silent. I chose to not share any of my thoughts and I let the students carry on with their activities. I can't help but wonder if they would be judgmental and think less of me if I admitted my apprehensions and fears, or if they would come to a deeper understanding of some of the issues surrounding disability and ableism, or if they would simply walk to their next class without giving my concerns a second thought.*

The absence of someone who experiences disability was particularly evident in this teaching moment, however, the very thought of their observation of the situation left me with a deep feeling of trepidation. Huber's (1999) expression of feeling 'trapped' between teaching the curriculum as directed with responding to her students' needs reflects the emotions I encountered as I struggled to show the students how to perform an independent transfer, a skill which is not one I have any occasion to use or learn. The trepidation led to the realization that it wasn't just the close observation of someone who experiences disability; rather the very act of performing disability through the independent transfer uncovered my discomfort with the very idea of being/becoming disabled. As a non-disabled instructor, the influence of ableism was so embedded in my identity, that I wasn’t aware that I held the deeply rooted assumption that disability is an undesirable state of being (Campbell, 2009). If you asked me publically, especially in a post-secondary teaching context, I would have presented the view that disability is a ‘normal’ part of being human. I would have shared the notion, that people who experience disabilities can be healthy and have a high quality of life (Stuifbergen, Becker, Ingalsbe, & Sands, 1990), however, through this act of reflexivity, I came to the realization that it was not a life experience I would choose for myself. My personally held, ableist beliefs about disability were revealed and disrupted (Campbell, 2009).

Reflecting on the discomfort I anticipated that I would experience under the gaze of a full time wheelchair user, I realized that there is a tendency for health professionals to adopt the role of expert in matters related to disability and there is a near absence of the recognized potential expertise that individuals experiencing disability would contribute (deGeeter, Poppes, & Vlaskamp, 2002; Scheuringer, et al., 2010).

The introduction of the expert patient provides a health care example that offers an alternative way to look at expertise (Tyreman, 2005). For example, adopting a more formal collaboration with interested members of the disability community offers a way to recognize their knowledge contributions and compliment the lack of subjective, lived experience of impairment that I bring to the learning environment. Perhaps this shift in focus, towards a new, more collaborative approach is needed, one that recognizes and appreciates the value of different people and perspectives. People experiencing disability are the experts in terms of knowledge of what it means to be disabled. Therefore, there is potential to disrupt the traditional power relationships between ‘non-disabled expert’ and ‘person identified as having a disability’ and bring about an emphasis on diversity and celebrating difference rather than labels and marginalization (Withers, 2012). There is opportunity to bring disability experts to the teaching environment, perhaps in more sophisticated ways than simulations, which may present a challenge to our ableistic pedagogical beliefs, processes, and practices (Campbell, 2009).

This vignette discloses a secret story (Clandinin & Connelly, 1996) which reveals that beneath my duties to teach students about disability, my story to live by was filled with internal conflict. As Connelly and Clandinin (1999) suggested, teachers' stories to live by become transformed across the professional landscape, shaped by the ever changing context and knowledge that we acquire along the way. In my case, the emotional process of discovering my uncertainties and inconsistencies as an instructor has left me feeling apprehensive about disclosing these secret stories to others.

This secret story revolved around the notion of expert and its meaning to me, as a non-disabled instructor, laden with ableist assumptions. The notion of expert may not be a static concept, moving in and out depending on the situation. I think perhaps, rather than focus on feeling troubled about *being the expert*, it might be more fruitful to consider *being an expert in what?* Looking at how knowledge is constructed together- including students, instructors, teaching assistants, community members, may help us to move towards a more collaborative approach to expertise. For example, Muzaka (2009) was a proponent of graduate teaching assistants working alongside their students to actively construct knowledge and understanding and Tyreman (2005) purported collaboration between patient and health care practitioner. Recognizing the interdependence of individuals within our communities may lead to a collaborative effort that will effect social change (Withers, 2012).

Concluding Thoughts and Directions for Future Research

This process of reflexivity has brought about a place of both openness and uncertainty. I have opened myself to others who may be supportive of this journey, yet also exposed myself to those who may be critical of my experiences and discoveries. As I am early in my career, it is reasonable to assume that my story to live by has room for growth and evolution as I move forward. I hope that embracing this opportunity to be self-reflective and examine my pedagogical assumptions will help me to move forward and become a more engaged academic. We have learned that there is tension around this notion of being the expert in pedagogical settings and we need to create space for a reflective, reflexive, and collaborative process. We learned that constructions of disability may be far more influenced by the ableist assumptions associated with a medicalized, individual approach than either of us would like to admit. Finally, we learned that vulnerability is part of the reflexive process as it may lead to surprising revelations.

Looking ahead, we shift our gaze outward and forward. Disability simulations are created upon a foundation of ableist norms and assumptions as they are designed to provide experiences for non-disabled students (or outsiders) that showcases impairment as an abnormal way of being and the navigation required to address a disabling world (Campbell, 2009; French, 1992). In order to develop a more comprehensive understanding of disability, one that looks beyond the outsider perspective, we need to incorporate insiders' voices and perspectives. Embracing and learning from insiders will enhance our understanding of disability in action - including how social models are constructed, how the radical - political movement may be needed to change society, and how different models intersect to provide more comprehensive approaches to exploring disability. A deeper appreciation for all of these conceptualizations will only enhance and develop a richer learning experience for instructors and students. The participation of members of the disability community is an essential, yet absent piece of the pedagogical puzzle.

We anticipate this collaborative approach to exploring the construction of disability, impairment, and how these concepts are introduced within our professional practice will raise consciousness among future professionals and encourage them to engage in ongoing reflexive practice. This will lead to the development of professionals who are knowledgeable about multiple ways of understanding disability and impairment as well as a variety of tools (e.g., disability simulations) that can be used to introduce and educate others to become more ethical, reflexive professionals.

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CHAPTER FOUR: STUDY THREE

Simulating Others' Realities: Insiders Reflect on Disability Simulations

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Simulations are widely used across many post-secondary programs including nursing, medicine, rehabilitation, and physical education and recreation to introduce students to experiences they may not encounter in their daily lives (Crotty, Finucane, & Ahurn, 2000; Delamere, 2007; Leo & Goodwin, 2013; Scullion, 1999; Williams & Datillo, 2005; Wilson, et al., 2009). They have been used for many years to reduce prejudice and modify attitudes toward persons with impairments (Flowers, Burns, & Bottsford-Miller, 2007; Kiger, 1992). Attitude, a well-researched construct, is recognized as a significant factor in the promotion of participation of individuals with impairments in physical activity (e.g., Kozub & Lienert, 2003; Rizzo & Kirkendall, 1995). Disability simulations are often combined with participation in Adapted Physical Activity (APA) courses and previous experience with individuals with disability as they tend to improve professional attitudes (Hutzler, 2003).

One of the fundamental assumptions underlying simulation activities is that they are designed to reflect reality. Seropian (2003) goes so far as to state, “simulation is an attempt to mimic reality” (p. 1696). With a specific focus on teaching about disability, simulations have been designed to influence peoples’ understandings about disability environments (Flower, Burns, & Bottsford-Miller, 2007). These activities may involve using wheelchairs or blindfolds to simulate mobility or visual impairments. Participants are typically instructed to complete activities that are common to daily life (e.g., exploring public space on a university campus).

Despite suggesting that reality is a fundamental assumption underpinning simulation activities, Seropian (2003) also stated that “translating simulated experience into real experience is difficult if not impossible” (p. 1695). There is tension between the assumption that authentic simulations reflect reality (Jeffries, 2005) and criticisms that disability is a part of reality that cannot be simulated (French, 1992; Kuppers, 2007).

Disability simulation activities in undergraduate courses are often designed and implemented by outsiders (e.g., course instructors without impairments) to reflect the experiences of insiders (e.g., individuals who experience impairments) (Crotty, Finucane, & Ahurn, 2000; Delamere, 2007; Fine & Asch, 1988; Leo & Goodwin, 2014; Peters, 1996; Williams & Datillo, 2005). This is problematic in two ways. The insider perspective is omitted from the design and implementation of activities meant to simulate their experiences. Secondly, there is an assumption that individuals without impairments will acquire meaningful insights into the lives of insiders by participating in temporally short and contrived activities (Leo & Goodwin, 2013; Leo & Goodwin, 2014). Unfortunately, disability simulation use has not been a focus of adapted physical activity researchers to date. For an overview of disability simulation use please see Leo & Goodwin (2014).

The disability simulation literature has been dominated by outsider viewpoints with insider perspectives being limited to a few critiques (Burgstahler & Doe, 2004; French, 1992; Kuppers, 2007). Engaging insiders in the facilitation of simulations may encourage the development of effective practitioners and advocates and enhance the students' understanding of what it means to experience disability (An & Hodge, 2008) by offering insights that draw on their lived experiences and knowledge base (Rauen, 2001).

One of the unresolved issues with disability simulations is the degree to which fun overrides the deeper goals of reflective learning (Leo & Goodwin, 2013, 2014). Humour is a well-documented strategy for coping with stressful situations (Abel, 2002; Overhosler, 1992). Laughter provides a physical release to accumulated tension (Wooten, 1996). There is evidence to suggest that humor also lowers defenses and students are better able to focus on information presented in a positive emotional and social learning environment, thereby enhancing learning (Garner, 2006; Glenn, 2002). It is unclear however, if reported giggles and laughter expressed during simulation activities is a coping strategy or the embodied enjoyment associated with a novel learning situation (Leo & Goodwin, 2013, 2014). A critically reflective appraisal of disability simulation use in post-secondary settings is warranted. Grounded in an educational vision of justice and equality, proponents of critical pedagogy advocate for professional practices that are based upon an understanding of the social, cultural, and political forces that shape human identity (Kincheloe, 2008).

The Project of Ableism

The conceptual framework used to facilitate the interpretation of the insider perspectives' presented in this study, was that of *ableism*, which explores the relationship between society's standards for normalcy and the connection to disability and being human (Campbell, 2009). Ableism is well suited to the deep understanding of disability simulations as "it is a schema of perfection, a deep way of thinking about bodies, wholeness and permeability" (Campbell, 2013, p. 4). More definitively, ableism is:

> …a network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human. (Campbell, 2001, p. 44)

More recently, Campbell (2013) added the following to her definition: "The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability" (p. 4). Disability is situated *within* an individual, as being valued revolves around one's capacity to meet society's normative standards (Campbell, 2009) and as such, people "are devalued, disenfranchised, disempowered and subject to social and material exclusion" (Hodge & Runswick-Cole, 2013, p. 312). Ableism then, is a network of thought that differentiates, ranks, and negates people.

"Ableism is something that is practiced and yet remains illusive" (Hodge & Runswick-Cole, 2013, p. 312). It remains illusive because, as Campbell (2009) suggested, "The conundrum, disability, is not a mere fear of the unknown, or an apprehensiveness towards that which is foreign or strange. Rather, disability and disabled bodies are effectively positioned in the nether regions of 'unthought'". (p.13). Further, unlike sexism or racism, there is little consensus among scholars as to what practices and behaviors constitute ableism (Campbell, 2008). Hence, individuals may be unaware of the ableist assumptions and actions they harbor and practice.

Ableism becomes a *project* when ableistic norms are imposed on others and through action or inaction that "constructs bodies as 'impaired'" (Hodge & Runswick-Cole, 2013, p. 312). Imposed intervention strategies aimed at embodied perfectionism are implicated in the foundations of "social theory, therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy" (Campbell, 2013, p. 4).

The *project of ableism* explains the construction of disability found in medical and charity models of disability (Withers, 2012). Disability within the medical model focuses on the physical body and whether it meets the criteria associated with being a 'normal healthy human body'. Those who deviate from this standard are diagnosed by professionals, labelled, and set on a course of treatment to fix and repair (Withers, 2012). This individualistic approach is in contrast to the social construction of disability whereby individuals are disabled by restrictions imposed by environmental barriers and societal attitudes (Shakespeare, 2006).

Disability within a charity model accepts and reinforces the individual nature of the medical model while ignoring barriers created by socio-cultural norms. Due to perceived lack of ability, disabled people[iii] are designated as “deserving poor” (Withers, 2012, p. 57). In doing so, the moral imperative to give to the ‘less fortunate’ arises, benefiting the benevolent other while not meaningfully improving lives of disabled people as the social barriers remain and the status quo persists. Disability charities become businesses, with missions to cure or eliminate ‘suffering’, creating images (often children) of disability that become advertising tools. These images can ultimately frame how people view themselves through the processes of internalized ableism, or oppression turned inwards. Positive identities are undermined as disability identity depicted in the medical and charity industries are imposed and social action toward inclusive communities wanes (Withers, 2012).

Disability simulation viewed through the lens of ableism positions disability as an individual problem, creating (temporary) impairment of the ‘able healthy body’ through the use of disability artefacts such as wheelchairs or dark glasses (Leo & Goodwin, 2014). The premise of simulations is that an impaired body must be ‘created.’ The person with the simulated disability then negotiates the physical and social world as one who is no longer ‘normal’ and in doing so, reinforces and potentially perpetuates ableistic views of disability (Campbell, 2009). Looking at disability simulations as the project of ableism, these experiences and reinforced views on disability are “not just repressive but they are ultimately productive; they tell us stories, they contain narratives as to ‘whom’ we are and how we ‘should be’” (Campbell, 2009, p.10).

Bearing in mind that many of the criticisms written about the use of disability simulations have emerged from within the disability community (Burgstahler & Doe, 2004; French, 1992; Kuppers, 2007), many of the criticisms are based on personal ideology (see Campbell 2001 & 2009 for an in-depth discussion of the negative ontology and theoretical scoping of ableism).

Empirical research about what members of the disability community think and feel about using these activities to introduce students to the complexities of their insider lived experiences is all but absent from the literature. Providing a vehicle for the voices of members of the disability community to share their reactions to disability simulations contributes to a sophisticated view of the complexity of simulations and their use within educational contexts. The purpose of this study was to explore how disabled people perceive and ascribe meaning to disability simulations as a means to enhance post-secondary students' understanding of their lived experiences.

Method

An interpretative phenomenological analysis (IPA) research approach was utilized to explore how the participants made sense of disability simulation events (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2008). By moving across and back and forth among individual cases (ideography), the aim of IPA is to examine and explore the similarities and differences of particular experiences to then move toward deeper and more universal experiences of a phenomenon (hermeneutic circle) (Smith, Flowers, & Larkin, 2009).

Descriptions of personal everyday experiences and reflections are gathered with the recognition that interpretation of the phenomenon (e.g., simulations) occurs at both the participant and researcher level (Wagstaff & Williams, 2014). Influenced by the traditions of phenomenology and hermeneutics, IPA research is involved in a double hermeneutic as the researcher "is trying to make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009, p. 3). Access to experience is dependent upon what participants tell others about their experiences, and what the researcher(s) brings to the interpretation of the accounts (Smith & Osborn, 2008). The meanings behind the experiences are further interpreted by the reader. Moreover, through theoretical transferability, readers examine the findings through their own experiential knowledge base and identify possible implications for their own contexts (Smith et al., 2009) thereby making interpretative phenomenology “useful in examining contextual features of experiences that might have direct relevance to practice” (Lopez & Wills, 2004, p. 734). IPA provided a systematic and engaged approach for gaining an in-depth understanding of the participants’ reflective experiences of how they came to an understanding of disability simulation activities.

Participants

Seven participants, including 3 males and 4 females agreed to take part. They ranged in age from 28 to 44 years (average age = 36 years). Four of the participants experienced their impairments since childhood. Six of the participants held post-secondary certifications (college diplomas = 2, bachelor of education = 1, master’s degree = 3). Participants’ experiences in post-secondary settings provided a useful context from which to understand the physical activity environment in which the simulation activities occurred. Six of the participants had experience in a variety of disability sports (including wheelchair basketball, rugby, skiing, & target shooting) either as players, coaches, or volunteers.

All of the following experiences had occurred within the past 10 years. Two participants (Joe and Nancy) had taken part in disability simulation activities alongside their peers without disabilities as an element of a college course. A further two participants (Judy and Dave) had experience facilitating disability simulations during their time as lab instructors in undergraduate adapted physical activity courses. One participant (Marg) introduced her employer to disability simulation in her workplace. Finally, two participants (Nate and Sara) observed undergraduate students taking part in disability simulations while navigating a university campus.

Participant Recruitment. Two purposive recruitment strategies were undertaken to identify potential participants (Creswell, 2014; Smith, et al., 2009). Information about the study was distributed via email and word of mouth by a coach involved in disability sport (recreational swimming and wheelchair basketball) with whom the first author had a prior relationship as an undergraduate student. Interested people indicated their interest to the coach. Potential participants were then contacted by the first author via email to answer questions and confirm their participation. Additionally, the first author had well established relationships with members of the disability community. Selected people were contacted by email and invited to participate in the study. These two strategies were useful to purposively select adult participants who would be able to offer insight into simulated wheelchair use. Specifically, a criterion sampling strategy was adopted to choose information rich cases which met the identified criteria (Creswell, 2014; Smith, et al., 2009). The inclusion criteria for participation in the study were (a) previous experience with disability simulations in post-secondary and/or workplace settings, as a participant, observer, or facilitator, and (b) full time use of a wheelchair.

Setting the Scene

The participants received via email a description of what disability simulations are, which included a definition (Flower et al., 2007), along with a fictional narrative of a student’s experience of participating in a simulation. The narrative was used to stimulate discussion during the interviews as “identification with characters’ experiences creates a safe venue to consider threat and experiment with new possibilities and perspectives” (Levitt, Rattanasampan, Chaidaroon, Stanley & Robinson, 2009, p. 326). The following narrative was a composite of previously published simulation experiences (Leo & Goodwin, 2014) that was based on students’ actual simulation experiences to provide a realistic summation upon which the participants could reflect (Fitzgerald, 2012). The experiences described in the account (e.g., encountering someone who experiences disability during the simulation) were shared by all students who had taken part in disability simulations (Leo & Goodwin, 2014). The process of writing the narrative followed the writing practices in Leo and Goodwin (2014).

I arrive at the gym a few minutes early for class. I'm not quite sure what to expect from this lab, but I'm excited and I hope we get to spend lots of time actually using the wheelchairs. I think it'll be cool and who knows, maybe I'll actually learn something. After introducing herself, our lab instructor Mary divides us into groups and explains that we'll be working through three stations to get ready to explore the campus. I find it hard to listen to her as I'm distracted by the wheelchairs sitting in the corner. The chairs look like they're just waiting for us to get in and wheel around. As I continue to stare, thinking about how fast I'm going to go, how many times I'll push myself up the ramps, I realize that I haven't really thought about where the concept of disability actually fits into all of this. Rather than take a moment to think about the ideas we talked about in class and how I might apply them today, I'm focused on the activities at hand.

Finally, Mary says it's time to leave the gym. This is good. I feel ready to head out on my own. Well, not actually on my own, as we leave the gym in groups of 4, with only one wheelchair to share. She hands us all a list of tasks to try to complete in the short time we have - I think we only have about 30 minutes, including time to return the wheelchairs. I get to the chair first and wheel out the gym doors, looking for a way to leave the building.

At first I try to take the ramp that leaves the building towards the Student Union Building, or SUB as it is referred to, but we quickly realize that such a ramp doesn't actually exist - it is on the floor above us! I think everyone else had the same thought as a huge group of us wheel through the hallway trying to figure out what to do next. It seems a bit silly as there are so many of us at once, trying to wheel around - I wonder how this experience would be different if I was *on my own. As I'm lost in this thought, someone else realizes we can head outside through a set of doors leading to the parking lot. We all follow one another like lemmings; except that we fail to realize this route leads to a hill to get us to the coveted entrance of SUB. I call this a hill, but I've never really noticed the incline when I've walked the path in the past. I sense my perception of the built environment starting to change. Our big excursion feels like an adventure! I think there are almost 10 of us working against the incline, trying to wheel up the big hill. I get caught up in the moment, thinking about the challenge of the hill and watching my classmates use the strength of their 'phys ed student arms' to negotiate the terrain.*

My gaze drifts over to the edge of the path where I see a man sitting in a wheelchair watching us. He's much older than us and judging by his posture, he would have a much more difficult time wheeling up this hill. In fact, I'm not even sure if he is able to wheel his chair on his own. I wonder what he's thinking about as his eyes follow our progress. I'm beginning to feel funny. Something doesn't feel quite right anymore. I feel self-conscious as I suddenly notice the amount of laughter emerging from this group of students. I think about how much fun we're having as everyone seems focused on the challenge of completing the task – to order a cup of coffee from a vendor in SUB. It's like all that matters is getting to SUB. Success comes in achieving the goal, rather than reflecting on what this experience might actually mean in terms of disability and accessibility. I want to know what this man thinks about us, but I'm afraid to ask. Are we having too much fun? What if he thinks that we're mocking him? Or does he think we all really have disabilities and he's looking for a group to connect with? I'm getting worried and want to move past him as quickly as I can. How will it look to the man when my turn using the wheelchair is over, and I stand up and someone else jumps in? Suddenly I'll reveal myself as a fraud. Has anyone else noticed this man? I wasn't prepared for this.

Gathering Data

The IPA methods of reflective writing, one-on-one interviews, and researcher field notes were utilized to gather data (Smith et al., 2009). Ethical approval was received from the Institutional Review Board at the authors' university and written informed consent was obtained from all participants.

Reflective writing. After reading the description of simulations and the fictional narrative, the participants were invited to write reflectively about disability simulations as a means to enhance post-secondary students' understanding of their lived experiences. They were encouraged to use a format that was comfortable for them (e.g., letter to a friend, a short story, a poem, or a diary entry). The process of reading, reacting to, and reflecting on the disability simulation story and the act of creating a written document was used to prepare the participants for the upcoming interview (Cooper, 1991). Five participants prepared written responses (one prepared a letter to her employer, four prepared journal entries), one dictated an audio recorded response that was then transcribed, and one participant did not contribute a reflective writing piece. They ranged from 99 to 714 words, with an average length of 343 words.

Interviews. A one-on-one semi-structured interview was completed by the first author. It provided an opportunity for the participants to share their thoughts, ideas, and stories that had emerged as they reflected on and prepared their written document and bring forward other ideas they would like to explore further (Cooper, 1991; Fitzgerald, 2012; Smith et al., 2009). Sample interview questions included: "What would you tell an instructor who was thinking about using disability simulations? What do you think students are learning about disability? How did you feel as you read the disability simulation story?" A pilot interview was conducted with one of the participants to ensure the questions tapped into the experiences of interest and were understood.

No changes were made to the interview guide following the pilot and the interview subsequently became part of the research data.

The interviews were conducted using Skype, an online audio and video teleconferencing program and were audio-recorded and transcribed verbatim. The use of Skype decreased geographical barriers and provided participants with greater flexibility to conduct the interview in the comfort of their own homes, but with the added benefit of face-to-face interactions and physical cues (Cachia & Millward, 2011; Hanna, 2012; Holt, 2010). The interviews ranged from 23 to 43 minutes (average 35). The interview transcripts served as the primary source of data however, the written responses from participants were used to generate discussion during the interview and provided a source for data triangulation (Cooper 1991; Patton, 2002).

Field notes. Field notes were prepared throughout the data collection process (Patton, 2002). The first author recorded descriptions of her observations, thoughts, and questions following each interview. For example, the first author noted that Judy was very willing to share her experiences, had spent time thoughtfully reflecting on disability simulations and held strong beliefs about their use. These were useful for returning to the interview context during data analysis.

Data Analysis

An inductive and iterative thematic analysis was completed to identify common ideas that were present throughout the data (Smith et al., 2009). The first author read through the reflective writing piece and interview transcript on one person several times. Descriptive comments were used to identify common patterns and emergent themes were then developed to illustrate their convergence and divergence. The same process was repeated for each participant's data, to maintain the ideographic nature of IPA analysis. Connections between the emergent themes were identified using abstraction and contextualisation (Smith et al., 2009). Abstraction involved grouping together the emergent themes, putting like ideas with like. Moving between the reflective writing, interview transcripts, field note observations, and the conceptual framework of ableism, the researchers contextualized the findings while achieving an interpretation of their meaning. Finally, the multiple layers of analysis were brought together to form super-ordinate themes or those that gave fundamental meaning to the data due to their regularity of pattern (Smith, et al., 2009). The themes, theme descriptions, and supporting quotations were discussed with the second author until clarification and consensus was reached.

Judging Quality

Criteria for judging the quality of IPA research include sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance (Smith et al., 2009). These criteria are also known as reflexivity, credibility, coherence, and contribution respectively (Zitomer & Goodwin, 2014). Sensitivity to context was addressed by awareness of researcher positionality and biases. The researchers possess backgrounds in adapted physical activity as well as expertise in qualitative inquiry, and disability simulation use. They acknowledge that they do not have impairments, are financially independent, and Caucasian.

Commitment requires attentiveness to the participants and care in the analysis of each case. The themes and a descriptive summary were shared with the participants by email, all of whom responded that their thoughts were reflected. The first author established initial rapport with the participants through email correspondence prior to the interviews. Participants' questions were answered in advance of the interviews. Rigor was established by piloting the interview guide and completing a thorough ideographic analysis of the data.

Coherence, or adherence to the underlying principles of IPA, was achieved through transparent accounting of researcher position and bias and the methods used throughout the research process (e.g., description of the participants, data collection, phases used in the analysis). Impact and importance are satisfied if the reader is left with a new perspective, one that is interesting, useful, or important. The impact and importance of our work lies in the effort to bring seldom heard disability voices to the debate of simulation use and provide the reader with a new perspective on disability simulations.

Findings

Three themes emerged, highlighting the complexity of disability simulations. *Disability Mentors Required* describes the participants' collective questioning of their absence from the design and implementation of disability simulations. In *Life is Not a Simulation*, the juxtaposition of disability reality and simulation was evident across all of the participants' reflections. The participants wanted students to catch a glimpse into their experiences of disability, while acknowledging that simulations do not accurately reflect the influences of ableism on a daily basis. Tension was noted in the theme *Why are They Laughing?* as participants recognized that the fun associated with a novel learning task may encourage active engagement it could also interfere with deep and critical reflection about the meaning of their experiences.

Disability Mentors Required

All of the participants identified the lack of involvement of insiders to the disability community in the design and/or implementation of simulations as ableism in action (i.e., the project of ableism). By asking students to use wheelchairs to simulate paralysis without someone with authentic experience to guide or debrief the activities, non-disabled instructors are at risk of *creating disability*, that is presenting it as an individual problem based on inability rather than societally imposed external restrictions. According to Judy, simulations without disability involvement were questionable in value and morally unsound.

> You gotta involve the disability community. This is just harsh and you shouldn't take this personally… but like, you shouldn't be teaching disability if you don't have the disability community involved. You just shouldn't. It's not right…. That's my criticism about simulations. If there's nobody with a disability involved in it, there's no value. Like, you're just wasting an opportunity for such great teaching. It's a wasted opportunity when you don't include the people with disabilities.

Judy rejected representation of her community by people who do not experience disability. Involving members of the disability community was perceived to be a way to disrupt ableist assumptions of normality and to put the *disability teaching* into the hands of the experts.

Marg also pondered the potential to destabilize ableist norms and assumptions through direct disability interaction. Rather than students attempting to emulate the impact of impairment by mimicking reality through simulations, it is preferable for the students to interact with those with genuine experiences. Further, positive disability identities undermined by medical and charity models of disability could be buoyed through the mentoring of students in a teaching setting. Marg stated:

> If they instead were learning about disabilities from my voice and my way of being in the world, it gives a lot of power to that person with a disability to have voice, to educate, to teach, to mentor, yeah, I like that idea. I like the idea of being a mentor, or a guide.

Nate also supported the role of disability mentors that bring a different level of reality and self-reflection to the simulation. "I'm with you and I have to watch you be in the chair and you're not allowed to get out, then it says, 'Oh, this is for real.'" He also noted that his presence would put the students at ease through his light hearted approach to deeply important issues for his community. “Being with me is also important because me personally, I would make a bunch of jokes and I make them comfortable, that’s what I do.” Nate cautioned that using disability mentors was not without risks, however.

Nate was concerned that some disabled people are angry, as ableism which diminishes citizenship, disempowers, and excludes can be internalized and frame how people view themselves and others. Learning about experiences of oppression may play an important role in student development, however, it may not be with students who do not yet appreciate the complexities of ableism and their own roles in it. He suggests that a gentler approach in education settings is arguably needed. In a story about involving someone with a disability in the teaching environment, Nate shared:

> I think it’s really based on the attitude of the person….I find that a lot of people with disabilities are just so angry and bitter and it comes out in the way they talk to other people ‘cause the person with the disability assumes that the other person is out to get them. Us versus them. That’s how I’ve seen it done.

Life is Not a Simulation

All participants expressed a desire for the students to gain insight into their lived experiences of disability, yet were hesitant to suggest that this was possible through simulated activities. Nate indicated that simulations may introduce students to structural barriers in the environment, however they are brief in duration (e.g., class period) and take place within a limited setting (e.g., on campus). Nate did not perceive the students he observed to reflect upon their experiences or take them beyond the simulated environment. Because there was no debriefing, the students walked quickly away from the learning environment when the time had elapsed. Nate explained further:

> I think the simulation is a great start, I don't think you could stop there. Like I see [at my school] where they get out of their chair and go "Well, I'm done." Great, like take the chair for like 24 hours and be in the chair really, go to the bar with the chair, see how tough it is to get a wheelchair cab back from the bar, see how tough it is to get accessible transport, see how tough it is to get an accessible washroom in the bar, real stuff. If you take somebody home from the bar, ok, you can't get out of your chair, ok, they have to help you. Good luck with it. You know, practical, real life situations, that sitting in a chair for half an hour and going through a door (laughs), it's great, but like it doesn't really, it gives them a glimpse into the structural barriers, but like the structural barriers are only like 1/3 of the problem, you know what I mean?

During his time in college, Joe acquired first-hand experience with disability simulations as a student participant. Entering the learning environment as a full time wheelchair user, Joe participated alongside his peers in a wheelchair simulation. The class was asked to navigate campus buildings. Joe described his attempt to generate understanding among his classmates that it takes more than a short classroom activity to grasp what it is like to live every day using a wheelchair. "I mean, I tried to explain to them if you're in a chair for more than a day you might feel a little bit different." Despite the insider knowledge Joe brought to the learning environment, he was not involved in guiding students during the activity or in the debriefing that followed. Joe was frustrated that his classmates gained a superficial understanding that did not accurately reflect his lived experiences of disability.

Similar to Joe's experience, Marg also encountered a situation that revealed the complicated aspects of her identity as a disabled person, highlighting the disconnect between simulated and lived experiences of disability. Marg submitted a letter to her employer following a disability simulation in her work place, in which he participated. She contended that after her employer's participation in the simulation activity, his understanding was laden with ableist assumptions. He portrayed living with a disability as a constant and undesirable struggle. Marg was not *fully human* as she did not meet the standards of normalcy, including her dismissal of a cure for her paralysis. An excerpt from the letter prepared as her reflective writing follows:

> You [Marg's employer] told me that this day of using a wheelchair had been so difficult, so humbling, that to be in my wheelchair everyday must make me hate my disability. I disagreed and tried to reassure you that was not true and that was not the point of the exercise. You asked me if I liked being disabled. I said, sometimes, yes and sometimes no. It is complicated, a weave of many different strands. "But," you protested, "It is so hard. It must be exhausting." "Sure," I shrugged, not comfortable where this was headed, and feeling an urgency to turn this conversation around, "but hard isn't necessarily bad." You asked, "Do you mean to tell me that I can go home and say to my children that Marg loves being in a wheelchair and that if a cure for her paralysis was presented to her, she would not take it?" And I sighed and said, "Yes, you can go home and tell them that."

Marg's employer assumed that Marg "hated her disability", without seeing that the hate may have been directed toward the impact of ableistic thoughts and actions on her daily activities. She did not hate herself, but hated what she was forced to endure at times. By questioning whether Marg liked being disabled, her employer revealed a perception that living with a disability is a devalued, diminished state of being. Marg's reflections also exposed a sense of defeat as she had been unsuccessful in introducing her employer to a different way of viewing disability. From a perspective aligned with the charity model of disability and reinforced through the simulation experience, Marg would always be someone who suffers through life.

Following Marg's experience with disability simulations, she was hesitant to suggest that a simulated activity could reflect her reality. The simulation led to misunderstandings about the experiences of impairment and disability by someone in authority, her employer that may have long term consequences to her work life.

Judy presented an embodied perspective of simulations; situations that students would not encounter during their short time wheeling around campus. Silent and invisible activities such as bowel and bladder care cannot be simulated in the students' bodies and yet they are crucial to the disability experience and active engagement in the community. Only insiders can speak to the dignity of personal care. Judy shared:

> Yeah, using a wheelchair, it's negotiating with people my access, it's bowel and bladder and all the invisible things that go on that nobody sees going on. I may be having an issue, nobody knows that, but in my head I might be calculating, "Ok, how do I get to a washroom", "How do I get some help from somebody that might not make me lose all my dignity [laughs] in the process, right?" Those are the experiences that they need to have. A loss of dignity would be great, now I don't know how you [laughs] simulate that but I think we could come closer with our simulations.

Looking beyond the structural barriers of moving through a doorway with a wheelchair, Judy revealed that a loss of dignity was part of her everyday reality. Judy saw potential in the use of simulations, however, she remained unsure how, or if, it was possible to modify the activities to adequately reflect her lived experiences.

Why Are They Laughing?

Some of the students were observed by the participants to enjoy the novelty of the simulation experiences – amused at their own and fellow students' cumbersome use of wheelchairs, the thrill of traveling down an incline, and playful spinning in the wheelchair. Other participants disclosed mixed perspectives of fun being integral to disability simulations. Their views ranged from embracing fun as a strategy to entice students to actively engage in the simulations to dismissing fun as a distraction that shifted the focus away from examining and disrupting ableist norms and assumptions.

Joe was concerned that students would simply make light of the event. He suggested that as an instructor, his role would be "to try and discourage the, 'Ah let's race around and down the hallway,' and 'Let's race down this and see how fast we can go,' and things like that". Joe had observed these behaviors in college when his peers took part in disability simulations. He struggled to understand how moving in a wheelchair could be fun for adults. His instructional goal would be to support students' deeply reflective thought about the social influences that define disability. Joe recalled:

> I just thought it was really strange that they were all laughing, you know it was fun….Like my nieces and nephews think that it's fun and they're like 10 years old, so I kind of understand that, but I don't understand how college and university students can think it's fun. I can understand it's fun for little kids cause it's wheels and whatever, but I don't understand people as they get older. What's so fun about it?

Joe questioned whether having fun detracted from the goal of the simulations. He did not see the students as curious learners in a novel context. It was difficult for him to comprehend why the students could not transcend their in-the-moment embodied experience of the wheelchairs to reflect on the higher level social influences at play.

Similarly, Nate and Judy were concerned that the experience of fun would cause students to lose sight of the issues of accessibility and other structural barriers. Nate suggested that the students may attend to the novelty of the wheelchair rather than gain an appreciation for the multidimensional challenges faced daily. Nate echoed Joe's concern that ableist norms would not be disrupted as the students were distracted by their enjoyment of the activities:

> The whole time they spent trying to get around with their friends and like it was a big game and it was fun, which is and it should be fun, but they're not really seeing what it really means to actually be in a chair.

Judy reiterated that simulations do little to disrupt dominant ableist norms:

> It's fine to play in a wheelchair, but that's not a disability experience, that's just a fun time in a different kind of, it's like a bike to them, right? There's no real significance to what that means. Um, we make it fun for them, but that doesn't create the kind of acceptance we actually need in the world.

In contrast, Dave and Sara perceived fun as an effective strategy to engage students in a potentially uncomfortable topic. They suggested that enjoying simulation experiences may be a way to overcome tragic disability narratives and replace them with narratives of health and vitality. Sara described how fun generated buy-in from the students as it facilitated engagement and a memorable learning experiences. She recalled:

> You know it's just like when you make it fun, when you make it entertaining there's not that push back or 'Oh we have to do this?' The students have more buy-in and they will they remember the task more. They'll talk about it later on to other people.

Dave agreed that there was a need to actively engage students who may have been passive in their consideration of the ableist norms they hold. Dave viewed fun as a way to draw students into the discussion on disability. He stated:

> Well, I think [fun] does fit and I think it's really important, I think that's really part of the buy-in. I mean why not have fun, why shouldn't it be fun? Why does it always have to be sappy and so academic? Why not make it fun?

Overall, the participants recognized that the students may enjoy the novelty of the wheelchair and their new movement experiences. It was clear however, that joking, being silly, and fooling around may not foster reflection about the social, cultural, and attitudinal complexities of the disability experience.

Discussion

In the context of post-secondary settings in which faculty members prepare disability simulations, the participants described disability simulations that do not involve members of the disability community in their planning or delivery as the imposition of ableistic norms and experiences of [in]ability on the students. Within the simulated learning environment a particular kind of self was heightened - the able self defined by the corporeal standard of normal (Campbell, 2001). Temporary removal of *ableness* may have reaffirmed identification with normal embodiment rather than bring an understanding of how disabling physical, cultural, and social environments, create a differentiation and ranking of bodies and abilities (Campbell, 2013).

The theme *Disability Mentors Required* captured the privileged position of ableistic outsiders over the lived experiences of insiders in the planning and implementation of disability simulations (Campbell, 2013). There is a resulting silencing of insider experiences, insights, and knowledge as outsiders dominate the instructor role (Burgstahler & Doe, 2004). Disability simulations as described in this study offer an example of professional expertism overriding authentic lived experience (Burgstahler & Doe, 2004). Integrating the insider perspective in the design of pedagogical tools for undergraduate student preparation through a collaborative process with the course instructor may lead to innovative teaching practices that reflect the skills and knowledge of those who experience disability, along with those who have expertise related to post-secondary pedagogy.

Without insider presence in simulation use, the focus of the experience may be narrowed to the embodied experience of using a wheelchair. In doing so, the metaphors implicit in the medical model (e.g., vulnerability, weakness, inability) may reinforce disability as an individual 'problem' (Withers, 2012). Moreover, the creation of benevolent professionals who strive to help disabled individuals they consider to be less fortunate than themselves may result in the reinforcement of ableistic norms associated with disability as less-than (Campbell, 2001; Withers, 2012). Without authentic alternative expressions of ability, ableist configurations of impairment and disability can be reinforced (Campbell, 2013).

Kincheloe (2008) reminds us that critical pedagogy requires an understanding of the social, cultural, and political forces that shape human identity. In the preparation of adapted physical activity professionals and school educators, many hold claim to the importance of equality, social justice, making critical pedagogy a central tenet to our instruction (DePauw, 1997; Rauen, 2001; Withers, 2012). Participation of insiders in simulation use would bring a critical perspective to this pedagogical practice as ableistic assumptions are disrupted (Fine & Asch, 1998).

In the theme *Life is Not a Simulation,* living with a disability was equated to *going through a door,* or *sitting in a wheelchair for half an hour.* Experiential time and lack of disability makes it possible for students to trivialize the activities and forego the meaningfulness of the restrictions imposed by the body, environmental barriers and societal attitudes (Shakespeare, 2006). Without bringing critical pedagogical sensitivity to the experience, simulations become a questionable context in which to ask students to be self-reflective and identity with their professional roles in social justice, equality, and change agendas (Kincheloe, 2008).

Consistent with criticisms found in the research literature (French, 1992; Kuppers, 2007), participants felt that the time and location of the simulations (i.e., one class period on a familiar campus) did not reflect their reality. According to participants, disability simulations did not provide adequate time to learn the skills necessary to negotiate and participate in the community (Burgstahler & Doe, 2004). The participants claim that simulations do not reflect their reality is in contrast to Seropian (2003) who stated that simulations are an attempt to mimic reality. Moreover, simulations cannot reflect the reality and complexity of the embodied disability experience including the invisible realities of personal care, lack of spontaneity, need for constant advanced planning and loss of dignity (Goodley & Runnswick-Cole, 2013; Seropian, 2003).

An example of *the project of ableism* dominating the learning environment was clearly evident in the experience of one participant, an insider, who was subjected to a disability simulation (Joe) (Campbell, 2009; Fine & Asch, 1988). He could have been integral to bringing a critical pedagogical lens to the activity, yet his knowledge and lived experiences were dismissed in a blatant display of ableism (Campbell, 2001; Kincheloe, 2008). His input was devalued and negated in favor of an ableistic view of thinking about bodies, capability, capacity, and understanding - perpetuating ableism through action that “constructs bodies as impaired” (Hodge

& Runswick-Cole, 2013, p. 312).

In another display of the project of ableism and the gap that exists between reality and simulations, a participant was asked to acknowledge her “diminished state of being” (Campbell, 2001, p. 44) against the ableistic corporeal standard of perfectionism. In Marg’s experience of a workplace simulation, her employer imposed an individual view of disability (e.g., medical model) as she did not meet society’s standards of being normal (Campbell, 2009). Rather than bringing new insights to social, cultural, and environmental influences on experiences of disability, participation in the simulation reinforced ableistic notions of perfectionism, assigning his employee to a diminished state of being (Campbell, 2001). Marg’s employer did not internalize that she may have a good life (Withers, 2012). He did not position himself as having a role to play in creating and/or sustaining disabling environments. He saw himself as benevolent toward the “deserving poor” (Withers, 2012, p. 57).

In the theme *Why are They Laughing?* depicts the mixed perspectives of the participants on fun ranging between a strategy for engagement and a distraction from deeper reflection. Critics of simulations have suggested that the entertainment factor associated with novel simulation activities may lead to behaviors that are offensive to members of the disability community (Burgstahler & Doe, 2004; French, 1992). Understanding the experience of fun and its impact on the goal of simulations (e.g., gain valuable insights) is difficult to resolve, as reflected in the perspectives of the participants (Seropian, 2003). Without reflection upon the social and cultural impact of ableism however, simulations do not support critical pedagogy and may have limited value beyond a novel experience with a disability artifact (Kincheloe, 2008; Leo & Goodwin, 2013).

The importance of humor as a strategy for coping with stressful situations should not be dismissed (Abel, 2002; Overhosler, 1992). The ableistic notion of disability as a tragedy, to be discussed in somber and serious ways, was challenged by several of the participants. Having fun within the simulation activity may help students counter negative disability messaging (Wooten, 1996). Moreover, laughter provides a physical release from tension that may open the students to a positive experience – or *buy-in* to the value of the experience (Garner, 2006; Glenn, 2002).

Involving disabled people in the design and implementation of simulations was considered fundamentally important to all of the participants in this study. They were highly critical of their use otherwise. Instructors possess agency. Visions of *what is* and *what could be* are shifted by deeply reflective thought about the social, cultural, and political forces that impose upon and formulate our own values systems, as well as those that are reflected through the larger educational context (Kincheloe, 2008). Disability simulation activities are often designed and led by instructors without disabilities (outsiders) (Crotty, Finucane, & Ahurn, 2000; Delamere, 2007; Leo & Goodwin, 2013; Williams & Datillo, 2005). Instructors without disabilities can be very skilled pedagogues, bringing in-depth knowledge and skill to their presentation of disability simulations, to an outcome that may change attitudes toward inclusion in physical activity. The participants of the study challenge us to bring direct disability experience to the simulations as a way to bring ableistic process, practices, and reinforce that disability simulations can be meaningful in a new way.

Recommendations

The implications emerging from the study include involving insiders in the design and facilitation of disability simulations. They have the potential to encourage students to engage in a deeper level of reflection, one that has critical pedagogical significance (Kincheloe, 2008). Insider lived experiences bring about multiple layers of social, cultural, and environmental understanding to the simulation experience, offering a way to negotiate the tension between simulation and disability reality (Goodley & Runswick-Cole, 2013). Secondly, the act of bringing a lived experience, into the learning environment, in combination with the visceral experience that students acquire during the simulation activities, may promote and encourage dialogue that goes beyond the traditional lecture material and create a critical pedagogical learning environment that emphasises justice, equality and social and cultural change (An and Hodge, 2008; Kincheloe, 2008; Rauen, 2001).

Thirdly, insider perspectives have the potential to disrupt assumptions of ableism. Rather than focus on deficits of individuals as many instructors have done in their design of simulations (Leo & Goodwin, 2013), the inclusion of lived experiences would help to shift towards a social model of understanding, informed by a critical pedagogical perspective. Students may confront their ableist assumptions and social responsibility to reduce the discrimination and oppression encountered by those who experience impairments (Barney, 2012; Kincheloe, 2008).

Future inquiry into the notion of power within simulations may uncover further ethical and moral issues involved in their use. Symbolic power and symbolic violence may provide a theoretical framework for (re)thinking disability simulation use (Bourdieu, 1995). There are several limitations to the study. The Skype interviews were succinct. The ability to build rapport online is distinct from face-to-face interviews and may have limited interview engagement (Deakin & Wakefield, 2013). The authors are outsiders to the disability experience and the findings and their interpretation are to be read with this in mind. Although member checks were completed with the participants, disability representation was not present on the research team. Finally, the sample size was small. Further inquiry into the perspectives of people experiencing disability on simulation use is warranted.

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CHAPTER FIVE: SUMMARY AND CONCLUSIONS

Throughout my dissertation, I critically reflected upon disability simulation use as a pedagogical tool in APA. It was important to gain multiple perspectives to present a multi-layered examination of this taken-for-granted practice. Three perspectives were presented: undergraduate students engaged in the hands-on learning activities, a graduate student teaching assistant responsible for their implementation, and members of the disability community whose lived experiences these activities are purported to represent. Over the course of completing these studies, my reflexive understandings, perceptions, and assumptions of disability simulation use were transformed. Initially, as I developed my dissertation proposal and spoke with my supervisor and fellow students I felt that disability simulations had pedagogical value. This is revealed in Chapter One's vignette. However, when I reflected back on that time, I realized that the assumptions I held about simulations were inherently negative. I questioned the pedagogical intent behind their use and the ableist assumptions that constitute 'normal'. Now, years later, I am cognizant of how incredibly complex disability simulations are. I learned and continue to struggle with if, when, and how they should be used.

The complexity for me arose at the intersection of the multiple perspectives that are involved in disability simulation use. As an instructor who does not experience disability, I brought my own ableist assumptions to the teaching environment. These included an inherent perception that living with disability is undesirable and a conviction that I held the knowledge and expertise to improve the quality of life for those experiencing disability. The perspective of those with lived experiences of disability are not typically integrated into the simulation environment- their involvement would bring about a new level of awareness and legitimation and yet it would be restricted to the individual disability perspectives, which becomes problematic given the diversity of disability experiences with ableism and responses to it.

Summarizing Insights and Conclusions

The combined findings from the three studies in my dissertation provided multiple perspectives into the ableist assumptions, perceptions, and experiences surrounding the use of disability simulations in post-secondary situated learning settings. Listening to student simulation participants from Study One, I learned that an increased awareness of physical barriers may be encountered by students while navigating the environment with a disability artefact (wheelchair) to perform socially and culturally normative activities. However, in doing so the students experienced emotional discomfort. Their negative emotional responses were tempered by the knowledge that the simulation was temporary and could be ended at any time.

There is a visibility associated with the performativity of disability simulation activities. The students experienced discomfort as they navigated familiar spaces while ‘wearing’ disability through their wheelchair use (Lave & Wenger, 1991; Papadimitriou, 2008). There is a risk that participants leave learning environments with the perception that living with disability is a constant struggle following the challenges and difficulties encountered during the simulation (Kiger, 1992). Disability simulations may perpetuate the ableist norms that disability is inherently negative (Campbell, 2009).

Disrupting these personally held ableist assumptions, such as the undesirability of becoming disabled, is not an easy task. As such, asking individuals to engage in the reflective process needs to be done with a heightened level of awareness and sensitivity to stigmatizing outcomes by ensuring they are provided with support and guidance, including space to discuss and debrief their emotional response (Bolton, 2010).

In Study Two, despite my efforts to impart a positive attitude towards living with disability among students, ultimately, I viewed disability as an undesirable way of being. The influence of expertism and the ableist norms and assumptions were evident across my pedagogical practices; however I also experienced discomfort with the absence of the disability perspective. My emotional struggle centred on my ableistic views and how to involve disability perspectives into disability simulation use. Bringing the disability perspective into the teaching environment may have countered some of the discomfort I experienced as I continued to be critically reflexive of my pedagogical practices. Who then is the ‘real’ expert? This question often arises in discussions of pedagogy, disability, and simulation. After reflecting, studying, and thinking about the role of the expert in disability simulations, I have yet to resolve this issue.

In Study Three, the participants living with disability expressed a strong desire to be engaged in the pedagogy surrounding disability as this would offer a way to counter the ableist norms and assumptions (e.g., living with a disability is a constant challenge, non-disabled practitioners are experts, and disability is an undesirable way of being) thereby encouraging reflection and discussion on, and acknowledgement of the knowledge and expertise that individuals experiencing disability provide. By engaging members of the disability community in teaching environments, we create opportunities for dialogue that is relevant to both students (outsiders) and those who have intimate knowledge of what it is like to experience disability on a daily basis (insiders). According to Seropian (2003), the purpose of simulations is to reflect reality yet it is difficult, if not impossible, to translate reality into a simulation. Considering the risks associated with the ableist norms and assumptions that underpin disability simulations (e.g., students may leave the learning environment with a perception that living with disability is a tragedy to be avoided), I had not expected the participants with lived experiences of disability to discuss simulations through anything but a negative lens. However, one of the most surprising outcomes from my work was the openness expressed by members of the disability community towards their use. Through the findings from my final study we learned that the involvement of people with first hand experiences of disability may be a critical component in the use of disability simulations to mitigate the influence of ableism. Considering that disability simulations are typically designed and led by non-disabled instructors, this finding is of paramount importance. I would like to build on these findings to explore how to include members of the disability community in a way that is meaningful to both the students participating in the activities and the individuals who experience disability.

Recommendations

Although the findings of qualitative research do not generalize to other settings, people, or places, in putting forward the following recommendations, their fittingness to other context may be supportive of the need for reflexive thought on disability simulation use.

1. *Disability simulations have pedagogical value.* The pedagogical value in disability simulations rests with how and when they are used. In learning settings that involve members of the disability community, co-creating clear learning objectives and debriefing the activities, creates the potential for students to acquire insights into the social and physical influences that may enable and disable people.
2. *Guided debriefing.* Debriefing involves holding an open discussion with students about the possible emotional responses to their simulation experiences (e.g., vulnerability, uncertainty, embarrassment) and identifying resources for them to access if necessary (e.g., student services) (Delamere, 2007). Providing emotional support, along with the curriculum space for dialogue once these assumptions have been identified will play an

important role in developing ethical, reflective professionals. I am optimistic that it is possible to disrupt ableist assumptions. By interrogating our beliefs we can openly discuss and reveal that which has been hidden from view (e.g., disability is undesirable) to move towards a place of understanding (Campbell, 2012).

3. *Voices from within the disability community.* In bringing the voices of those with lived experiences of disability to simulations, there is potential for students to engage with the activities in a more meaningful way, identifying and disrupting any ableist assumptions they may hold. Disability simulations may be used as an experiential learning strategy to involve students and encourage them to think differently about disability. In practice, this might mean bringing one or two individuals who experience disability into the classroom to share their thoughts, ideas, and experiences as the students prepare for the simulation activities. These same individuals could then navigate the environment alongside the students and provide some in situ mentorship, working towards establishing a community of practice (Lave & Wegner, 1992). By working together (disabled and non-disabled community members) we can be innovative in our approach to effect social change through the examination and identification of the social, cultural, and political factors that produce the thinking and actions of undergraduate students (Kincheloe, 2008). In doing so, students will become mindful of their roles in the creation and/or maintenance of inaccessible communities. Further, they may bring about change to the social injustices created by their (in)action through their future professional practice.
4. *Clearly identified learning objectives.* Introducing disability simulations with clearly articulated learning objectives will ensure students know what they are expected to do and learn. This initial step will encourage participants to take their learning to a deeper

level as simulations become more than recreation activities (Burgstahler & Doe, 2004). The principles of universal design and accessibility may provide a potential framework through which to develop and articulate these learning objectives (Burgstahler & Doe, 2004; Leo & Goodwin, 2014) as students learn about environmental barriers to community participation.

5. *Possible unintended outcomes.* Instructors should be aware that there is potential for students to experience unintended learning outcomes as they navigate community spaces using disability artefacts. Students may experience emotional discomfort, take away unintended messaging surrounding disability (e.g., living with disability is a constant struggle), and/ or reinforce ableist assumptions, such as disability as a tragedy to be avoided (Campbell, 2009; French, 1992).
6. *Space, time, and support for instructor reflection.* If instructors are interested in including disability simulations as part of their post-secondary course, encouraging them to reflect on why the activities are being used may lead to a consciousness raising on the risks and benefits of doing so. Furthermore, self-reflection may lead to identification of the assumptions that underpin pedagogical practices within post-secondary settings (e.g., the instructor as the all-knowing expert) and a disruption to the ableism that may exist.
7. *Engagement with disability studies scholars.* There needs to be more engagement by those studying and researching in the area of adapted physical activity with key disability scholars, writing from within the field of disability studies to bring a critical pedagogical lens to reflexion on our taken-for-granted professional practices and research.

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CHAPTER SIX: LIMITATIONS AND FUTURE DIRECTIONS

Despite the advantages I found in using reflective writing as a method, including gathering rich data that complemented the comments and ideas shared during interviews, there were a number of challenges. For example, it was initially difficult to recruit participants (e.g., busy post-secondary students) who were committed to actually doing the writing. As the semester progressed, all of the student participants expressed positive attitudes towards writing and many commented that they really enjoyed taking the time to reflect on their experiences. Nonetheless, to address their limited experience with reflective practices, in future research, I would like to explore the impact of providing participants with additional structure and supports. One way to do this may be integrating reflective journals or blogs directly into the course work of a post-secondary class. However, the very nature of the writing as a requirement of course work may negatively affect the participants' willingness to honestly explore and reflect.

Speaking further to the honesty involved in reflective practice, I experienced many challenges in my autoethnographic work. It was far more difficult to delve deep into my inner thoughts and experiences, to reveal personal vulnerabilities than I anticipated. In order to achieve depth in autoethnographic writing, it is essential to peel back these personal layers however, this was difficult to do as I had a tendency to cling to the safety of describing superficial thoughts, ideas, and feelings. It was only through focused time and energy reflecting on my experiences, support from my advisor, and guidance from Bolton (2010) that I was able to reach a point of deep and honest revelations.

In the final study, I was concerned that requesting individuals experiencing disability to prepare a writing piece would be a burden and therefore a deterrent to taking part in the study. This was a valid concern, as the participants identified a number of time constraints and barriers that impacted their completion of the writing piece. Not all of the participants experiencing disability submitted pieces and there was a very wide range in the depth and quality of the writing. In order to integrate reflective practices in future research studies, I would consult with participants to identify data collection methods that make reasonable requests on individuals' time and energy and still gather rich data. Through this collaborative process we may identify methods to gather data and capture perspectives that I have not yet considered.

Future Directions

Upon completion of the three studies in my dissertation, several research questions remain for me.

1. The practical outcomes of adopting Participatory Action Research (PAR) to examine the identified gap of disability representation may lead to innovative ways of teaching and learning that we have not yet considered (Burgstahler & Doe, 2003; Leo & Goodwin, submitted). There is tremendous potential to deepen the meaningfulness of situated learning environments through mutual engagement between individuals with and without lived experiences of disability. PAR is an emancipatory, qualitative research methodology that is rooted in addressing problems that are identified by participants (Markula & Silk, 2011). The process of engaging in PAR is a reflexive cycle that "involves planning change, implementing change, observing the process and consequences for these actions, reflection on these processes and consequences for these actions, reflection on these process and consequences, replanning based on the reflections and starting the cycle again" (Markula & Silk, 2011, p.151). PAR is appealing because it provides a dynamic strategy to effect change in a way that is both meaningful and responsive to the community of interest. Rather than producing research findings that are

irrelevant to communities, research that evolves out of a PAR approach may lead to longer term adoption of new ways of thinking and doing in terms of teaching about disability.

2. The role of fun and humour within the learning environment emerged throughout these studies. There were mixed perspectives on how and if it should be used purposefully, along with limited understanding of its meaning to participants. Further exploration of the use of fun and humour as coping strategies and how it fits within disability simulations is warranted as coping through humour was inherently evident in this dissertation.
3. Debriefing has been identified within the literature as essential in the use of simulation activities (Burgstahler & Doe, 2004), however, in practice, it can be difficult to implement due to practical challenges such as time constraints and large class sizes. Further study is needed to investigate how to use debriefing to provide participants with the tools to reflect on their experiences and identify strategies to incorporate their new learnings into daily practice. Adopting a critical pedagogical approach within the classroom may be useful to facilitate the debriefing and ensure students are thinking about how their new awareness and learning may lead to social change (Kinecheole, 2004).
4. Moving forward, I would like to continue to examine, interrogate, and disrupt the ableist assumptions that underpin our professional practices in post-secondary and inclusive community-based settings. For example, if there is a deeply held assumption that living with disability is negative and undesirable, it may influence how we prepare professionals. Informed by the medical model, teaching practices may focus more on how to remove and fix disability within the individual and less on the social, cultural, and

political forces that disable individuals as they attempt to navigate the environment and participate in their communities.

5. I would also like to research strategies and approaches to disrupt the ableist assumptions before they become too embedded within one's professional practices. Community Service Learning opportunities or integrating disability presence in course delivery have promise.

I began my research journey at the University of Alberta, a teaching environment that provided space and support for reflection. Since moving away from this setting, it has been fascinating to see how little reflexivity is present in professional and service delivery settings. I want to connect with educators, instructors and community members in various disciplines to explore the assumptions that underpin professional practices related to disability. My work began with an examination of disability simulations; however, through the interrogation of the deeply rooted ableist assumptions that underpinned my own practices, I have become interested in disrupting the ableism that may exist within community settings. This may be done by examining the key assumptions that underlie our practices in community and pedagogical settings. What are the social, cultural and political forces that impact the decisions and practices we engage in on a daily basis? How does this shape how we define disability, inclusion, and community? The implications for this work may lead to the identification of new and innovative pedagogical approaches and the development of theoretical frameworks that integrate the lived experiences and perceptions of all community members. Shifting towards a place of openness, understanding, and critical reflexivity, I hope to encourage reflection and action to effect societal change.

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[i] Persons who experience disability was used to reflect “the wide variety of embodied sensations, social structures, cultural understandings, and identities that may be related to someone’s disability experience” (Peers, Spencer-Cavaliere, & Eales, 2014). Throughout this dissertation, the use of language to indicate and describe disability evolved to align with the current standards. For example, person first language was used in Study One to reflect the language policy of Adapted Physical Activity Quarterly at the time of publication. Disabled person was used to reflect the social and political forces which result in disabling factors (Peers, Spencer-Cavaliere, & Eales, 2014; Shakespeare, 2006). Language is important as it implies the values, ideas, and assumptions that underpin our practices.

[ii] Pseudonyms have been used to protect participant anonymity.

[iii] The term disabled person is used to reflect the social and structural processes that disable people.