

Sand in the Shorts: Experiences of Moral Discomfort in Adapted Physical Activity Practice

by

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Abstract

In many disciplines, professionals are encouraged to be reflexive about their practice. Adapted physical activity (APA) is no exception, yet little research has been done to explore the lived experiences of service delivery professionals who create movement experiences for individuals living with impairment. Within a professional knowledge landscape, the information that defines our discipline and scope of practice is driven by theory or ideological views (the sacred story). What we learn through applied professional experiences (our secret story) may collide with professional information, leaving professionals with moral discomfort as they are unsure how to solve problems and react to social relational dilemmas.

The purpose of this study was to explore how APA professionals experience and resolve moral discomfort within professional practice. Using the research approach of interpretative phenomenological analysis (IPA), one-on-one semi-structured audio recorded interviews were conducted with seven APA professionals. The conceptual framework of relational ethics was utilized to facilitate deep engagements with their lived experiences as they navigated the day-to-day ethical minefields of professional practice. A six-step inductive analysis was completed that reflected the ideographic, hermeneutic, and phenomenological underpinnings of IPA. Four themes developed from the analysis: (a) *The Ass(et) of Vulnerability* (b) *Friends or Friendly?* (c) *“We’re Fucked Either Way”* and, (d) *Now What? Grappling with Discomfort*. Emphasizing relational ethics may invite new ways of thinking about our practice – ways that increase joy, decrease stress, and bring attention to the potentially disabling policies and practices that may be doing harm to the disability community. By acknowledging feelings of moral discomfort, we may bring attention to the hard questions we often avoid.

Preface

This thesis is an original work by Amanda C. Ebert. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, project name “Sand in the Shorts: Experience of Moral Discomfort in Adapted Physical Activity Practice, No. 00076556, Approved November 21, 2017.

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Prologue

It is with a mixture of both trepidation and relief that I embark on this exploration of professional practice in adapted physical activity (APA). The crossroads of research and practice align with who I am now: a graduate student, but one with nearly a decade of professional experience behind me. Most of my career was spent working in a non-profit organization that provided opportunities for individuals living with impairment to pursue their sport, recreation, or fitness goals. My duties were a blend of administrative tasks, community outreach, and front-line service delivery through which I endeavored to create opportunities for children living with impairments to be active.

Throughout my career, I pursued various professional development opportunities hoping to diversify my knowledge base and advance my practice in the field of physical activity. Specifically, I was interested in inclusion and health promotion for children and youth living with impairment. I attended dozens of workshops and conferences geared towards recreation professionals, teachers, or coaches. Although I always came away with something to consider, I noticed how uncommon it was to find any sessions that targeted, or even acknowledged, the presence of people living with impairment. I began to raise this to conference organizers who bashfully admitted that inclusion and diversity were existing knowledge gaps. Disability seemed to be an ‘after thought’ when discussing the physical activity and recreation landscape. The committees responded by asking my team and I to fill this void and adopt the ‘expert’ role by sharing our front-line experiences and techniques with recreation and sport professionals across the province.

In my experience, most professional development sessions around APA have been delivered by researchers and graduate students. As such, they have strong academic and

theoretical components. This infusion of academia into professional development stimulated my critical thinking and encouraged me to deeply cogitate my day-to-day actions and decisions. I quickly learned that applying research to practice is easier said than done, and I struggled to find ways to incorporate research ideas into my complex working environment.

The pursuit of professional and personal growth is what led me to graduate school. As I burrowed deeper into academic literature, I became mindful of a developing void between what I was reading in theory, and what I knew from practice. The two perspectives often juxtaposed one another, leaving me feeling confused and uncertain. In practice, I was called the expert and was being called upon to share my knowledge, ideas, and thoughts with other professionals. Parents would go so far as to call me an “angel” for the ways in which my knowledge supported their family. But on the theoretical side, I was being exposed to ideas and questions that I had never even considered. What makes me an expert? Why did I rarely ask the individuals I worked with what they wanted? What assumptions are driving my professional practice – and the knowledge I am passing on to the community? These questions led me to feel ambiguity, discomfort, and uneasiness about my practice. It became increasingly difficult to be complacent with “this is how it’s always been done,” yet I was not sure how to do things differently. My confusion was augmented by those I was in relationship with – members of the disability community, program funders, and colleagues – each of whom regularly recommended a different course of action or opinions about how things should be. To whom do I listen? Who has or should have the largest influence on my decisions?

I began to discuss these questions with my most trusted colleagues. To my surprise, I was not alone in my uneasiness – my stories reflected a larger knowledge landscape of practice. Together, we gradually and cautiously posed questions to one another around practical problems

that regularly led to feelings of moral discomfort. What, exactly, is our scope of practice? What certifications should our staff hold in our pursuit of being the ‘gold standard’ of APA? How do we respond when funding is cut for a program that really worked? What sort of inclusion criteria do our program participants need to meet? Is there a point in which someone is deemed unsuitable for programs if staff do not feel safe? Should we be applying for grants to deliver programs our participants request, or the ones for which we know funders are willing to pay? Through these discussions, we were emboldened to share our own perspectives and opinions – yet rarely reached conclusions on how to proceed. The professional relationships we had with one another, those living with impairment, community professionals, researchers, funders, and of course, our introspective selves - all contributed to our assumptions, values, biases, and individual perspectives.

The idea of exploring these experiences for my thesis research has been met with an outcry of support from my professional colleagues. “You have to do this,” they told me. “It’s so important.” It is important on academic, personal, and pragmatic fronts. As professionals, if we do not ask hard questions, then the status quo is maintained, and we do not have to act. Asking hard questions leads to a scratchy, prickly discomfort – one that I equate with having sand in your shorts. By acknowledging this feeling, we are forced to recognize that something needs attention.

It is not my intention to use this study to criticize or judge myself or others in professional practice. It is about becoming wakeful to issues of moral importance by asking the hard questions we often avoid.

Chapter One: Introduction

Adapted physical activity (APA) has been defined as a diverse, multidisciplinary field of study that draws from many parent disciplines including physiology, psychology, sociology, education, and philosophy (Bouffard & Spencer-Cavaliere, 2016; Peers, 2018; Szostak, 2016). It is also a service delivery profession and area of academic specialization (Karkalets et al., 2012). Over the years, researchers have contemplated the role of the APA professional. For example, Reid (2003) described how professionals work with people with movement *deficits* as they “interact with people experiencing difficulties with movement” (p. 20). In contrast, Standal (2008) considered the professional role to be one of aiming for “self-determined participation in activities that are experienced as inherently meaningful in the perspective of the participant” (p. 202). Through personal experience as an APA professional, I perceived my role somewhere in the ambiguous space between Reid and Standal’s descriptions. I aimed to reduce people’s movement difficulties through activities that they found meaningful. But is this what my role should be and who decides? Those who identify as APA professionals inform practice with assumptions, values, beliefs, and approaches from a breadth of disciplines.

In addition to the sundry of multidisciplinary influences, APA professionals work within a landscape that is composed of organizational demands, policies, traditions, and attitudes that may be at odds with their user groups or personal values (Austin, 2007). Simultaneously, they engage in numerous interactions with members of the public, colleagues, professional managers, and facilities personnel - each of whom comes with their own ideas and perspectives. In education, researchers Clandinin and Connelly (1996) described how teachers exist within a landscape of stories; the *sacred story* - professional knowledge or the theory-driven view of practice outlined within the confines of a professional scope of practice; their *secret story* – what

occurs in practice that is seldom shared with those outside of the professional landscape, and a *counter story* – stories that challenge or disrupt the dominant story whether that is sacred or secret. When the narratives of the sacred, secret, or counter stories do not align, professionals may feel uneasiness and fabricate a *cover story* – a new narrative developed to justify their actions and alleviate tension. Goodwin and Rossow-Kimball (2012) applied the idea of stories to adapted physical activity landscapes to open dialogue around ethical practice. They described how APA professionals often navigate tensions among their stories and brought attention to the significance of needing to unpack our stories to bring light to the tensions and synergies within the landscape. Without looking at the tension, how does an APA professional know what to do? Updale (2008) asks us to ponder, at which point, “...do practical problems become ethical concern?” (p. 34).

Dissonance between narratives shared within a professional’s knowledge landscape has been referred to as the point of “moral discomfort” (Goodwin & Howe, 2016, p. 45). A single moment of moral discomfort may cause long term professional and personal distress, and these moments should not be buried or disregarded (Goodwin, Johnston, & Causgrove Dunn, 2014). Disregarding moments of moral discomfort can lead to personal distress negatively influencing a professional’s mental health and capacity to build fruitful relationships within the workplace (Marcellus, 2005; Musto, Rodney, & Vanderheide, 2015). The relational intersection of others’ values and beliefs with our own may contribute to feelings of moral discomfort. These points of moral discomfort are complex and diverse, yet largely unexplored within APA literature. As such, I turned to education and healthcare for information and discussions pertaining to discomfort and reflexivity. Furthermore, professionals can use moments of moral discomfort as an opportunity to be reflexive about their professional practice.

APA researchers have recently called for increased reflexivity and ethical professional reflection on assumed ‘best practices’ (DePauw, 2009; Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012; Peers, 2018; Silva & Howe, 2012; Standal & Rugseth, 2016). With a landscape of diverse approaches to instructional practices and appropriate actions, a lack of reflexion around why we do what we do can lead to entrenched taken-for-granted practices (Goodwin & Rossow-Kimball, 2012; Silva & Howe, 2012). Reflexive practice is required in order to ensure we are not disadvantaging, contributing to professional misbehavior, and, ultimately, causing harm to those with whom we work (DePauw, 2009; Goodwin, 2017; Goodwin & Howe, 2016). Yet despite these arguments, little research has been done to understand the complexity of the everyday lived experiences of the service providing professionals. Professionals and researchers alike seem unenthusiastic or even averse to unpacking assumptions, sitting with our discomfort, and awakening ourselves to other ways of knowing.

Ethical work is hard. For me, the sensation is comparable to the sensation of having sand in your shorts. It scratches, itches, feels dirty, and leaves you feeling uncomfortable and even a little bit sick. My own experiences as an APA service provided are littered with moments where I felt the grinding, itchy sensation of metaphorical sand in my shorts. I still feel them, but for me the conversation about where the ‘grains of sand’ come from have given me the courage to keep exploring and learning more about myself, my professional relationships, and the way in which I want to grow as a professional.

The purpose of the study was to explore how APA professionals experience and resolve moral discomfort within professional practice. More specifically, the objectives of this study were to (a) explore issues of moral discomfort within APA professional practice and, (b) gain

insight into the experiences, conflicts, and critical moments within the professional knowledge landscape. Using interpretative phenomenological analysis (IPA), a qualitative research method that is used to examine how people make sense of their life experiences, I spoke with professionals from one Canadian province and asked them to explore beneath their cover stories to reveal the underlying intersection of their sacred and secret narratives.

The format for the thesis is paper-based. In chapter two, I provide a review of the relevant literature that was used to inform my thinking about the study and the findings. This includes a description of the conceptual framework of relational ethics. In the third chapter, I described details around my method and the decisions I made throughout the research process. Aspects of quality criteria and ethics are also discussed. Chapter four is a full research paper that will be prepared for submission to a research journal (e.g., *Adapted Physical Activity Quarterly*). Lastly, in chapter five, I share some of my personal reflections and awakenings that arose throughout this enlightening, transformative, and arduous journey.

Chapter Two: Review of Literature

Knowledge Narratives

“We make up stories that [our decision] was okay because we did it for the greater good... It will all trickle down. But it shouldn’t be trickling down. Even saying that sentence makes me feel uncomfortable.” - Reba

Education researchers realized the significance of the *knowledge landscape* inhabited by teachers in their professional practice (Clandinin & Connelly, 1996). A knowledge landscape is the complex intellectual, personal and physical space, place and time in which teachers exist (Clandinin, 2015; Clandinin & Connelly, 1996; Connelly, Clandinin, & He, 1997). It is constantly evolving as individual stories, experiences, and learning objectives weave together to create the landscapes in which teachers teach and learn, and these landscapes are composed of both the classroom and the surrounding communal spaces that are influenced by administrators, researchers, policies, and colleagues (Clandinin, 2015; Clandinin & Connelly, 1996). Teachers come to the landscape with their “personal practical knowledge” (Clandinin, 2015, p. 184) - past experiences, present self, and future plans that make up who they are. The diversity of their past, present and future selves can lead to tension or cohesion with colleagues, organizations, and environments (Clandinin & Connelly, 1996; Craig, You, & Oh, 2014). Without consideration of personal practical knowledge and knowledge landscapes, discussions of professional experiences could remain largely inconsequential.

Stories are an important part of our personal practical knowledge (Clandinin, 2015; Craig et al., 2014). Crites (1971) first applied the term *sacred story* to describe the narratives in which “our sense of self and world is created through” (p. 295). From a theological perspective, Crites (1971) states that these stories are the cultural narratives we are told and are what inform our actions within the world. For professionals, the sacred stories are the ones that serve as the foundation of our practice, and delineate what knowledge counts (Olson & Craig, 2005). They

compose the theory that drives our professional practice as they are shared and reinforced through our educational backgrounds, meetings, workshops, and professional development sessions (Clandinin, 2015). The sacred story of an APA professional will vary depending on the stories they hear and the degree to which they are taken up. For example, when teaching the culturally normative skill of ball throwing, some professionals may adapt the equipment, the environment, or instructional cues with the intention of supporting the individual to emulate age related normative performance (Block, 2016; Lieberman, Lytle, & Clarq, 2008). Yet others may approach the task by asking the learner to explore various movement forms to project a ball, with little regard for a normative throwing pattern (Eales & Peers, 2016; van Amsterdam, Knoppers, & Jongmans, 2012). Sacred stories provide the basis for our pedagogy as relayed by university instructors. One post-secondary instructor may extol the taken-for-granted value of peer tutors to promote inclusion and student reflective capabilities (Klavina & Block, 2008; Lieberman, Dunn, van der Mars, & McCubbin, 2000) while another may question the efficacy and potential harm of using able-bodied peers in a position to facilitate the instruction and learning of disabled peers (Standal & Moe, 2013). Over time, our sacred stories become our norms and truths, but may become problematic when they remain unquestioned and unchanged (Goodwin & Howe, 2016; Petrarca & Bullock, 2014).

Secret stories are created through experiences on the front lines. For teachers, secret stories often exist within the classroom, a safe space where they can incorporate their personal practical knowledge and generate a landscape with their students (Clandinin, 2015). For APA professionals, secret stories may exist during service delivery, within the culture and confines of an organization, or even among colleagues. They are co-generated through relationships and interactions with others in our knowledge landscape. At times, the sacred story and secret story

may not always share the same narrative. Theory does not always translate effectively to practice, and professionals may become disoriented, uncomfortable, and uncertain when “what we know becomes entangled in what we are supposed to know” (Olson & Craig, 2005, p.165).

Cover stories are generated to hide the conflicts, gaps, or contradictions that emerge within our narratives of professional practice (Clandinin, 2015; Olson & Craig, 2005). They are the way in which we come to terms with the stories, “we desire to author, and the stories that are expected by others” (Olson & Craig, 2005, p. 164). In their exploration of teacher experiences, Olson and Craig (2005) identified and outlined three variations of cover stories: (a) those prescribed by the institution, (b) those that occur where the teacher story and school story collide, and (c) those that arise from conflicting views. Although uncommon, the acknowledgment of cover stories in APA is evident in the literature (Goodwin & Howe, 2016; Goodwin, Johnston, & Causgrove Dunn, 2016; Goodwin & Rossow-Kimball, 2012; Silva & Howe, 2012).

In addition to the sacred, secret and cover stories, *counter stories* also contribute to a professionals’ knowledge landscape. Nelson (1995) defined a counter story as, “a story that undermines a dominant story, undoing it and retelling it in such a way as to invite new interpretations and conclusions” (p. 23). Within adapted physical activity, counter stories that elucidate the experiences of members of the disability community are rare. This is likely due to the narratives of the sacred stories – the ones that position able-bodied professionals as the experts and leave little space for seeking out and honoring other voices (Goodwin, 2017; Oliver, 1996; Peers, 2018). Researchers have recognized the importance of sacred stories and have recently called for more of these stories to be told and heard (Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012). Incorporating narratives of professionals and members of the

disability community provides opportunities for dominant sacred stories to be reconfigured and challenged (Nelson, 1995). It is important for APA professionals and researchers to seek counter stories from those who are experts on their own lives, bodies, and experiences. This is a fundamental element to understanding our knowledge landscape and the relationships that exist within it. Experiences are subjective and neglecting to be curious about the lived experiences of individuals with impairment perpetuates ‘othering’ and cycles of oppression and disablism (Goodwin & Rossow-Kimball, 2012; Goodley & Runswick-Cole, 2011; Spencer-Cavaliere & Watkinson, 2010). Acknowledging the need for and seeking counter stories may enhance reflexivity about our professional roles and relationships, and how moral discomfort is experienced.

The pursuit of exploring experiences of moral discomfort in professional practice cannot be explored without a description of the knowledge landscape professionals inhabit. Understanding the knowledge landscape and the stories that are told may be the first step into opening dialogue and unpacking tensions and cover stories that exist in practice (Goodwin & Howe, 2016). How can we improve practice and prepare future professionals without understanding the landscape that currently exists? The relationship between moral discomfort and the ethical reflexion of the landscape needs to be unpacked and investigated (Goodwin & Rossow-Kimball, 2012; Pauly, Varcoe, Storch, & Newton, 2009).

Ableism in Practice

“When you talk to people about their stories, you realize we don’t come out of the womb thinking all open. We are socially created in this ableist society.” – Jane

Within the APA professional landscape, the tangled relationships between those who deliver programs, and those who receive them, remains largely underexplored. Even as I wrote

that sentence, I felt my own assumptions lead me to believe that the one delivering programs would be non-disabled. That assumption is derived from a labyrinth of beliefs, and practices that encompass ableism. Ableism is defined as, “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). In other words, ableism divides people into categories of more or less desirable based on perceptions of what makes one fully human. Professionals navigating within the system of ableism produce ‘ability’ and ‘normal’ by oppressing individuals with bodies and minds that are less autonomous, independent, and able than others (Goodley, 2014; Hodge & Runswick-Cole, 2013). They may impose norms and negate people without conscious awareness that they are doing so.

From ableist foundations and beliefs come the actions of disablism – the production of disability (Goodley, 2014). Thomas (2007) defined disablism as “a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being” (p. 34). Disablism, in a structural or psycho-emotional form, is constructed in the relational space between people (Goodley & Runswick-Cole, 2011; Reeve, 2014). Certain policies, assessment tools, processes and practices perpetuate the creation of an ‘inferior other’ (Hodge & Runswick-Cole, 2013).

Within APA, there may be many unintentional, elusive and ableist biases in our taken-for-granted professional practices that require deep reflexivity and consideration (Eales & Peers, 2016; Goodwin & Rossow-Kimball, 2012; Hodge & Runswick-Cole, 2013). Our disabling actions may be subtle, and without reflection can remain unconscious and impart harm (Goodley

& Runswick-Cole, 2011; Hodge & Runswick-Cole, 2013; Withers, 2012). How can we have a mutually respectful relationship with someone who we have Othered and treat as inferior?

Although professionals may realize problems around their ableist beliefs and disabling actions, things are not always addressed or changed. Lesley Lyons (2003) introduced the concept of enlightened ableism. She identified how, even though we may change discourse about disability and acknowledge our ableism, we can make excuses as to why we cannot implement changes in practice – thus perpetuating the oppression, construction, and control of disability. A ‘yes-but’ pattern emerged where practitioners expressed their agreement and understanding for issues around inclusion but followed the acknowledgment by articulating some sort of hurdle that prevented change from occurring. This rhetoric of enlightened ableism masks the impact of removing barriers for the disability community by allowing the continuation of disabling practices (Goodwin, 2017; Lyons, 2013).

Ableism is embedded within our knowledge landscape and will continue to perpetuate disablism if not interrupted. An interrogation of our sacred stories and the assumptions behind them is a critical piece of acknowledging our ableism and moral discomfort.

Assumptions and Professional Identity

“I hear it from so many professionals: ‘yeah, we do this, but you guys just adapt physical activity’” - Reba

Disciplinary assumptions underlay our opinions, values, and judgements (Binding, Morck, & Moules, 2010; Peers, 2018) and ultimately influence the ways in which services are planned and delivered (Cameron, 2013). The foundations of APA assumptions and values can typically be traced to a particular model of disability¹.

¹ A model is a “framework of ideas used to make sense of phenomena and experience in the social worlds we inhabit” (Cameron, 2013, p. 98).

Models of disability. Adapted physical activity professionals are influenced by various models of disability, each of which contributes philosophical perspectives and assumptions to the discipline (Haegele & Hodge, 2016; Peers, 2018; Withers, 2012). Models of disability encompass assumptions that influence our views of assessment, interventions, philosophies of education and instruction, programming structures, and even choice of language (Peers, Spencer-Cavaliere, & Eales, 2014; Standal & Rugseth, 2016). There are numerous models of disability discussed within APA literature, but most prominently are the medical and social models (Haegele & Hodge, 2016).

The medical model is the traditional model of disability and is prominent within the origins of adapted physical activity (Shakespeare, 2006; Silva & Howe, 2012). Through the medical model, disability is perceived as a problematic abnormality in a person that is to be fixed, eradicated, or rehabilitated (Campbell, 2008; Goodley, 2001; Goodwin & Peers, 2011, Oliver, 1996). For those who hold this assumption, it is reasonable to perceive impairment as a misfortune. Difference is often equated with disease and inferiority (Silva & Howe, 2012; Wendell, 2013) which shifts attention onto the individual who is in need of intervention to progress toward normative standards of being in the world, rather than emphasizing disabling environmental or socio-cultural influences (Cameron, 2013; Withers, 2012). The professional practices of assessment, grouping by diagnosis, and intervening on bodies by perceived deficits appears alongside early recognition of environmental barriers that exclude. Access to programs, resources, or supports is determined by diagnosis rather than individual needs or desires (Haegele & Hodge, 2016; Jespersen & McNamee, 2008). Goodwin (2017) described how a medical model perspective in APA can promote a disability industry where non-disabled “experts” become self-declared benevolent helpers and paternalistic decision makers that Others

and excludes those who deviate from the normal body. The role of the able bodied ‘expert’ is reinforced by assumptions from the medical model that neglect embodied knowledge (Haegele & Hodge, 2016).

The goal of APA perceived through the medical model is to assess, prescribe, and intervene on perceived individual deficits or problems to improve physical skills (Reid, 2003; Sherrill & Yilla, 2004). Success in programs is determined by increases in performance on targeted activities, typically those that represent ‘normal’ physical pursuits, and often participation is used as a form of rehabilitation or medicine (Swain, French, Barnes, & Thomas, 2014). ‘Fixing’ impairment is believed to be the best path towards function and independence, and aggressive intervention can be applied to support the pursuit of ‘normal’ bodies (Haegele & Hodge, 2016; Wendell, 2013). Often, this may be done to an individual with little or no consultation.

The social model of disability was introduced in the 1970’s by disabled scholar Mike Oliver (Cameron, 2013; Oliver, 2013). He claimed that individuals are not disabled by impairment, but by societies disabling barriers (Oliver, 2013). Disabling barriers may be physical, like a set of stairs or a doorway that is too narrow for a wheelchair; political barriers like policies or support programs that restrict access to society, or sociocultural barriers such as attitudes and assumptions (Oliver, 2013). Disability then, is not something that people ‘have’ but instead something that is imposed on them. Change cannot come from therapeutic intervention, but instead through political action (Cameron, 2013; Withers, 2012). Those adhering to the assumptions of the social model aim to bring attention to disabling barriers in society (Bredahl, 2013; Oliver, 2013; Shakespeare, 2006). In APA, this may include broadening instructional

techniques, challenging fee schedules, modifying the environment, or adjusting disabling policies that privilege a certain type of human.

Given the diverse landscapes in which APA professionals work (hospitals, recreation complexes, senior facilities, schools, fitness, and separate facilities), a diversity in assumptions is expected. Some would suggest the field of APA is in a period of transition as the medical model is challenged and the social model appears in our sacred stories (Goodwin & Ebert, 2018). Understanding our assumptions impacts how we discuss disability, the language we use, and the values we hold (Haegele & Hodge, 2016). Acknowledging our assumptions is required to foster a relational space between ourselves and those with whom we work. Why we make a certain decision, or how we view an individual is based on the assumptions we hold.

Professional identity. Professional identity can be defined as the expectations that individuals who join a profession have of their roles, and what it means to be a member of a profession (Joseph et al., 2017; Joynes, 2017). Professional identities are ever changing, as they are largely constructed through education, professional experiences, and the relationships we build with others (Creuss, Creuss, Boudreau, Snell, & Steinert, 2014; Joynes, 2017; Wackerhausen, 2009). The relationships we establish continuously influence the internal process of deciding who we want to be as professionals (Creuss et al., 2014; Joseph et al., 2017; Joynes, 2017).

Wackerhausen (2009) discussed two levels of professional identity, macro and micro. Macro level professional identity is the constantly evolving public perception of what the profession is and does. Within APA, this includes the way other related professions, families, caregivers and the disability community perceive the role APA professionals play. The micro

level of professional identity is the specific qualities that a person must possess to fully embrace and own a particular identity (Wackerhausen, 2009). This includes the expectation that certain skills, knowledge, perceptions, and actions are upheld for one to identify as a professional in that specific domain.

Standal, Nyquist, and Mong (2018) described the complexity of *who does what* in a Norwegian landscape where APA specialists and rehabilitation professionals worked together. They described blurred lines around professional status, roles, and work tasks. The APA specialists lacked formal recognition affiliated with their title, were unclear about their status and degree of contribution, and often held different values than their colleagues working across disciplines. In Canada, there is no governing or regulatory body for APA that outlines professional identity and specifies appropriate actions, conduct, knowledge base and scope of practice (Wackerhausen, 2009). As such, APA professionals rely on the multidisciplinary nature of the field to determine guiding principles, professional credentials, job responsibilities, or an ethical code of conduct including exercise physiology², kinesiology³, coaching⁴, or recreation therapy⁵ (Bouffard & Spencer-Cavaliere, 2016). These credentials come with scopes of practices that outline a range of appropriate and inappropriate actions including what types of bodies one is allowed to work with, which assessments may be utilized, the degree to which modification of fitness programs is allowed, and the advice one is allowed to provide. It is common for APA professionals to maintain provincial or national credentials with one or more of the above allied disciplines. Those who are members of a professional group are obliged to follow the standards of service delivery associated with that membership (Standal et al., 2018). When a group of APA

² <http://www.csep.ca/en/about-csep/about-the-canadian-society-for-exercise-physiology>

³ <http://www.cka.ca/>

⁴ <http://www.coach.ca/coach-training-in-canada-s15408>

⁵ <https://canadian-tr.org/>

professionals belonging to different professional groups are brought to the same environment, interpersonal relationships may become strained as diverse approaches to practice become evident. For example, one organizations scope of practice highlights that leaders may to instruct participants that are ‘apparently healthy’⁶ yet provide no definition of what this means. A professional’s assumptions around disability would contribute to the subjective opinion on whether or not someone living with an impairment is considered healthy. Under CSEP, Canada’s gold standard in exercise science and personal training, only those with the highest level of their certification may design exercise prescription strategies for those with “functional limitations and disabilities”⁷ yet not everyone who works in the area of APA or exercise is a member of CSEP. A professional who identifies as a kinesiologist may be certified under the Canadian Kinesiology Alliance (CKA) and may be allowed to perform assessments and therapeutic treatments that a CSEP cannot. Furthermore, if an APA professional believes in the social model of disability, how do they navigate relationships and actions if the context is medicalized?

Failure to critically reflect on the assumptions, beliefs, values, and norms associated with professional practice may prevent us from accepting responsibility for our own limitations and actions (Morgan, 2017). Furthermore, choosing not to acknowledge our conflicting and sometimes divergent assumptions around scope of practice may have a negative influence on our interpersonal relationships. Professionals may experience moral discomfort when divergent expectations collide with varied personal skill sets, knowledge, or ideologies.

Professional Reflection and Reflexivity

“I’m just morally uncomfortable with everything, and now I look at everything with a negative lens...It has taught me to just be annoyed with the world.” - Mellie

⁶ <http://www.provincialfitnessunit.ca/media/uploads/ScopeofPractice.pdf>

⁷ http://www.provincialfitnessunit.ca/media/uploads/CSEP_CPT_Scope_of_Practice_1.pdf

Researchers across many disciplines including education, nursing, social work and, of course APA, emphasize the significance of being reflective and reflexive about professional practice (Binding et al., 2010; Brookfield, 2009; Frost, Connolly & Lappano, 2014; Goodwin & Howe, 2016; Korthagen & Vasalos, 2005; Peers, 2018; Standal & Rugseth, 2016). The request, however, is often met with misunderstandings as there are various interpretations of what these words mean and how they pertain to professional practice (D'Cruz, Gillingham, & Melendez, 2007). 'Reflection', 'critical reflection', and 'reflexivity' are sometimes used interchangeably (Alley, Jackson & Shakya, 2015; Brookfield, 2009; D'Cruz et al., 2007; Wackerhausen, 2009). As such, an overview of these terms is required.

Reflection is a personal review or recollection of past experiences that requires a professional to step back and question their habits (Alley et al., 2015; Binding et al., 2010; D'Cruz et al., 2007). Wackerhausen (2009) refers to this superficial process as "first order reflection as usual" (p. 464). Typically, reflection occurs when a professional is faced with a new situation and reverts to previous knowledge and experiences to determine the best course of action. The dilemma is often resolved by turning to our theoretical knowledge, or sacred story, as reflection places emphasis on theoretical knowledge over practical knowledge (Binding et al., 2010; D'Cruz et al., 2007; Korthagen & Vasalos, 2005; Standal & Moe, 2013).

Critical reflection occurs with one thinking back on a past experiences but interrogating the complexity and relationships that were at play (Binding et al., 2010; D'Cruz et al., 2007). Doing this requires one to become a stranger to oneself, and challenge their identity, values, insecurities, and power relations (Brookfield, 2009; Wackerhausen, 2009). This level of reflection is often triggered by a dilemma that highlights discrepancy between existing assumptions and real life (Brookfield, 2009). A dilemma that triggers critical reflection often

exists at the cross roads of the sacred and secret story – when theory collides with practice.

Critical reflection occurs when professionals are bold enough to question power dynamics and the landscape surrounding professional practice (Brookfield, 2009; Morgan, 2017). Questioning can lead to diverse emotions – including moral discomfort - but can become transformative.

Goodwin (2017) reminded us that by “placing our professional values at the centre of our reflections, wakefulness to other embodied ways of being in the world may emerge” (p. 276).

APA professionals reflect on perceived problems, often through ableist beliefs and assumptions about disability and professionalism, in a wide range of environments. Critical reflection puts emphasis on practical wisdom and experiences and does not default to theoretical knowledge as in first order reflection. Aligning with Wackerhausen (2009), Brookfield (2009) also articulated that reflection without the critical elements is superficial and thus devoid of purpose and meaning. The process of reflection is not simple and if done well, requires the professional to destabilize the things we know to be stable (Wackerhausen, 2009). The depth and significance of critical reflection are precursors to reflexivity.

Derived from critical reflection, reflexivity requires time, vulnerability, conscious effort, and deep contemplation of our assumptions, positioning, and behaviors (Alley et al., 2015; D’Cruz et al., 2007). It is the process of engaging in critical reflection and then taking action to enact change. According to D’Cruz, Gillingham, and Melendez (2007), reflexivity has three variations, (a) that which is concerned with creating knowledge to make choices, (b) a self-critical approach that questions power relations, and, (c) the role of emotion within practice. Our own emotions, cognitions and assumptions are incorporated into the creation of knowledge and doing this requires practitioners to cogitate and disrupt what we know, what we do, and why we do it (D’Cruz et al., 2007).

Reflexivity and critical reflection are similar in that they focus attention on our roles and behaviors, require vulnerability, consider power and knowledge, and are derived from a critical incident (D’Cruz et al., 2007). Our assumptions and perspectives dictate the choices we make in practice, and these choices impact the relational space between ourselves and others (Bergum & Dossetor, 2005).

The vulnerability that we must access in order to be reflexive is similar to that which is required to address our moments of moral discomfort. When we address our moral discomfort, we are opening conversation to be more reflexive. Embarking on a journey of professional reflexivity encourages us to turn our gaze inwards, and question our own axiological affinities, organizational complexities, and potentially conflicting expectations around ethical responsiveness within our practice (Goodwin & Howe, 2016; Peers, 2018). Reflexion brings attention to the things that we may be taking for granted and can expose new ways of thinking by breaking down the “conceptual glue” that holds our practice together (Brookfield, 2009, p. 294). We may also bring new insights into our work by acknowledging our biases, assumptions, and preconceptions (Alley et al., 2015). Shifting attention onto ourselves acknowledges that we build relationships from a foundation of knowing ourselves and that these relationships are deserving of careful attention and ethical reflection.

Standal (2008) encouraged us to celebrate our insecurities by being open to the things that are unfamiliar and unpredictable. Few researchers in APA have addressed the need for, and advantages of, uncovering moments of discomfort and what can be learned about professional practice by destabilization of the stabilized through critical reflection and reflexivity. Goodwin and Howe (2016) stated that, “reflecting on our thinking in APA would be incomplete without consideration of the internal and external moral compasses that guide our professional practice”

(p.43). Identifying and discussing meaning of the disorienting or uncomfortable moments within professional practice is an objective of this study.

Moral Discomfort

“Moments of moral discomfort can be huge teaching moments that actually make you think about the ethical repercussions of your actions and the real human lives we are dealing with.”
- Jane

Research on moral distress and moral dilemmas is prominent within disciplines such as nursing, social work, and business (Austin, 2007; Ford & Richardson, 2012; Pauly et al., 2009; Weinburg, 2009). The term moral *distress* is commonly used to describe moments in which a professional knows what to do, but various constraints make it difficult or impossible to pursue that action (Pauly et al., 2009; Weinburg, 2009). Distress has been shown to lead to negative relationships or burnout but can be reduced by engaging in ethical discussions and exploration of the constraints (Marcellus, 2005; Musto et al., 2015). Without understanding the constraints, we cannot understand our choices.

A moral *dilemma* is a situation where a professional must choose between two or more courses of action, each of which will have both positive and negative impacts (Weinburg, 2009). In these moments, professionals must consider which action may impart the least harm, although neither of the options is ideal. Within APA literature, the term moral *discomfort* is used to describe situations where there is ethical tension within the knowledge landscape (Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012). Although adapted physical activity does not typically fall within the discipline of healthcare, the discussions and theories around moral dilemmas and moral distress provide a useful foundation to build on our own professional understandings of moral discomfort. For this study, I will use the term moral discomfort to encompass examples of both moral distress and moral dilemmas as they are shared by the APA

professionals.

There are a few examples within APA literature where experiences of moral discomfort underwent ethical reflection. Goodwin, Johnston, and Causgrove Dunn (2014) explored an experience in which an APA professional and the young man, Jack, he was working with encountered a stranger in the swimming pool locker room. Jack made vocalizations of excitement, and the stranger's negative and aggressive response created distress and discomfort for Jack and the professional. The APA professional sat with this secret story for a decade before sharing it and exploring its impact on his professional identity and the importance of relationship building toward dignity in professional contexts. Leo and Goodwin (2016) explored the discomfort experienced in using disability simulations as undergraduate teaching opportunities. Disability simulations, a common teaching tool, were found to misrepresent lived experiences. As non-disabled course instructors and professionals opened dialogue with the disability community, assumptions of ableism and expertism were exposed thus challenging the ableistic norms perpetuated through the pedagogical practice of disability simulation use.

Conceptual Framework

“Sometimes I disagree with some things and wonder how far I can stretch so I can feel comfortable but still [meet their expectations] ... I am constantly struggling with these kinds of things.” - Jane

A conceptual framework links research problem with theory through an interdependent relationship in which theory supports researchers as they conceptualize research problems (Bradbury-Jones, Tayler, & Herber, 2014; Sandelowski, 1993; Wu & Volker, 2009). Using a framework deepens the interpretation of a phenomenon as it provides context and justifies the focus of the study (Sandelowski, 1993). For this study, I used relational ethics to reflect on my interview schedule, interpret the data, and better understand the phenomenon of moral

discomfort (Wu & Volker, 2009).

Ethics, as a branch of philosophy, supports professionals in making critical decisions based on what is right, wrong, good, and bad (Bergum & Dossetor, 2005). In professions that interact with humans, traditional ethics is informed by discussions that evolved after some of history's greatest injustices (Beauchamp, 2016). The principles of nonmaleficence (to do no harm), beneficence (to do good), autonomy (individual choice) and justice (to treat everyone fairly) have been adopted by disciplines like healthcare, law, and politics (Beauchamp, 2016; Bergum & Dossetor, 2005; Goodwin & Rossow-Kimball, 2012). Yet these traditional approaches may leave professionals with uncertainties around their decisions and actions resulting in a decision that is the *least* bad as opposed to *the right thing to do* (Austin, Goble, & Kelecevic, 2009).

Relational ethics, with its origins in healthcare, does not leave behind these critical principles, but extends beyond them to emphasize the complexities of human interaction (Bergum & Dossetor, 2005). Through a lens of relational ethics, professionals shift their focus from "solving ethical problems to asking ethical questions" (Bergum & Dossetor, 2005, p. 9). Professionals therefore shift the emphasis from our day-to-day occupational commitments, to interactions with those with whom we work (Austin et al., 2009). Using relational ethics did not provide a problem-solving approach to experiences of moral discomfort, but instead afforded me a framework through which to reflect on questions of human meaning that are encompassed in real life problems (Bergum & Dossetor, 2005).

Bergum and Dossetor (2005) emphasized the significance of a relational space, "the place where there is flow between the challenges of the thinking mind and the realities of the feeling

body” (p. xvii). Bergum (2002) described relational space as the entity in the relationship in which both people contribute. Further, a relational space provides opportunities for individuals to explore their relationships with themselves and others around them (Shaw, 2011). In their book, Bergum and Dossetor (2005) use the metaphor of a tree, describing the trunk of the tree as the relational space. It is not just space between the leaves and the roots but is integral to both. It is within this relational space, or the trunk, that we find the four themes of relational ethics (a) engagement, (b) mutual respect, (c) embodiment, and (d) environment.

The theme *engagement* refers to the precarious balance of being engaged and connected to others - but not too far (Cloutier, Martin-Matthews, Byrne, & Wolse, 2015). By considering the theme *engagement* we can reflect on experiences by asking “where does my experience end and yours begin?” (Bergum & Dossetor, 2005, p.104). While sharing experiences, professionals who are over-engaged may risk crossing emotional boundaries, yet those who are under-engaged risk failing to see the real person or acting in an ignorant or neglectful manner (Bergum & Dossetor, 2005; Cloutier et al., 2015; Olmstead, Scott, & Austin, 2010). The balance refers not only to personal relationships, but also the distribution of resources and time, recognizing that no set of rules or universal principles can dictate an ideal approach (Bergum & Dossetor, 2005; Ellis, 2007).

Mutual respect relates to the interdependent relationship between people. Each person in the relationship brings experiences, knowledges, and beliefs – all of which need to be valued and respected (Bergum & Dossetor, 2005). *Mutual respect* can only occur when one creates a space where differences are acknowledged, appreciated, and taken seriously (Bergum & Dossetor, 2005; Cloutier, 2015). For us to experience *mutual respect*, we must be open to walking in the other person’s shoes and acknowledge that what I do affects you, and what you do affects me

(Bergum & Dossetor, 2005; Olmstead et al., 2010). Despite being a key theme in the relational ethics framework, achieving mutual respect is challenging as differences of opinion, personal practical knowledge, and individual attitudes exist (Marcellus, 2005).

Embodiment acknowledges that people live in specific and diverse social and historical contexts (Bergum & Dossetor, 2005; Cloutier et al., 2015). Their embodied knowledge is shared through stories, and should be valued as much as theoretical knowledge (Bergum & Dossetor, 2005). In nursing, *embodiment* is defined as a way of knowing the world through people's bodies, and can be found through relationships that embrace compassion, emotion, and knowledge (Marcellus, 2005; Olmstead et al., 2010).

The fourth principle of the relational ethics framework refers to the *environment*. Relational ethics requires a space (e.g., emotional, physical, social) where ethical reflection can occur, and this space is created by our everyday actions (Bergum & Dossetor, 2005; Marcellus, 2005; Olmstead et al., 2010). Bergum and Dossetor (2005) described how our relationships and decisions impact and influence more than just ourselves. Decisions and actions affect “many or perhaps all other relationships” (p. 173). The foundation of our *environment*, and the relationships within it are deeply interdependent. Interdependence is the balance between both independence and dependence (Bergum & Dossetor, 2005). Relational ethics places the relationship between people as the primary focus of professional interactions, and provides a space to explore systemic, individual, moral, and cultural issues that impact those relationships (Austin et al., 2009; Bergum, 2002; Bergum & Dossetor, 2005).

The framework of relational ethics has been applied extensively in the healthcare realm (Austin et al., 2009; Benner, 2004; Bergum & Dossetor, 2005; Cloutier et al., 2015; Keyko,

2014; Shaw, 2014). In adapted physical activity, relational ethics has been used as a lens to explore experiences of parent hidden labour (Goodwin & Ebert, 2018), dignity (Goodwin et al., 2014) and community service learning contexts (Marsh & Goodwin, 2018). For this study, I used relational ethics as a lens to learn more about the relational spaces between APA professionals as they experience moral discomfort (distress and dilemmas) in their day-to-day professional encounters. Shaw (2011) argued that, “by sharpening our focus on ethical issues rather than shying away... we may work more effectively and imaginatively” (p. 13). Bergum and Dossetor (2005) stated that “relational ethics does not reduce complexity, rather it makes complexity more apparent and embraces it” (p. 196). Professionals exist within complex inter-relational knowledge landscapes, navigating relationships with multidisciplinary colleagues, families, administration, and the disability community – to name a few. As relationships inform our professional identity, knowledge narratives, assumptions and general approach to practice, I chose relational ethics as the conceptual framework for the study.

Chapter Three: Method Behind the Method

As I write this chapter, I find myself reflecting on how much I have learned throughout this degree. Although I am beyond the two years our Faculty recommends for completing a master's degree, I feel as though I have much more to learn. Dr. Goodwin once defended a student who went beyond the recommended time by saying, "They are still thinking!" This is the truth. We are thinking all of the time – and then re-thinking about the things we have already thought about. Despite the numerous advantages of writing a more concise paper-based thesis, I find myself unable to adequately express the thoughts that occurred behind the decisions I made throughout this project. This chapter will provide a narrative overview of the thinking that went into the method for this study.

Research Approach

Before taking the qualitative methods class, words like 'axiology', 'ontology', 'epistemology', and 'paradigm' were foreign to me. Of course, I had seen these terms embedded within research papers, and I had heard more senior students toss them around the lab- yet the meanings eluded me, and therefore the significance of what they represented was far underestimated. My comprehension of this new vocabulary came through the qualitative methods course. I was relieved to have these complex, new terms deconstructed in a way that I could start to grasp.

Thinking about my own axiology, ontology, epistemology, and methodology, I read descriptions about paradigms outlined in Markula and Silk (2011), Guba and Lincoln (1994) and Lincoln, Lynham, & Guba (2011). Guba and Lincoln (1994) define paradigm as "the basic belief system or worldview that guides the investigator not only in choices of method, but in ontologically and epistemologically fundamental ways" (p. 105). Without much hesitation, I

noticed how I consistently felt drawn to the interpretivist (constructivist) and critical perspectives. Researchers in these paradigms hold a relativist ontology, subjective epistemology, and hermeneutic and dialectical methodology. Holding a relativist ontology implies that there are multiple meanings of reality across people and cultures, and that knowledge is co-constructed (Guba & Lincoln, 1994; Lincoln, Lynham, & Guba, 2011; Markula & Silk, 2011). Holding a subjective epistemology acknowledges that I believe knowledge is subjective and that there are different ways of knowing. With a hermeneutical and dialectical methodology, researchers co-construct knowledge through interactions with the participants, and then interpret meaning about that knowledge (Guba & Lincoln, 1994).

Those working within the critical paradigm place particular emphasis on disrupting and challenging power relations (Guba & Lincoln, 1994; Markula & Silk, 2011). This thinking drew me in immediately. I had convinced myself that all research in APA should be critical to really matter. If your research is not going to disrupt something, then what is the point? Yet one of my greatest takeaways from the qualitative inquiry class was to appreciate, explore, and be curious about the paradigms we may not relate to. All researchers want their work to make an impact! Considering ways in which positivist and post-positivist perspectives could add to the field sparked an openness and respect that I still carry with me as I approach conversations, relationships, and differences within academia. As I learned more about other paradigms however, I became more confident in knowing which paradigmatic assumptions resonated with me – and which did not. For my study, I wanted to explore deep meaning, and understand how people make sense of their lived experiences and relationships within professional practice. I would be interpreting their experiences and bringing my own positionality to co-construct knowledge. As such, the interpretivist paradigm reflects my belief system.

Researcher Position

As a qualitative researcher who chose to use IPA as my research method, I am obliged to clearly articulate my researcher position and reflect upon the way in which my position influenced the research data (Biggerstaff & Thompson, 2008; Clancy, 2013; Brocki & Wearden, 2004). I am a white, cis-gendered female who has the privilege of accessing and attending a post-secondary institution, and have prior experience conducting qualitative research. My background is in kinesiology, but I have ten years of experience creating and delivering physical activity programs for individuals living with impairment. I have also disseminated knowledge to other professionals and undergraduate students through workshops, course work, and resource development. I do not identify as someone who experiences disability, but I have spent time building relationships with members of the disability community.

Berger (2015) described how the researcher's position influences research by affecting access to the field, impacting the relationship with the study participants, and contributing to the interpretation of findings. As someone who worked in the field, I brought my resources, information, and experiences to the study. The small network of APA professionals across my province resulted in me having a pre-existing relationship with each of the research participants. These relationships varied from colleagues with whom I have worked closely with over the years, to those with whom I have worked on a single project or was introduced to at a conference. We shared a familiarity with the extent of one another's professional landscapes. My researcher position influenced my interpretations of the stories I heard, and likely which stories the participants chose to share with me.

Choosing Interpretative Phenomenological Analysis (IPA)

It is no secret that my supervisor, Dr. Goodwin, has used IPA in much of her work. Before graduate school, I had the privilege of supporting with several of her IPA studies. This was my only exposure to the research process, and I can recall feeling that this was *'the'* way to conduct qualitative research. I had no other experience or education to broaden this perspective. So, when it came time to think about my own study, I had to ask myself – am I choosing IPA just because it's familiar? Am I staying in my comfort zone and not challenging my thinking? These questions weighed heavy on me for several months – and I am glad they did. Forcing myself to question my affinity towards IPA encouraged me to deeply embrace the readings and discussions around other useful qualitative research approaches with intense curiosity. Critical discourse analysis, grounded theory, contextual analysis, and genealogy all interested me, but were not right for this project. Community- based research seemed like a natural fit, but once I became more familiar with the depth and complexity required to do this type of work well, I did not feel confident in my ability to complete this within the time frame of a master's degree, and at such an early stage in my academic career.

Both autoethnography and narrative inquiry captivated me. I've been mesmerized by the work I've seen and have an academic crush on those who can, so artfully and skillfully, evoke such emotion through the stories they tell. Yet both of these approaches require immense vulnerability on the part of the researcher – and this scared me. As an insider to the phenomenon of moral discomfort – I was simply not ready to interrogate my own experiences of moral discomfort in the way I knew I would have to. At the time, I was questioning the actions and decisions of my entire career, the harm I may have done to the disability community, and my position within the realm of APA. Although I still cogitate many of these ideas, I was not, at the

beginning of this process, in a place to honestly lay it all out on the table. I would have been re-telling my own cover stories – and I knew this. In my proposal meeting, Dr. McHugh asked, ‘as stories are such an important part of your work, why did you not use narrative inquiry? Why IPA?’ This was the question I had been asking myself, but I was too bashful to admit the real reason I did not give narrative inquiry more serious consideration. Narrative inquiry is ontologically and epistemologically analogous with IPA, and my reflexive journal reveals three separate entries in which I toyed with the idea of exploring narrative inquiry further. Each time I concluded that I just couldn’t do it. I was not willing to be vulnerable enough to talk about a phenomenon I was so close to. By the time I felt comfortable enough to dig deep, the IPA research process was well underway. Despite the allure of narrative inquiry, I have never once regretted my decision to use IPA as the research approach.

Three primary tenants inform IPA: phenomenology, hermeneutics, and ideography. As a philosophy, phenomenology is often split into two historical phases, transcendental and hermeneutical (Larkin & Thompson, 2012; Markula & Silk, 2011). Transcendental phenomenologists are concerned with exploring human lived experiences by revealing and describing individuals core structures of subjective experiences (Larkin & Thompson, 2012; Markula & Silk, 2011). Larkin and Thompson (2012) described the objective of transcendental phenomenology as aiming to “transcend our everyday assumptions” (p. 102), thus producing descriptive results. Building on this foundational work, hermeneutical phenomenologists argued that the researcher’s subjective experiences cannot be bracketed out, and therefore results and meanings are interpreted by the researcher (Markula & Silk, 2011). Interpretation is the hermeneutical aspect of IPA. I, as a researcher, worked to make sense of what the participants told me. They shared the ways in which they make sense of their own experiences – resulting in

the double hermeneutic. The reader of the study will, again, be interpreting meaning from the meaning I made of the participants making meaning resulting in the third hermeneutic level (Smith, Flowers, & Larkin, 2009). Ideography, or focus on the particular, was utilized as I looked in-depth at each data set in the search for patterns, meaning, perceptions, and understanding (Smith et al., 2009; Smith, 2011; Smith & Osborn, 2015). Truth claims made by researchers using IPA are always subjective as the researcher seeks to interpret meaning from participants' subjective experiences (Markula & Silk, 2011; Smith et al., 2009). My subjective epistemology is methodologically coherent with using IPA.

With its roots in psychology, IPA is widely used across a variety of health and social science disciplines (Larkin, Watts & Clifton, 2006; Smith, 2011; Smith et al., 2009). Researchers have used IPA to understand the experiences of individuals within a particular context, for example, staff or patients within health care settings (Ablett & Jones, 2007; Biggerstaff & Thompson, 2008; Pugh & Vetere, 2009), coaches and athletes in sport (Lundkvist, Gustafsson, Hjälm, & Hassmén, 2012; Nicholls, Holt, & Polman, 2005) and parental experiences within the field of adapted physical activity (Atchison & Goodwin, 2018; Goodwin & Ebert, 2018).

Reaching Out

As an APA professional, I started with my own network of contacts to invite individuals who had, through informal conversations, previously expressed an interest in this topic. Smith et al., (2009) refer to this approach as opportunities sampling, “the result of one’s own contacts” (p. 49). I also utilized snowball sampling – an approach in which I asked those who expressed interest to share the information letter with any contacts they felt would be interested in participating. Snowball sampling creates a chain of interviewees and counters arguments regarding selection bias (Patton, 2015; Smith et al., 2009). Participants were interviewed in the

order in which they contacted me.

When beginning the ethics application and thinking through recruitment, my main concern was that I did not want anyone to feel obliged to volunteer based on our pre-existing relationship. As Moore (2012) described, an insider researcher position may lead to coercion or pressure as researchers balance the desire to “fulfill the requirements of the study and the need to maintain normal working relationships” (p. 14). As a precaution, I only sent the recruitment information to individuals one time, and if I did not hear anything after two weeks, I assumed they were not interested. There were two instances where, for reasons unrelated to the study, I had to interact with someone who had recently received the study information. In both instances I was not the one who raised the study as a topic of discussion, and when it came up, I was sure to inform the colleague that there was no obligation to participate- even when I was at a point when I needed participants. Additionally, it was not my intention to use a case study approach and therefore I avoided recruiting solely from the city in which I resided. In hindsight, I think this decision also stemmed from a deep curiosity around whether other APA professionals in different knowledge landscapes experienced discomfort.

A formal, scripted email (see Appendix B) with an attached information letter (Appendix C) was initially sent to eight of my contacts. Three said yes, two determined themselves ineligible, one declined, and two did not respond. A second email was distributed to five more of my contacts. Two more volunteered to participate and three did not respond. Two individuals contacted me after receiving the study information through snowball recruitment, but only one agreed to participate. A third round of emails was distributed to five more of my contacts. Three responded that they were interested, but only one returned the demographic form and followed up with scheduling an interview. Overall, eighteen individuals from across the province received

recruitment information. It is unknown how many people were reached through snowball sampling.

I was surprised by who expressed interest, who politely declined, and who simply never responded. Every time I received a message that someone declined, I felt hurt. Why did they say no? I assumed the topic would be one that resonated – so why wouldn't people want to share their stories? I took it personally at first. Was my study not valuable? Do they not trust me to articulate their questions and maintain anonymity? Did the sheer acknowledgement that moral discomfort exists for some of us turn people off? Are people afraid to share? Moore (2012) discussed how being asked to participate in a study exploring sensitive topics may provoke anxiety in potential participants due to the threats that may arise as a result of their participation. At the time, I had not given this point the consideration it deserved. Instead, I pouted and felt deflated about some of the people who said no – people who I selfishly assumed would be full of rich, detailed experiences that I was eager to hear about. I had shifted from someone hesitant to be vulnerable enough to share my own experiences to someone itching to hear others share theirs. No one acknowledged the topic as something that deterred them, yet some participants expressed a strong request to remain anonymous. Those who declined the invitation to participate stated they did not self-identify as an APA professional, did not feel familiar with undergraduate APA curriculum, or simply did not have the time.

Within the constructivist paradigm, and IPA, small sample sizes are used as the in-depth ideographic analysis of inter-relationships are challenging with large samples (Guba & Lincoln, 1994; Smith et al., 2009; Yardley, 2000). The appropriate sample size for an IPA study varies from project to project depending on practical constraints (i.e., time and resources) and richness of the data (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith et al., 2009). For a student

research project, Smith et al. (2009) suggested three to six participants. To account for attrition, I sought eight participants and had seven individuals volunteer. Given the complexity of the phenomenon under study however, I acknowledge that seven participants may not be adequate to fully explore moral discomfort. The decision to balance the participant number with the need for ideographic attention to the analysis was discussed with my supervisor. Given this is a master's degree project, I bowed to Smith and colleagues (2009) who indicated that selecting more than eight participants may generate an overwhelming amount of data and make it difficult to meet the commitments of IPA (Smith et al., 2009).

Determining Criteria

Smith et al. (2009) advised researchers to recruit a “fairly homogenous” (p. 49) sample, meaning individuals who represent shared experiences about a common topic (DiCicco-Bloom & Crabtree, 2006; Patton, 2002). Reid, Flowers, and Larkin (2005) purport that most IPA inclusion criterion encompass, “anyone who understands and can give consent for their involvement and are willing to express experiences and engage with the researcher” (p. 22).

D'Cruz et al. (2007) found that experience and expertise is required to have a level of self-confidence suitable to engage in a process of reflection. As such, I made the decision to recruit only those professionals with at least three years' experience providing direct service delivery to individuals living with impairment. Initially, I proposed that preference would be given to those who had completed an undergraduate degree with a concentration in APA. When recruitment began, it became evident that very few currently practicing individuals had completed a degree with APA coursework. Instead, the criterion was changed to ensure that participants felt they were familiar with undergraduate APA curriculum content. This decision was made to maintain homogeneity in the sample.

There were no requirements or restrictions specific to gender or ethnicity. Exclusion criteria included anyone under 18 years of age, or anyone who was unable to commit to the three to four hours required for participation in the study.

Data Generation

I believe, like many APA researchers, that cover stories are real. We generate them, tell them to ourselves and others, and re-tell them on a regular basis. But these were not the stories I was interested in. I did not want to hear a regurgitation of the narratives professionals say to make themselves feel better – I wanted to explore the moments when they felt the need to tell cover stories in the first place. To do this, I needed participants to truly understand what I was asking of them – to be able to articulate their sacred and secret stories so we could explore moral discomfort together. As such, I made the decision to offer participants the research questions ahead of time via e-mail. This may not be common in phenomenologically informed research, but I felt it to be important in order to give participants time to consider the deep answers to the questions I posed.

Six research participants desired the questions ahead of time. One person commented on this choice during the interview saying, “seeing the questions ahead of time was so useful. Specially to have that deep reflection. I don’t think [the stories] would have come up just in conversation.” Several participants took the time to add notes to the page, and two came with some responses partially scripted. The semi-structured nature of the interviews allowed us to digress from the original questions, and the probes and prompts were not shared until the interview itself. At the beginning of the interviews, four people warned me that they would be sharing stories that they had never shared before – and they expressed relief at being able to prepare themselves for the interview. One participant mentioned, “I don’t like to talk about this,

but I feel like this is a safe space to do it.” Another added, “I’ve never told this story to anyone before”. Through the interviews, tears streamed down several faces – and although I indicated we could stop or break, people persisted, and it was made clear to me that our conversations were ones that needed to be had.

Below are additional details regarding data generation processes for this study:

Demographic form. A participant demographic form was distributed to those who expressed interest in participating (see Appendix D). The demographic form provided relevant information to ensure inclusion criteria was met, and gave some details about the participants’ background, credentials, and experience. This information was used in the presentation of findings to enhance transferability.

Pilot interview. A pilot interview is a practice interview that provides researchers an opportunity to practice their interviewing skills and become familiar with the interview schedule (Markula & Silk, 2011; Smith et al. 2009). I completed a pilot interview with an interested and eligible participant two weeks before other interviews were scheduled. Results from this interview became research data. During this time, I followed the interview schedule and recorded notes around order of the questions and probes. Upon completion of the interview, I asked the participant for feedback on language, clarity, and the safety of the interview space. I utilized the information collected in the pilot interview by reorganizing the order of questions to provide a gentler transition into the more uncomfortable questions and used some of the language from probes directly in the question. The participant also encouraged me to be open in sharing some of my own experiences of moral discomfort at the end of the interview to ensure the participants did not feel alone in their vulnerability. The decision to conduct interviews in a space that

participants identified as comfortable and safe was strongly affirmed.

One-on-one interviews. Through the interviews, I asked semi-structured open-ended questions to obtain information about participants meaningful experiences, and had the flexibility to probe for further information and deeply discuss issues that arose during the interview (Markula & Silk, 2011). The interview schedule was a consistent set of open-ended questions and various probes that were used to encourage participants to speak about their experiences of moral discomfort within adapted physical activity practice (Smith et al., 2009). Various types of questions (e.g., descriptive, narrative, structural, and evaluative) were utilized throughout the interview. Descriptive and structural questions were used early to start a dialogue, and the more detailed narrative and evaluative questions around personal experiences were asked through the middle and end (DiCicco-Bloom & Crabtree, 2006; Josselson, 2013; Rubin & Rubin, 2012; Smith et al., 2009). Using an interview schedule provided me with a framework to keep the discussion on topic while still allowing space for participants to answer with depth and clarity (Rubin & Rubin, 2012; Smith et al., 2009). The full interview schedule can be found in Appendix E.

As the primary data source, one-on-one interviews provided participants freedom to share their first-person accounts candidly, at length, and in their own words (Smith et al., 2009). The one-on-one setting provided a safe space for participants to share and be free of judgement from colleagues (Josselson, 2013). I focused on the relational space between myself and the research participant by introducing myself and the research questions to build rapport. The participant was also given the opportunity to ask questions (Bergum & Dossetor, 2005; Josselson, 2013; Rubin & Rubin, 2012). DiCicco-Bloom and Crabtree (2006) described how developing rapport may alleviate initial stages of strangeness and uncertainty. All possible efforts were made to prioritize

the comfort and convenience of the participants. Interviews took place in spaces that participants felt comfortable. These were the university campus, participants' offices, or coffee shops. One interview was conducted via Skype as an in-person interview was not possible.

Field notes. To practice active listening, I did not record detailed notes throughout the interviews but did record key phrases and areas for follow up as needed. Once the interview concluded, I recorded field notes in a word document to capture my immediate reactions and feelings, interpretations, descriptions, and additional questions about what transpired during the interview (Mayan, 2009; Rubin & Rubin, 2012). Field notes are an integral part of the data generation process and provided a useful tool for me to return to the research setting within the data analysis process (Patton, 2002, 2015). My field notes were revisited numerous times and became part of a larger research journal.

Research journal. A research journal was used to document my decisions, uncertainties, assumptions, and research choices made throughout the study. No decision was made without consultation and discussion with my supervisor, and the decisions I committed to are conveyed throughout the method section. The research journal not only documented my decisions, but also served as a place to reflect on my reactions, assumptions, questions, and growth (Zitomer & Goodwin, 2014). The journal contained 14 entries between March 2017 and October 2018.

Member reflections. Member reflections were conducted with study participants. A summary of the themes (see Appendix F) was provided and I asked them to provide reactions and comments about my preliminary interpretations. Six participants responded, and all said they saw themselves in the described themes. Two participants expressed a strong desire and curiosity to read the final paper and learn how other professionals described experiences of moral

discomfort. “You did a nice job capturing some of the uncertainty and specifics in your themes,” commented one participant. “I get stuck particularly on the idea of ableism and the idea that I am essentially striving to get [someone] closer to able-bodied which goes against everything. I look forward to reading the paper,” added another. Three participants added comments, and two re-enforced the significance of removing identifying markers to ensure their anonymity.

“I Hate Analysis!”

Smith et al., (2009) described IPA analysis as a tedious, arduous, time consuming process. Although the six steps outlined in Smith, Flowers and Larkin’s (2009) book are meant to serve as guidelines, I found myself needing to cling to them in moments, as I felt my head spin as I tried to process the depth and details of what I was reading in the transcripts. One sentence could leave me with so much to interpret. I couldn’t help but think about how a phrase linked back to the conceptual framework, but also to my literature review, the new article that was on my desk, and the conversation I had in the hallway earlier that day. I felt like I had information overload. Everything was somehow connected, and yet nothing made sense. During this time, there were points where slumped into Dr. Goodwin’s office and declared through my bugged-out eyes that I hated analysis.

The first step, *reading and re-reading*, required me to immerse myself in the data by listening to the audio recorded interview and reading the transcript numerous times (Smith et al., 2009). Reid, Flowers, and Larkin (2005) described how reading and re-reading keeps researcher attention on the participant’s narrative. Transcribing the interviews enhanced the immersion process as I listened to the audio recordings once to transcribe, and again at full speed to confirm the accuracy of transcription before engaging in analysis. I ensured that transcription and an initial reading was completed within one week of the interview taking place. Step two, *initial*

noting, required extensive detail and time as I further developed my familiarity with a transcript by adding phenomenological descriptive, linguistic, and conceptual notes through a careful, line-by-line reading (Smith et al., 2009). Sticking to the ideographic tenant of IPA meant that I reviewed one transcript over and over again, making notes, highlighting in various colors, and then pausing and doing it again. Going through verbatim transcripts revealed the entire interaction between myself and the study participant. Reading our words had me replaying the moments. What were their facial expressions? How did their tone shift? I made notes about these details as well which, when combined with my field notes, created a space for analysis where I could ‘rewind’ time and relive pieces of the interaction. I used these notes to *develop emergent themes*, the third step in IPA analysis (Smith et al., 2009). My notes were summarized onto a separate document and then I searched for connections across these themes by *mapping the results*, the iterative fourth step of the Smith et al. (2009) process.

It was hard to know when it was time to move on to the next transcript. I found myself consumed with self-doubt. Did I find everything of relevance? Did I pull out too much? Was I doing this right!? I read and re-read the transcripts, making notes until I didn’t have anything else to note. Only when emergent themes were identified and mapped for a single transcript did I move on to step five and repeat the process for the next transcript. My notes and some relevant quotes were transferred onto sticky notes of a single color that represented that transcript. To aide in mapping, a large visual was created on my office wall. The overall patterns and production of themes did not occur until step six. Initially I was unsure about finding any commonalities or themes. Everyone had such diverse experiences – how would I find things that linked them together? All of the notes on the wall were also voices in my mind. Everyone was talking at once and everything that was being said was important. I decided to step back and

moved out of the data and back into the literature. As I read more about my conceptual framework and the literature used to inform the study, certain quotes and notes from the transcripts came to mind immediately. I began moving the notes around and slowly began forming themes. Regular discussions with my supervisor aided this process. The cycle of moving notes, re-visiting the literature, conversing with my supervisor and pulling relevant quotations from the transcripts was repeated numerous times and lasted approximately ten weeks. Once the emergent themes were titled, I needed to choose which quotes to include and which to eliminate. This continues to be a struggle as I feel attached to the data, value all of the experiences, and want to honor the time and commitment the participants showed to me.

Quality Criteria

Qualitative researchers have been discussing and debating what, if anything, should constitute a checklist of criteria to determine qualitative excellence and why a project is worthy of attention (Guba & Lincoln, 1994; Markula & Silk, 2011; Mayan, 2009; Tracy, 2010; Yardley, 2000). As an insider to the phenomenon studied, I brought a unique *sensitivity to the context* with my awareness of the sociocultural setting, norms, and socioeconomic influences across the APA landscape (Yardley, 2000). These biases, assumptions, and influences were explored through honest discussions with my supervisor, and the recording of a research journal with field notes that were referred to during analysis. I maintained self-awareness and remained open and willing to adjust the research process as needed (Rodham, Fox, & Doran, 2015; Zitomer & Goodwin, 2014).

Yardley (2000) stated that *commitment and rigor* are obtained through in-depth engagement with the topic, methodological competence, thorough data collection, and depth of analysis (p. 219). The decisions I made have been supported by literature, and I described how I

selected a research method, recruited participants, generated, and analyzed data, and represented the findings. Remaining true to the idiographic tenant of IPA, I gave thorough attention to each individual case before moving on to the next. Participants were asked to comment on the theme labels and my interpretations through member reflections (Smith et al., 2009; Smith & McGannon, 2017; Zitomer & Goodwin, 2014).

Transparency and coherence were obtained by maintaining strong ontological, epistemological, and methodological coherence. Yardley (2000) outlined the need for arguments and decisions to be clearly articulated for transparency to be demonstrated. My decision to choose IPA as a method for the research question has been stated, and the underlying principles of this method guided the formulation of relevant interview questions, participant inclusion criteria, and analysis of the data. The flexible nature of IPA presented situations where decisions needed to be made, but more than one could be argued as methodologically coherent (Rodham et al., 2015). In addition, my research journal provided additional transparency as it encompasses a chain of evidence from beginning to end of the study, and makes it possible for someone outside the study to explore precisely what was done (Kowalski et al., 2018; Smith, et al, 2009).

For a research study to demonstrate *impact and importance*, Yardley (2000) described that it must enrich understanding on both a research and practical level. It is my intention to share the knowledge from this study with professionals in both academic and professional realms. Preliminary findings from this study were presented at a prominent research symposium (North American Federation of Adapted Physical Activity, Corvallis, USA, October 2018) and will be shared at professional conferences. It has also been shared with two senior level APA undergraduate classes within the Faculty of Kinesiology, Sport, and Recreation. A manuscript will be submitted for publication to a peer reviewed journal. The study addressed a gap in the

literature and may be used for undergraduate and professional development curriculum. My research aim was for the findings to generate avenues for conversations and the exploration of moral discomfort within the academic and teaching community and bring an awakening to individuals within professional practice of the importance of reflexivity as a tool for professional growth through shared communication. Numerous participants have articulated the importance of the study to their own thinking about professional practice, but ultimately the reader will determine the usefulness.

Ethical Considerations

Even with approval from the University of Alberta research ethics board (see Appendix A). Blee & Currier (2011) warned that unanticipated “thorny ethical issues” (p. 401) may arise because of the personal interactions that are developed through the research process (Ellis, 2007; Guba & Lincoln, 1994; Guillemin & Gillam, 2004). The inductive nature of qualitative research and direct contact with human participants through data collection was known to bring the potential for unexpected discussions or events throughout the research process (Guillemin & Gillam, 2004; Markula & Silk, 2011). Proactive ethics played a significant role within my study and continues to require my vigilance. As Blee and Currier (2011) described, proactive ethics challenge researchers to consider the consequences of asking or not asking certain questions, revisiting earlier ethical choices, and being accountable to the findings and participant experiences.

Given the personal and sometimes sensitive questions posed during data collection, I maintained conscientious awareness of the ethical tensions pertaining to the participant, topics, relationship, and discussions (Mayan, 2009). I believe that feelings of discomfort are an inevitable part of reflexivity – yet at no time did I want to cross the line into ethical violence.

Zembylas (2015) described Judith Butler's (2005) explanation of ethical violence as something that may harm others in the name of ethics. My intention was to ask hard questions around experiences of moral discomfort in an effort to bring wakefulness to our assumptions and taken for granted practices. This created a risk of ethical violence as participants shared their stories of tension and discomfort. Several participants informed me that they revealed stories they had never shared before. Providing the interview questions ahead of time prevented situations where participants would be caught off guard by the questions I posed. I wanted to ensure participants could 'opt in' to a situation of vulnerability and discomfort. As Blee and Currier (2011) explained, I had the responsibility of maintaining safety of the participants. Throughout the interviews, I maintained a supportive position, always prioritizing participant's well-being over a desire for rich results. Participants frequently displayed uneasiness, fidgeting, or tears, but all insisted on continuing the interview. I offered breaks, changed the order of questions to give space after an emotional moment, reminded participants they did not have to answer all questions, and followed up with each participant for a personal debrief within two days of the interview. A detailed exploration of tensions and ethical moments throughout the research process is explained in chapter five.

During recruitment, I stressed the voluntary nature of the study, only approached each individual once, articulated that the decision to participate or not would have no impact on our working relationship, and ensured the freedom to withdraw was known. These points were reiterated again at the interview, and during the collection of member reflections. My exclusion criteria included anyone that I had been in a supervisory role with, so I could prevent power dynamics from playing a role in the participants freedom to participate and share their experiences openly, without feelings of coercion, and without fear of judgement.

In addition to proactive ethics, Markula and Silk (2011) suggested four relevant principles to be considered during a qualitative research study.

Respect for dignity. The autonomy of each participant was upheld throughout the research process. It was made clear that participation was voluntary, and participants had the right to terminate involvement in the study, do not have to answer all of the questions, and may withdraw their contributions up to two weeks following their transcript review.

Free and informed consent. It was made clear in the initial email and information letter (see Appendix C) that there would be no consequence to refusing participation. Before beginning an interview, participants were asked to sign the consent form.

Privacy and confidentiality. All efforts have been made to maintain anonymity within this study. Due to the sensitive nature of the discussions, critical reflection on past experiences that may have included colleagues, and the fear of consequences, numerous participants expressed the significance of removing all identifiable information from transcripts. Participants chose their own pseudonyms and reviewed interview transcripts to ensure all identifying information has been removed. The way in which demographic information will be shared was discussed with that participants and I will continue to protect anonymity through publications and presentations. Raw data was only seen by the researcher, and only excerpts from the transcripts were seen by the supervisor.

Justice and inclusiveness. Benefits and risks to being involved in the study were outlined in the participant information letter and explained again at the beginning of the interview. The indirect benefits to being involved included having an opportunity to share stories of moral discomfort in a safe space, thus enriching contributions to the field to support education

of professionals, and potentially influencing policy. The study involved no physical risks, yet mental and emotional fatigue did arise due to the personal and sensitive nature of the questions and length of the interview. Additional resources (e.g., counselling services, professional coach, Alberta Health link) were made available, but were not taken up by the participants.

IPA researchers are not required to hold insider status (Smith et al., 2009), but I am a partial insider with an emic understanding of the phenomenon I explored (Ross, 2017). My insider status seemed to encourage participants to explore their tensions, and afforded me the benefit of understanding language, knowledge landscapes, and variation of experiences (Dwyer & Buckle, 2009; Ross, 2017; Patton, 2002). Conversely, the insider status posed challenges as my own assumptions and knowledge may have resulted in me being oblivious to certain meanings or taken for granted comments or stories. Patton (2002) addressed how the biggest challenge of holding an insider status is to “balance the understanding of the setting as an insider while describing it for an outsider” (p. 268). With APA being a relatively small field, I had a pre-existing relationship with each of the study participants. I strongly feel that this relationship contributed to a stronger, more mutually respectful environment in which participants felt safe and free of judgement while they shared their stories. Many of the participants expressed gratitude at finally having a space to talk about their moral discomfort and showed signs of relief knowing that they were not the only ones. As both a colleague and a researcher, I “occupy two identities” (Ellis, 2007, p. 11) and therefore continued to open myself to the same vulnerability I asked of the participants. My position has been kept transparent throughout the recruitment, interview, analysis, and knowledge mobilization processes.

Chapter Four: Research Study

Sand in the shorts: Experiences of moral discomfort in adapted physical activity professional practice

Abstract

In many disciplines, professionals are encouraged to be reflexive about their practice. Adapted physical activity (APA) is no exception, yet little research has been done to explore the lived experiences of those who work on the frontline to create movement experiences for individuals living with impairment. What we learn from theory (our sacred story) may not align with what we learn through applied experiences (our secret stories), leaving professionals with moral discomfort as they react to social relational dilemmas. The purpose of this study was to explore how APA professionals experience and resolve moral discomfort within professional practice. Using the research approach of interpretative phenomenological analysis (IPA), one-on-one semi-structured audio recorded interviews were conducted with seven APA professionals. The conceptual framework of relational ethics was utilized to facilitate deep engagements with their lived experiences as they navigated the day-to-day ethical minefields of professional practice. Four themes developed from the analysis: (a) *the ass(et) of vulnerability*, (b) *friends or friendly?*, (c) *'we are fucked either way'* and (d) *now what? Grappling with discomfort*. The moral discomfort and strategies for resolution described by APA professionals highlight the need for judgement free pedagogical spaces where we can contemplate the appropriateness of our taken-for-granted practices.

Introduction

As a diverse, multidisciplinary field, professionals in adapted physical activity (APA) draw from many parent disciplines including physiology, psychology, sociology, and philosophy (Bouffard & Spencer-Cavaliere, 2016; Szostak, 2016). All of these perspectives contribute to the way in which we define our practice. The assumptions tied to the multidisciplinary origins of APA inform different ways of knowing and being within the landscape of research, service delivery, and academic specialization (Bouffard & Spencer-Cavaliere, 2016; Karkalets et al., 2012; Peers, 2018). Those who work within the realm of APA are committed to advancing the well-being and opportunities for people living with impairment to be physically active and engage fully in society (Goodwin & Rossow-Kimball, 2012; Reid, 2003).

Clandinin & Connelly (1996) described an educational ‘knowledge landscape’ as a constantly evolving space, place, and time in which stories and experiences weave together (Clandinin, 2015; Clandinin & Connelly, 1996). Professionals come to educational environments with their own “personal practical knowledge” (Clandinin, 2015, p. 184) – the past experiences, present self, and future plans that make up who they are. Personal practical knowledge brought to the knowledge landscape, makes our social relational world complex.

Stories are an important part of our knowledge landscapes and contribute greatly to our professional identities and relationship building. The complexity of the knowledge landscape can be analyzed into its component parts (i.e. unpacked) by discussing the stories we tell within it. Our sacred, secret, and cover stories contribute to our ways of knowing, being and interacting. *Sacred stories* are the theory-driven perspectives of practice. They are the foundation of our practice that comes from our education marked by university degrees, training programs, and ongoing professional development (Clandinin & Connelly, 1996; Olson & Craig, 2005). *Secret*

stories are created through our experience in practice and are seldom shared with those outside of the professional landscape. When the narratives of the sacred and secret stories juxtapose one another, this can result in a feeling of moral discomfort. To cope with this feeling, we develop cover stories, fabricated narratives that justify our actions and placate discomfort. Cover stories may mask confusion we feel and provide us with a rationale for why we may choose one action over another (Goodwin & Rossow-Kimball, 2012; Olson & Craig, 2005). Goodwin and Howe (2016) used the term moral discomfort to describe the point in which “the sacred stories we are told, the secret stories we live and the cover story we tell are all different” (p. 49).

Understanding the stories that are told within our knowledge landscapes is a step towards opening dialogue to unpacking tensions that may exist within ourselves, or between those with whom we share the landscape (Goodwin & Howe, 2016). Ignoring moments of moral discomfort has been shown to lead to distress, negative relationships, and burnout in the workplace (Marcellus, 2005). Yet acknowledging the feeling is as uncomfortable as the sensation of having sand in your shorts.

For years, researchers in APA have called for increased reflexivity and ethical reflection around APA professional preparation, moments of potential misconduct, and our cultural environments (DePauw, 2009; Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012; Silva & Howe, 2012; Standal & Rugseth, 2016). Despite these calls, there has been little research conducted to explore APA professional landscapes. In a recent study, Standal, Nyquist, & Mong (2018) highlighted the complexities of Norwegian APA specialists working in rehabilitation environments. APA specialists expressed blurred lines between disciplines, uncertainties around their role and recognition on the landscape, and extremely diverse content of their daily tasks to be some of the aspects that contributed to a complex professional landscape. This study

accentuates the need for more studies exploring the everyday lived experiences of APA professionals in practice.

To be ethically responsive to the needs and desires of people within our practice, we may need to turn our gaze inwards and question our own personal beliefs, organizational complexities, axiological affinities, and potentially conflicting expectations (Goodwin & Howe, 2016; Peers, 2018). Reflexion brings attention to the things we may be taking for granted and can expose new ways of thinking by breaking down the “conceptual glue” (Brookfield, 2009, p. 294) that holds our practice together. Unpacking moments of discomfort or uncertainty is an important component of the ethical reflexive work of APA. As Goodwin and Howe (2016) reminded us, “the work of APA is to reflect on our ableism, disablism, perpetuation of the normate as the desired state of being, ethical responsiveness, and desire for relationship building” (p. 44).

Reflexivity and Ableism

Ableism is defined as, “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” (Campbell, 2001, p. 44). Within APA, the non-disabled individual often holds the role of professional, and the non-disabled individual is the recipient of services (Standal, 2008). Ableist systems contribute to the creation of ‘ability’ and ‘normal’ when professionals categorize bodies and minds as ‘more or less desirable’ (Goodley, 2014; Hodge & Runswick-Cole, 2013). Reflecting on the ways in which ableism contributes to our practices, identity, and relationships is imperative as our resulting actions may be taken-for-granted or nonconscious.

Lyons (2013) applied the term *enlightened* ableism to describe the way in which “ableism privileges ability over disability in organizational, structural, and individual practices” (p. 240)

and perpetuates systems that marginalize disabled people. When interviewing practitioners, Lyons found a ‘yes-but’ pattern emerge. The ‘yes’ symbolized an agreement that things need to change, and the ‘but’ was followed by an articulated hurdle or excuse as to why change could not happen. The rhetoric of enlightened ableism as teacher-speak, or how teachers speak about inclusion, is frequently not reflected in practice nor representative of the challenges of progressing inclusive practice (Goodwin, 2017; Lyons, 2013). Despite ableism being elusive and often unintentional, we may continue to do harm if we choose not to engage in reflexivity and consider the ways in which it may lead to disabling practices (Eales & Peers, 2016; Goodley & Runswick-Cole, 2011; Goodwin & Rossow-Kimball, 2012; Hodge & Runswick-Cole, 2013; Withers, 2012). Goodwin (2017) reminded us that by placing our professional values at the centre of our reflexions, wakefulness to other embodied (normate) ways of being in the world may emerge. Being a reflexive practitioner is ongoing, and requires attention and responsiveness to our daily practices, assumptions, and disabling actions (Goodwin, 2017; Goodwin & Rossow-Kimball, 2012; Updale, 2008). It may mean destabilizing the stabilized, challenging dominant hegemonic relationships, and interrogating our professional assumptions and norms (Brookfield, 2009; Morgan, 2017; Wackerhausen, 2009). Our assumptions and perspectives dictate the choices we make in practice, and these choices impact the relational space between ourselves and others (Bergum & Dossetor, 2005).

Conceptual Framework

Relational ethics was used as the conceptual framework for this study (Bergum & Dossetor, 2005). With origins in healthcare, those who take a relational ethics approach shift their emphasis beyond questioning what is ‘right and wrong’ to reflect on the complex relational space between people. APA professionals navigate relationships on multiple fronts, including

those with the disability community, multidisciplinary partners, other APA professionals, and being in relationship with themselves. By using relational ethics, we can explore systemic, individual, moral, and cultural issues that impact those relationships and how we exist on our knowledge landscapes (Austin, Goble, & Kelecevic, 2009; Bergum, 2002; Bergum & Dossetor, 2005).

Bergum and Dossetor (2005) described four components of relational ethics (a) engagement, (b) mutual respect, (c) embodiment, and (d) environment. *Engagement* refers to being connected with one another but with the precarious balance of maintaining emotional boundaries without being neglectful (Bergum & Dossetor, 2005; Cloutier, Martin-Matthews, Byrne, & Wolse, 2015; Ellis, 2007). The component *mutual respect* relates to interdependent relationships between people, but also the respect for oneself. *Embodiment* acknowledges that people embody knowledge that has generated from their diverse social and historical contexts. This embodied knowledge should be valued as much as theoretical knowledge (Bergum & Dossetor, 2005). Lastly, our *environment*, is created by our everyday actions and is the space in which ethical reflection occurs. It is a web of particular circumstances, involved individuals, and policies that are interdependent and impacted by each encounter (Austin et al., 2009; Bergum & Dossetor, 2005; Cloutier et al., 2015).

The purpose of this study was to explore how APA professionals experience and resolve moral discomfort within professional practice. More specifically, the objectives were to (a) explore issues of moral discomfort within APA professional practice and, (b) gain insight into the experiences, conflicts, and critical moments within the professional knowledge landscape. Relational ethics (Bergum & Dossetor, 2005) was used as a conceptual framework through which to interpret the participants experiences (Smith, Flowers, & Larkin, 2009).

Method

This study was conducted from an interpretive paradigm with the assumptions of a relativist ontology, subjective epistemology, and hermeneutic methodology. As researchers with a subjective epistemology, we assume that there is an interactive relationship between ourselves and the research participants, and that we collaboratively co-create knowledge through our multiple, subjective realities (Guba & Lincoln, 1994; Markula & Silk, 2011; Mayan, 2009). Researchers working within the interpretivist paradigm seek methodologies that are hermeneutical and dialectical in nature, meaning that the primary aim of the researcher is to interpret the varied, complex, and subjective meanings of participant experiences shared through narratives (Guba & Lincoln, 1994, Kowalski, McHugh, Sabiston, & Ferguson, 2018; Markula & Silk, 2011).

Consistent with an interpretivist paradigm, an interpretative phenomenological analysis (IPA) method provided a systematic way to hermeneutically examine how the participants made sense of experiences of moral discomfort within their professional work lives (Smith, Flowers & Larkin, 2009; Smith, 2011). In IPA, participants are considered experts of a phenomenon. Researchers seek to understand participant experiences by accessing detailed, personal accounts, using an idiographic approach to explore each case, and then inductively developing themes about the phenomenon (Pringle et al., 2011; Smith et al., 2009). IPA was chosen because of our commitment to interpreting meaning and understanding participant's relatedness to the world through their shared stories and experiences (Larkin & Thompson, 2012; Smith & Osborn, 2015).

Researchers using IPA are informed by three primary theoretical roots: phenomenology, hermeneutics, and ideography (Smith, 2011; Smith et al., 2009). Phenomenology is the “study of

human experience” (Markula & Silk, 2011, p. 34), and researchers embed participant quotations within the study findings to preserve the integrity of the participant experiences. Smith (2011) reminded us that an experience cannot simply be pulled from someone’s mind; it requires the researcher to listen and interpret meaning from the stories told. Truth claims made by researchers using IPA are always subjective as the researcher interprets meaning from participants’ subjective experiences (Markula & Silk, 2011; Smith et al., 2009). Further, the researcher makes sense of the participant making sense of an experience, or what is termed a “double hermeneutic” (Smith & Osborn, 2015, p. 53). Smith et al. (2009) also highlighted the importance of researchers being mindful about a third hermeneutic level – “the reader of our study” (p. 41).

IPA’s final tenant, ideography, is the focus on the particular (Smith et al., 2009). Idiographic approaches are used when researchers want to explore something specific. Researchers using IPA carefully search for meaning and patterns within one participant before moving onto the next (Lyon et al., 2017; Smith et al., 2009; Smith, 2011; Smith & Osborn, 2015).

Sampling Strategy

A purposeful sampling strategy was utilized to strategically select information rich cases that illuminated the research question (Patton, 2015). Recruitment emails were distributed to 17 personal contacts from the first authors’ network, each of whom the first author had pre-existing working relationships with. Relationships had been developed through shared committee work, collaborations on projects, frequent encounters at conferences and professional development sessions, or close working relationships within the same organization. Smith et al. (2009) referred to this approach of accessing one’s own contacts as “opportunities sampling” (p. 49). To prevent potential power imbalance between the researchers and the development of coercive

relationships, contacts were only e-mailed one time, and it was determined that someone was not interested if they did not reply within two weeks of receiving the email (Moore, 2012). Anyone interested in participating was asked to contact the first author directly by email, at which time eligibility was confirmed. Using snowball sampling, contacts were also asked to share the information letter with their contacts to create a chain of interviewees (Patton, 2015). The inclusion criteria were those who (a) self-identified as a practicing APA professional involved in creating and delivering physical activity experiences for individuals of any age who live with impairment, (b) have worked in the field for a minimum of three years, (c) were willing to share their experiences in a one-on-one semi structured interview, (d) felt they were familiar with undergraduate coursework in APA, (e) worked in the province of Alberta and, (f) were able to engage in an interview in the English language. Exclusion criteria included anyone under the age of 18, or anyone that the first author had once supervised in a work or field practicum context. Ethical approval was obtained through the research ethics board of the host university prior to commencing recruitment.

Participants

Within the interpretivist paradigm and IPA, small sample sizes are used to support in-depth ideographic analysis of inter-relationships (Guba & Lincoln, 1994; Smith et al., 2009; Yardley, 2000). Sample sizes for IPA studies vary depending on practical constraints (i.e. time and resources) and richness of the data, but generally range from six to eight (Pringle et al., 2011; Smith et al., 2009). Seven individuals volunteered for the study. All participants were recruited from the same Canadian province and each self-identified as a practicing APA professional with at least three years of experience creating and delivering physical activity and fitness opportunities for individuals of any age living with impairment. Participant ages ranged

between 25 and 39 years old (mean age of 30). In addition to service delivery, four participants also completed administrative tasks that included supervising staff and managing budgets. Two participants worked only in separate⁸ settings that were specifically designed for those living with impairment, and five worked in both separate and integrated⁹ environments. Two worked in the elementary and middle school education systems, three in fitness and recreation centers, and two in both recreation and rehabilitation facilities. All of the participants described their knowledge landscapes as being comprised of various levels of collaboration between themselves and multidisciplinary partners from rehabilitation, education, recreation, or healthcare. All participants completed an undergraduate degree in kinesiology or education with majors in APA, physical education, health studies, or coaching. Four participants identified additional certifications or credentials they deemed significant to their practice. These included exercise physiology (CSEP¹⁰), recreation therapy (CTRA¹¹), coaching (NCCP¹²), fitness leadership (AFLCA¹³), and non-violent crisis intervention (NVC¹⁴). None of the participants disclosed living with impairment.

Data Generation

Data sources for IPA typically include one-on-one interviews and artifacts (Pringle et al., 2011; Smith et al., 2009; Smith & Osborn, 2015). Data was collected through a participant

⁸ The term 'segregated' is associated with a political history of exclusion therefore in this paper, 'separate' is used to describe physical activity environments that are specifically designed to reduce barriers for people experiencing disability.

⁹ 'Integrated' is used to describe environments in which those who live with impairments and those who do not come together. The term 'inclusive' is not used as inclusion is a subjective experience, and it cannot be assumed that the environments described are inclusive (Spencer-Cavaliere & Watkinson, 2010).

¹⁰ Canadian Society of Exercise Physiologists (www.csep.ca)

¹¹ Canadian Therapeutic Recreation Association (<http://canadian-tr.org>)

¹² National Coaching Certification Program (www.coach.ca)

¹³ Alberta Fitness Leadership Certification Association (www.provincialfitnessunit.ca)

¹⁴ Non Violent Crisis Intervention (www.crisisprevention.com)

demographic form, audio recorded one-on-one semi structured interviews, and field notes.

Demographic form. A participant demographic form was used to ensure inclusion criteria were met, to obtain contact information, and identify preferred times and modalities of communication.

One-on-one semi-structured interviews. Each of the seven participants completed one face-to-face, semi-structured interview led by the first author. Using a semi-structured interview provided a framework for purposeful conversations based on a set of questions relevant to the research, yet the questions remained open enough that the researchers could not predict answers (Kowalski et al., 2018; Mayan, 2009). The one-on-one environment provided participants a space where they could remain anonymous and share their first-person accounts candidly, in their own words, and without judgement (Smith et al., 2009). Each interview lasted approximately 90 minutes and were scheduled at times and locations that suited the participants. Interviews were conducted in coffee shops, participant's offices, or the university campus. One interview was conducted via Skype as an in-person interview was not possible.

Early questions were open and descriptive (i.e., "What steps did you take to reach this place in your professional journey?") to start a dialogue. Questions then became more in-depth and personal (DiCicco-Bloom & Crabtree, 2006; Smith et al., 2009) (i.e., "Tell me about one of your biggest learning moments as an APA professional. What did this moment mean to you?" or "What sort of questions around your professional practice do you often ask yourself? Do you answer them honestly?"). Each interview was digitally audio-recorded and transcribed verbatim by the first author. Participants selected their own pseudonyms that were used to protect anonymity.

Field notes. Field notes were recorded by the first author following each of the interviews to capture immediate reactions and feelings, interpretations, descriptions, and additional questions that transpired during the interview (Mayan, 2009; Rubin & Rubin, 2012). Notes were added to the researcher journal and provided a useful tool for reflexion throughout the research process (Patton, 2015). Specifically, field notes enhanced researcher reflexivity around positionality, and were utilized to recall details throughout the analysis process (Clancy, 2013; Patton, 2015).

Data Analysis

Interviews, including pauses and audible emotions, were transcribed verbatim by the first author. Smith et al.'s (2009) six steps guided the analysis processes. Iterative analysis was conducted by the first author. True to the idiographic tenant of IPA, analysis began on one case or transcript, and the first four steps before moving to another data source (Larkin et al., 2006; Smith et al., 2009). Analysis began by listening to the audio recorded interview and reading the transcript numerous times. Quotations were highlighted and notes around language choice and emotional responses were added. These notes were utilized to develop emergent themes, the third step in IPA analysis (Smith et al., 2009). Connections across themes were made with excerpts from the transcripts being pulled to support them. This process was repeated for each transcript and an overall production of themes did not occur across participants until each transcript had been reviewed (Smith et al., 2009). Developing themes were mapped on a large wall with comments, verbatim excerpts from the transcripts, field notes, and the conceptual framework of relational ethics being included. This mapping supported finding commonalities and regularities to develop themes that best represented participant experiences (Smith & Osborn, 2015). Acknowledging the phenomenological tenant of IPA, once emergent themes

were established, verbatim excerpts were extracted from the transcripts and used to represent each theme (Reid et al., 2005). The second author engaged in regular discussions with the first author, bringing her experience as a qualitative researcher and acting as a critical companion by challenging reflexivity, interpretations, and presentation of the study findings (Paterson & Higgs, 2005; Smith & McGannon, 2017).

Researcher Position

The hermeneutic tenant of IPA necessitates disclosure of researcher positionality as it comes into play as the researcher is making sense of the participant making sense of their own experiences (Smith et al., 2009). Both authors have experience as qualitative researchers, and degrees with a focus on APA. Being white, educated, able bodied, straight, cis females with previous experience working with the disability community was taken into consideration during the interpretation of the participants' experiences. Both authors possessed their own experiences of moral discomfort in professional practice. The first author also had a preexisting, professional working relationship with each of the study participants. Relationships varied from frequent collaboration within the same organization, to shared committee work, interactions at conferences, or brief consultations to share resources. Participants acknowledged that this insider status and emic understanding encouraged them to be more willing to talk as there was an established level of trust and respect within the relational space. An insider position also afforded authors the benefit of understanding language, knowledge landscapes, and variations of experiences shared with the participants (Berger, 2015; Dwyer & Buckle, 2009; Patton, 2002). Conversely, holding an insider position increased the likelihood of participants volunteering out of obligation due to preexisting relationships. To reduce this, potential participants were only contacted one time, and an individual was considered not interested if there was no response

within two weeks. Additionally, researchers engaged in frequent conversations with one another to ensure they were separating participant stories from their own experiences (Clancy, 2013).

Judging Quality

Larkin et al. (2006) described IPA as a method that, “can be easy to do badly, and difficult to do well” (p. 103). As such, a strong commitment to quality criteria was imperative through the entire research process. We also tied the quality criteria suggested by Smith et al. (2009) for IPA research to the paradigmatic assumptions and methodological processes (Markula & Silk, 2011; Zitomer & Goodwin, 2014). Methodological coherence was maintained by giving careful attention to four characteristics of good qualitative research, *sensitivity to context*, *commitment and rigor*, *transparency and coherence*, and *impact and importance* (Yardley, 2000).

As insiders to the phenomenon studied, the authors brought sensitivity to the context through honest discussions and field note recording of the biases and assumptions, and sociocultural norms which influenced data gathering and data interpretation (Tracy, 2010). A detailed literature review addressing ways in which the research project corresponded with relevant topics in related disciplines was also completed. To establish sensitivity to context, biases, assumptions, and influences were explored.

Commitment and rigor were addressed by recording research decisions and a detailed description of research decisions as field notes. A careful idiographic analysis was conducted on each case. The interview schedule was piloted, and consistency in interviewer and question sequence was maintained. Member reflections served as an opportunity for the first author to maintain engagement with participants, for participants to comment on and react to the

interpretations, and to provide input that contributed to researcher reflexivity and ethical practice (Smith & McGannon, 2017; Thomas, 2017). All participants were asked to confirm accuracy of their statements, request omissions as necessary, ensure identifiable information had been removed, and to make any additional comments. Five participants responded to the request for member reflections, and all felt the descriptions and theme labels interpreted by the authors accurately reflected their experiences. Three participants added comments, and two re-enforced the importance of removing identifying markers to ensure their anonymity. “You did a nice job capturing some of the uncertainty and specifics in your themes” commented one participant. “I look forward to reading the paper” added another. *Transparency and coherence* were addressed by disclosing ontological, epistemological, and methodological assumptions and the coherence of IPA with interpretivism. The purpose of the study was made clear to all participants. A full coding and filing system containing all records and images of the analysis wall were stored on an external hard drive and remained locked in a filing cabinet. *Impact and importance* are ultimately determined by the reader. To enhance transferability, where the readers consider ways in which findings overlap and can be transferred to their own situations, descriptions of the participants and their professional contexts have been provided (Smith, 2018). The results of the study have led to fruitful discussions within undergraduate courses and academic conferences.

Findings

Four themes were developed from the analysis, (a) *The ass(et) of vulnerability*, (b) *Friends or friendly?*, (c) *“We’re fucked either way”*, and (d) *Now what? Grappling with discomfort*.

The Ass(et) of Vulnerability

The APA professionals of this study admitted that by assuming a state of vulnerability, they could learn, grow, challenge themselves, be reflexive, and even resolve moral discomfort. Vulnerability was experienced as an asset when professionals were in spaces free of judgment and where it was possible to learn from the uncertainty of others. Jane shared, “Talking about [moments of discomfort] makes other people think, and hearing their stories makes me think, so it’s actually really productive... As long as you come from a place where you are non-judgmental”.

Unfortunately, judgement free spaces to have productive, vulnerable conversations were not common for the participants. For some, vulnerability was perceived to be a risk more than an asset when the fear of not being a knowledgeable *expert* was present. “There is a stigma that you don’t want to be caught doing something wrong. Especially if you are bound to administration,” explained Veronica. Jane shared a secret story of vulnerability when she was supporting a child’s activity in the community, and a professional from another organization persistently used language that Jane found to be offensive and inappropriate. Jane, for fear of looking like what some may perceive to be an ass, chose not to say anything even though she recognized it may have been a productive learning moment. Saying nothing led to internalized feelings of guilt and shame. Her voice cracked as she recounted:

I just want to tell the story to people because I didn’t do what I thought was right in that moment. But I don’t tell people because I am embarrassed and ashamed. I didn’t act in the way that I wanted to... I don’t tell that story to people because I don’t want them to say, ‘why didn’t you say something?’ because I already ask myself that.

Jane silenced her professional story until now due to fear of being interrogated or judged for a mistake she felt she made. Keeping professional voices of moral discomfort intentionally silent was a common experience. Reba also spoke about silencing her professional voice due to the cumulative effect of the external judgement of others. “We don’t often put it all out on the table because of the judgement... And that judgement continues the longer you are in your career.” Lucy described similar feelings, “Do other professionals experience moral discomfort? If they do, they don’t say it. I’ve never heard anyone else say it – and I’ve never said it to them.” The participants’ experiences suggested that professional judgement regarding professional competence may reinforce the need to assume and maintain the role of ‘expert’.

The participants’ experiences suggested that professional judgement regarding professional competence may reinforce the need to assume and maintain the role of ‘expert’, leaving them vulnerable to making an ass of themselves when they felt they fell short of others’ expectations. Moral discomfort was experienced when professionals and/or those around them confused having expertise with being an expert. Relationships with colleagues, members of the disability community, families, or administration often left professionals feeling that because of their educational and professional employment status, they were experts with the answers – even though having all the answers is an unrealistic expectation for anyone.

When confidence in their ‘expert’ knowledge was shaken, moral discomfort resulted. Lucy explained: “Because of my credentials, general society sees me as an expert but inside, I don’t always know what I’m doing.” Assuming the role of ‘expert’ did not address internalized vulnerability and the potential for extreme moral discomfort, particularly when others looked to them as knowledgeable experts. Mellie shared, “When I don’t know what to do, I panic, and this panic is worse when I am in a supervisory role... Sometimes I hoodwink people into believing I

know what I'm doing." Mellie's feeling of panic was amplified when she was in a position of power. Choosing to 'hoodwink' people over being vulnerable and acknowledging the limits of her expertise triggered stress, self-doubt, and shame – all components of moral discomfort. Her inability to embrace her own vulnerability may have perpetuated the cycle of expertism through her modelled behavior and potential judgement of her own staff.

The participants did not embrace asset of vulnerability as a platform for learning and a place of professional strength. Veronica asked herself, "Why is it so hard to say, 'I don't feel comfortable' or 'I don't know what to do or how to do it?'" The answer to her questions may be embedded in a story she told about a public demonstration of her expertise. Within her work environment, professionals from another discipline required her to work with a child labelled 'extremely difficult' to 'prove' her expertise and gain membership to the multidisciplinary team. When she 'passed' the test, Veronica earned the respect of the others, and was granted the title of expert – a role she had to cultivate and maintain to be respected by others. The role of expert is not surprising as the participants professional preparation programs reinforced objective theoretical knowledge over the embodied knowledge of the disability community. "My undergraduate education often made me feel that I was supposed to think and act in certain ways", explained Jane. Mellie recalled: "[APA professors] don't teach people to think about assumptions and stuff. It's more of 'disabled people need our help and here is how you help them'". Reba, a professional who regularly supervised students completing practicum and applied learning opportunities, believed that vulnerability and learning from mistakes was a part of growing and learning as a professional. She added:

There have been many students I've seen who come out of [APA courses] saying, 'Well I have to know it all' so they come in with the 'I can't be wrong I need to know it all'

attitude. We don't always foster that growth in them, right? We don't necessarily take our time to stop and say, 'How did that make you feel?'

Jane recalled the way in which experiences in professional practice, over time, clashed with her classroom knowledge and awakened her to other ways of knowing. She learned to embrace reciprocal learning as a way of reducing professional harm of being an expert:

I learned in coursework that 'if this person has this diagnosis, here are things you can do to support them' which is useful at times but actually created a barrier because I could have walked out of that class thinking that I knew everything about providing physical activity for autism... I should have been learning that you need to get to know the individual. You need to build relationships. You need to learn from people in the community. A huge ethical issue in APA is that the community is not a huge voice in practical teaching... This creates huge ethical risks because when you are learning things without actually receiving feedback from the community, it can perpetuate theory that is not actually applicable or true... It may even be harmful to the community.

Lucy also described her moral discomfort as she reflected on errors of judgement in her professional practice. Reflexion created vulnerability that may not have always been welcomed as it resulted in uncomfortable uncertainty:

Thinking about [my actions] now it's like 'Oh God! What did I do!?!... I have grown in my time as an APA professional. I try to keep my ableism in check, but I am still having big awakenings... Like, what else is embedded deep inside? When will it rear its ugly head!?

Avoiding the asset of vulnerability for fear of looking like an ‘ass’ poses barriers to professionals fostering a relational space where they could be reflexive.

Friends or Friendly?

In contrast to the backdrop of objective professional expertism, the participants also spoke about the tensions surrounding the importance of being in relationships with people. The participants described how establishing rapport with those with whom they supported was essential to be an effective professional. Yet it was a self-taught skill fraught with challenges as boundaries between workplace and personal relationships became blurred. Howard explained the balance involved in being engaged with people while not setting up false expectations:

Certificates are great, but they don’t teach you how to build relationships. You can’t be [an] APA [professional] without those skills... For me the relationships I have within our program would be the same in the hallway or if I run into them on the street. [Yet], sometimes by making people feel comfortable, they can misconstrue it as more of a friendship.... You get an offer to go out for drinks or to birthday parties and then you don’t show up and people are surprised that you are not interested when you seem like good friends.... You may not realize you are in the friend category with them and they are in the participant category for you.

Although a meaningful part of the job, relationship building became a source of moral discomfort when boundaries between acting friendly and becoming friends became muddled. It was not always easy for participants to negotiate a key relational question, ‘Where are the boundaries in this relational space?’ Over time, the professionals recognized and desired respectful relationships of trust and interdependence but were not always sure how to recognize

and establish professional boundaries. Reba described tensions in her workplace relationship building saying:

I work sometimes with people three times a week, so people can become like family to you. You get to know somebody quite closely.... It can be hard not to share your own life stories when other people are sharing their life stories so intimately with you. Having to hold that boundary can be difficult.

Veronica appeared to have successfully negotiated the setting of professional boundaries by not using the term 'friend' in her relational work spaces. She shared, "Boundaries are important. You have to make sure you set a 'no I am not your best friend'... I don't know if I've ever used the term friend. I try not to do that."

Holding a professional line while still fostering mutually respectful relationships was something Lucy struggled with early in her career. She described numerous situations where the relationships she had co-constructed led to individuals feeling comfortable enough to disclose intimate, personal details beyond that typical of a work place. She heard how trustees were withholding money, and how one individual was having suicidal thoughts. "[Those questions] have nothing to do with APA and what happens at the gym," Lucy noted, "But after building relationships with people... Well, it's hard. Those boundaries are so grey." Although Lucy had created a space for people to feel comfortable to share, she was left struggling to know the boundaries of professional relationship building. Lucy may have been perceived to be a friend rather than a professional who was friendly.

“We’re fucked either way”

“We’re fucked either way” is how one of the participants described navigating competing demands, priorities, and assumptions across the professional landscape. Participants described moral discomfort that arose when there was tension between their axiological assumption base and preferred professional actions, and troubling disabling policies, procedures, and expectations. Although the process of being reflexive was uncomfortable, the consequences of not interrogating disabling policies and expectations led to even more uncomfortable and deeply troubling moments. Assessment and screening, for example, caused moral discomfort due to the ableistic harm it imparted by comparing individuals to normative performance standards. Jane recalled: “[When using assessment tools] there is such a deficit model and that’s frustrating. You are trying to squeeze that child into a box and they are not fitting. How does that emotionally impact them!?” Reba shared a story about when, due to an oversubscribed program and lack of admission opportunities for the community, her administrator asked her to develop a screening tool to prioritize enrollment. Reba complied, but remembers persisting emotional turmoil when an individual did not meet the deficit-based and ableistically driven requirements she created. Although she was trying to accommodate individuals who did not have options to participate in alternative community programs, she was eliminating others from a highly relevant program they desired. She recalled:

It still haunts me to this day... I remember how awful I felt... I remember her breaking down in tears and asking, ‘Why!? Why can’t I come!?’ and I just had to say, ‘I’m sorry. We have a tool and you don’t fit into our programs.’ That was a moment I will never get out of my head because I sat there, as an able-bodied person and said, ‘you don’t have the right disability to be active here.’

Moral discomfort was experienced when a professional's personal beliefs juxtaposed the expectations within the environment. Policies, often created to protect staff or intended to create better opportunities for individuals from the disability community, frequently became constraints to what professionals wanted to do. Kacey shared an example of when administrators moved to prevent staff injuries by creating a blanket policy that prohibited staff from transferring individuals from one place to another. This prevented one individual, who required staff to transfer her from her wheelchair to the floor, from participating in a yoga program she thoroughly enjoyed, "We had been doing it for 15 years. Yoga was the saving grace in her life," Kacey explained, "And it had to do with liability and insurance, not what was best for [individuals in the disability community]". Creating policies and regulations, even with the best of intentions, amplified moral discomfort when the study professionals had to impose changes on those with whom they worked, instead of collaboratively making decisions alongside them toward achieving mutual goals. In efforts to protect staff health, a previously held staff responsibility was blocked through policy leading to eliminated opportunities for program goers. Howard sighed, and explained his discomfort negotiating a variety of workplace policies:

Sometimes I feel conflicted within myself because there are these rules and policies in place... But nothing jives with my own personal philosophy of APA. Especially when seeking funds. There are a lot of factors that get in the way... Policies, procedures and rules that are meant to protect people interfere with choice options and best practice... We end up working against ourselves and trying to find workarounds

Reba felt moral discomfort when she was required to seek funds for programs within the non-profit landscape she existed within. Whether writing grants or asking for donations, Reba found herself needing to cater to certain ways of thinking about those with whom she worked as sad,

weak, and in need of help – but this conflicted with her own experiences and what was valued within relationships she held with individuals from the disability community. Reba had to choose between conforming to the environmental constraints that brought feelings of discomfort or being successful in her need to secure funds to continue operating programs. She explained:

There are those icky feelings of working [in a world] where [to secure funds] you have to sell sadness or pity or, you know, that dirty, icky, helplessness of people with disabilities because it makes people get the feels. And if they get the feels, they will give you money... But you know from your experience working with people with impairments that's not the case. They're not helpless... This is what the world wants to see.

The struggle to negotiate personal expectations and notions of practice within an environment that values or even requires different priorities contributed greatly to participants experiences of moral discomfort. The feeling of being ‘fucked either way’ came from the tension of needing to choose between, often competing priorities.

Now what? Grappling with Discomfort

Moral discomfort, or having sand in their shorts, was described by participants as ‘annoying’, ‘a sick feeling’, and ‘uncomfortable’. Jane described how, “You actually feel it in your gut. Everything in your body is just like, ‘No. This isn’t good. This doesn’t go with what I believe. This is awful. I can’t do this.’ That would be moral discomfort.” Professionals shared many moments where they experienced moral discomfort, but when asked what they did when this feeling arose, there were diverse responses. Moral discomfort was addressed by debriefing with others, enacting change, sitting with the discomfort or seeking collaboration. It was also pushed aside through avoidance and resisting reflexion on their professional practices and was

acknowledged to be something that was not likely to dissipate on its own. Some professionals described how sharing moral discomfort with colleagues resulted in tremendous relief, even though this was not an easy process. For Veronica, her frequent experiences debriefing and discussing moments of discomfort eased and resolved internal and external tensions. “I had people around me that I could unpack those [uncomfortable] situations with. So that may be why I don’t sit with them too much.” For Jane, moral discomfort triggered a need to learn and grow within her practice by enacting change. She described how, “Striving to think and act differently all of the time helps to resolve moral discomfort. If you do something that makes you feel awful, you just vow to yourself that you will think and act differently next time.” The first step to resolving moral discomfort came from recognizing that an uncomfortable feeling existed. For Reba, this acknowledgement could be enough to alleviate the tension. “Unpacking moral discomfort doesn’t mean that it all needs to be solved immediately... Sometimes it is a good use of time to sit in the discomfort.” Both Reba and Jane appreciated the value of recognizing moral discomfort. Reba’s years of experience led her to develop strategies around relationship building that helped prevent discomfort from arising. She described how, prior to making programming decisions or policy changes, she always consulted individuals from the disability community as well as colleagues. She shared:

I reach out... That is my approach now... Ultimately at the end of the day I still have to make a decision, but I’ve had input and can make an educated decision and can understand enough pieces of the puzzle that [I may even] avoid [moral discomfort]

The professionals also found, however, that facing moral discomfort required time and energy, two things that professionals did not always have. It could lead to unacknowledged or unresolved reflexion on professional practice. Lucy acknowledged the magnitude of job

responsibilities and resistance to do the work required for reflexion as reasons for avoiding her moral discomfort:

I didn't want to go there. I still don't want to. In the moment you go 'meh' and shrug it off but there are deep down things that I could tackle. But I don't want to... To be honest with the amount of things I have to do [for my job] I just push the hard questions down.

At times, reacting quickly and non-reflectively was a job requirement but not revisiting critical moments that caused discomfort left professionals with a progressive 'icky feeling'. Jane admitted, "Sometimes at the end of the day I'm like, 'Why did you do that!?' but it's part of the job so I go home and try not to think about it." The weight of carrying unresolved moral discomfort culminated over time – a sensation that no one enjoyed. Lucy described not wanting to hold on to this feeling and avoided it by assuming it was someone else's responsibility:

[Moral discomfort] felt heavy on my shoulders, because, like, what do I do!? It's hard to be cold, I guess... I really withdrew from all participants after that... [another time] I went to my boss [about a hard situation] and it was nice to be able to push it off onto someone else.

Acknowledging moral discomfort means that professionals must explore notions of taking responsibility and recognizing their role in the situation. This is hard work, and it is not surprising that professionals did not want to exert the energy it required. Yet Lucy's choice to put the responsibility on her supervisor and withdraw from those with whom she worked created a working environment devoid of critical conversations around professional relational engagement. Unacknowledged moral discomfort led to self-doubt, isolation and even diminished self-respect that arose from questioning actions and feelings in silos.

Discussion

Moral discomfort is a phenomenon and embodied lived experience within APA professional practice, yet it has received very little attention in research, the preparation of future professionals, or professional development opportunities. A response to the call from researchers to be more ethically reflexive about professional practice in APA can begin by acknowledging and acting on the icky sand in our shorts experiences (Goodwin & Rossow-Kimball, 2012; Goodwin & Howe, 2016; Silva & Howe, 2012; Peers, 2018). Moral discomfort was experienced when professionals lost respect for themselves or others, existed in environments where expertism was emphasized over engagement, and the value of embodied knowledge was rejected. Instead of disregarding experiences of moral discomfort, professionals would benefit from bringing a relational ethic to their practice (Bergum & Dossetor, 2005). Through relational engagement, vulnerability can be an asset as professionals look at moral discomfort alongside those with whom they are in relationships with. Self-reflexivity is needed before professionals can begin influencing change within their professional landscapes and requires attending to critical moments of tensions between self and others through mutual respect, as what we do affects others and what others do affects us (Bergum & Dossetor, 2005).

APA professionals were selective about where, and with whom, they were willing to share their experiences of moral discomfort. The often deeply secret moments were buried under cover stories that were frequently told and re-told to oneself and others (Clandinin & Connelly, 1996). Doing this had negative ramifications on professionals and their practice as the critical moments remained largely unresolved. The decision to hide moments of discomfort evolved from environments that fostered differences of opinion and professional axiology, feelings of judgement, and professional insecurities surrounding expertism. Exploring the roots of sacred

stories was uncomfortable, but consistent and honest reflexion brought to light the participants' ableism on both personal and systemic fronts (Goodwin, 2017).

Professionals acknowledged that their sacred stories influenced the notion of needing to be an expert. Emphasizing objective expertism over valuable expertise hindered reflexivity by creating a culture in which the professional felt the consequences of not knowing far surpassed those of engaging with others to learn more (Bergum & Dossetor, 2005). As professional's moved to positions of higher authority and responsibility within rigid environments, expectations for professionalism and expertise increased (Silva & Howe, 2012). Not knowing, and pretending to know, caused moral discomfort. When professionals were willing to 'hoodwink' themselves or those they work with to maintain the expert role - respect for self, engagement, and appreciation for diverse embodied ways of knowing were less likely to flourish. Alternatively, when professionals did not assume the stance of being right at all costs, they were less likely to cling to the 'expert' role and perpetuate the creation of an often, non-disabled expert who makes decisions on behalf of, instead of with, others (Bergum & Dossetor, 2005; Hodge & Runswick-Cole, 2013; Withers, 2012).

Without self-respect, professionals neglected their discomfort and chose not to be vulnerable enough to engage and connect with other to learn from the experiences (Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012; Marcellus, 2005) Within the multidisciplinary landscape, diverse credentials and perceptions of those from other disciplines further diluted connections to those allied professionals, leading to waning self-respect and feelings of worth and value of APA professional practice (Standal, Nyquist, & Mong, 2018). Those engaged in mutually respectful relationships understood that the professional self is equal to, no less or

greater than, everyone they are in relationship with and that there is no ideal approach or principles to professional practice (Bergum & Dossetor, 2005).

Professionals described ways in which the traditional medical moral roots of adapted physical activity led to the development of ableist structures, charity funding models, systems, and protocols that created unsafe emotional, physical, and social environments for moral discomfort (Campbell, 2008; Leo & Goodwin, 2016; Silva & Howe, 2012; Withers, 2012). Deficit models of disability aimed at ‘curing’ or ‘fixing’ individuals were prominent within the landscape, especially when working within multidisciplinary teams within medicine or healthcare (Goodwin, 2008; Silva & Howe, 2012; Withers, 2012). Engaging with embodied knowledge that respected diverse social and historical storied lives rich in emotion could be deemed unprofessional. When relationships that valued embodied knowledge were fostered with disabled people, medical model beliefs were disrupted. By embracing experiences and knowledge contributed by the disability community, expertism was shared and co-created toward the creation of a mutually respectful space. Resolving and preventing experiences of moral discomfort derived from paternalistic and expert professional stances, open up opportunities for vulnerability and interactions that provide space to explore cultural, political, and social issues that impact engagement with others, interdependence based on mutual respect, and multiple ways of knowing in safe, non-judgmental spaces (Bergum & Dossetor, 2005; Carlson, 2010). Relationship building, whether with oneself, with member of the disability community, or with colleagues, thwarts tensions that can lead to moral discomfort.

The APA knowledge landscape is an evolving, interdependent web of experiences, knowledge, and complexities (Bergum & Dossetor, 2005; Clandinin, 2015). Moral discomfort arises when our reactions to the relational environment are maladaptive. The professionals

highlighted the need for safe places that provide adequate time to groom conversational muscles around difficult topics, yet they were seldom available or accessed. Within environments for professional preparation and professional development, there is a need to recognize the value of taking time and energy to understand the emotions, actions, and consequences that contribute to moral discomfort. Professionals who worked in environments that nurtured relational ethics found they could recognize the feeling of sand in their shorts. Doing so allowed professionals to emphasize questions over answers while they underwent the necessary, yet uncomfortable work of maintaining self-respect. Reflexivity was part of the ethical work of being an APA professional, and not addressing moral discomfort had significant consequences for both service providers and service users as expressed by the study participants. Learning to identify and grapple with discomfort could be embedded within preservice education, where emphasis on mutual respect, engagement, embodied knowledge, and safe environments may be used to ponder creative new ways of thinking about our practice (Bergum & Dossetor, 2005). Doing so may shift our professional knowledge landscape in ways that encourage flourishing, increase joy and respect, decrease stress, and reduce burnout (Marcellus, 2005).

Implications

Participants in this study acknowledged the need for changes to be made in professional preparation programs to bring balance to the expectation of professional expertism and being vulnerable enough to learning from others through relationship building. Discussing the meaning of moral discomfort, when it may occur, how it is experienced, and what can be done to address it may better prepare professionals to exemplify a relational ethic in their professional practice. Professional preparation curriculum could include strategies to unpack the distinction between expertism and expertise, professional objectivity and vulnerability, professional relationships

involved in being friends or friendly, avoiding reflexion, and diving in deep into moments of discomfort on professional development. Furthermore, the participants suggested that the complexity of our existing professional landscapes does not provide safe spaces for discussions of moral discomfort. In creating and nurturing such spaces, there is a need to listen to one another and seek counter stories from the disability community to move beyond the taken-for-granted, unquestioned, ableist assumptions and narratives that caused deep moral discomfort for the study participants as they shared emotional stories about their professional practice in APA. The intention of this study has not been to pass judgement, but to start a conversation about the experiences that leave APA professionals feeling sand in their shorts towards the creation of ethically reflexive professionals.

Study Limitations

We acknowledge several limitations to the study. The APA professionals and authors of the study do not experience disability, bringing a non-disability specific perspective to the research. Also, the research information was gathered from one geographic region that may not transfer to other regions. Finally, the first author knew the participants to differing professional degrees that may have influenced depth and type of stories professionals chose to share.

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Chapter Five: Conclusions

The Reflexive Journey

As I write this final chapter to my thesis, I cannot help but think back to when I was writing the first draft of the proposal. This journey has been far more than an academic project full of milestones and obligations I need to fulfill in order to convocate with a graduate degree. It has been a meaningful, impactful story full of plot lines, characters, conflicts, resolutions, and perspectives. I am not the same person I was when I wrote that proposal. I will not be leaving the University to enter the work world with the same values and attitudes I had when I began. And for this I am grateful.

My transition from full-time working professional to full-time graduate student was not easy. My own stories of moral discomfort had gone, for the most part, unacknowledged. Although I was aware of their significance, it felt daunting to make the choice to explore the sand in my own shorts. The stories weighed on me, and it was challenging to turn the convoluted emotions into words that could be shared. While drafting the thesis proposal, I added vignettes of the moments of moral discomfort that I was willing to share at that time. Looking back now, I understand the profound impact of this process. Reflecting on and articulating my values and beliefs brought clarity to my interest in this study (Clancy, 2013). I learned that my experiences concealing moments of discomfort and experiencing and recovering from burn out greatly contributed to my desire to explore and talk about this topic. But before I could provide a safe, judgement free space for individuals to share their experiences of moral discomfort – I had to practice conveying my own. It would not have been fair to ask participants to do something that I was hesitant to do myself, and I believe the process of sharing my stories helped me develop a stronger relational space with the participants. As I continued to cogitate my own experiences, I

noticed how much deeper I was able to delve into my discomfort. Now, months later, I find that I am able to tell those stories without hesitation as I have progressed to grappling with situations of deeper complexity. Part of being a reflexive researcher is to bring our biases to the forefront and learn how our behaviors affect or influence others (Berger, 2015; Clancy, 2013; Ross, 2017). I required this step of initial reflexivity to articulate, disentangle, and foster my own self-compassion, self-respect, and relief at finally acknowledging what existed beneath my cover stories. Of course, this process is ongoing, and as I continue to work, I continue to learn more about myself.

I would encourage researchers to take the time to deeply engage in a process of writing and reflection to better understand their own axiological beliefs and lived experiences before embarking on the deeply personal process of interviewing and interpreting (Clancy, 2013). In addition, the role of my supervisor and colleagues warrants additional acknowledgement as they were a critical piece of my self-care as I explored this new role of qualitative researcher (Dickson-Swift, James, Kippen, & Liamputtong, 2007).

Sand in my Researcher Shorts

My former experience as an APA professional has deeply impacted the way in which I interpreted meaning from the stories shared with me in interviews. Like many researchers coming from an interpretivist paradigm, I saw value in the knowledge that could come from relating to insider status (Chavez, 2008; Ross, 2017; Smith et al., 2009). I was someone who understood the language and nuances of the field, was familiar with the social and political environments, and I had established relationships with participants. I knew that my insider position came with biases and I carefully considered the risk of making assumptions about what I thought I heard as opposed to really listening (Clancy, 2013). I spent a generous and necessary

amount of time considering the way in which my position could influence recruitment strategies, interview processes, and study design. I did not, however, anticipate the way in which hearing other people's stories would trigger my own unresolved moral discomfort. During the interviews I had to consciously push my own emotions aside to remain fully engaged in what was being told to me. A participant would share their story of moral discomfort and I would feel the grinding of the sand in my shorts as I realized, "Oh my God. I've done that too." Or, "That could have been me?!" This was an unanticipated ethical issue that I would, in future, spend more time preparing for.

The relationship I held with each participant was unique. Some I considered friends, others were close working acquaintances, and some I did not know well – although we were certainly friendly faces within our professional world. Negotiating this dual role of researcher/colleague was difficult in moments, especially when emotions were raw during the interviews. Clancy (2013) discussed 'role confusion' (p. 14) as something that may occur with researchers who also hold a professional position. Role confusion occurred when participants raised facts or stories from their experiences that they were struggling with, and I had similar experiences that contradicted their conclusions or provided me with a potential solution to offer (Clancy, 2013; Ross, 2017).

I also experienced role confusion and moral discomfort when trying to navigate being a researcher or a friend. Some of the stories shared within interviews were deeply emotional for participants, particularly if they were sharing them for the first time. In moments, I still question some of my actions. When a participant was tearful – was it appropriate that I gave them a hug? When someone was clearly mustering the courage to be vulnerable and share a story for the first time, was I right in choosing not to reciprocate that vulnerability with a story of my own? I did

not want to influence their narratives, but would knowing that I felt the same have alleviated their discomfort? Was I right in assuming that telling my stories would have imposed emotional work on them like hearing their stories had done to me? When I shared some of my stories later, had the moment passed, or was this still valuable for them? There was no interview in which I did not question my role or actions as a researcher, and there was no recipe for how I approached each situation. By expressing empathy through the validation of participant stories and experiences, I did my best to create a safe space unique to each of the participants (Josselson, 2013; Ross, 2017).

Conducting Ethical Research

It felt easier to navigate the relational space and appropriate engagement with those with whom I had a closer relationship. We both knew that in this instance, I was the researcher, we would have time to debrief later – as friends. I struggled, in moments, to distinguish between moments when discomfort elicited through the interview process was a part of transformational learning for both myself and the participants, or simply caused harm. Zemblyas (2017) used the term *ethical violence* to define situations where we may harm people in the name of doing ethical work. Participants who broke down in tears or expressed tremendous discomfort at sharing their stories caused me to pause and reflect on whether I was doing the right thing in encouraging people to talk about things they had chosen to suppress. This fear felt more prominent with the participants with whom I was not as close. Unlike people I had spent more time with, I did not know their limits, what sort of stress signs they demonstrated, or if their fidgeting was a common reaction in uncomfortable situations. In these moments, I found myself resorting to acknowledgment, understanding, compassion, and empathy – or as Josselson (2013) described “my way of dealing with this difficult moment was to use my humanity” (p. 108).

Tick Tock

Throughout this process, I have found the ticking clock of graduate school to be far more stressful than wrestling with new ideas and complex topics, or balancing workload with self-care. I understand why we have limits and parameters around completing a degree, but as I write this final chapter, I do not feel I am done. I still want to dig in. I crave more, and I am sometimes agitated to know that the literature review, the meaning making, and the reflexivity could continue. The process of writing and revisions and thinking and re-thinking has been profoundly frustrating at times, but I have consistently enjoyed growing a little more each time. I am curious about what learnings remain unknown. If I only had more time - what else can I unpack and discover about myself as a researcher and as a professional? The two are, after all, inextricably linked. It is important for researchers to reflect on the way the research process impacts the participants as well as themselves (Dickson-Swift et al., 2007) and for me this process is still incomplete.

Moving Forward

I continue to feel genuine care and concern for each of the participants in this study, but as I reflect now, I must admit that I also wanted to obtain rich information from each of them to fulfill the objectives of my study. I feel discomfort when I think about how much I, personally and professionally, benefitted from doing this research. I often felt validated and reassured by hearing stories of moral discomfort because it confirmed, for the professional part of me, that I was not the only one who had experienced the phenomenon (Ross, 2017). My desire to exit the field responsibly and to do great things with what I have learned from the contributions of each participant is strong. Dickson-Swift and colleagues (2007) explained how researchers often feel tension between appreciating the privilege they feel to have been granted access to intimate

stories, and the deep sense of responsibility to DO something with this information. I relate strongly to this tension. In my interview with Lucy, she said, “This is hard to talk about. But I feel this is a safe space to do that because there are no repercussions for me. It makes me feel better to tell someone and then maybe there is something that can be realized so that we can do something different in the future.” Lucy and I share the same goals. I don’t want anyone to face repercussions for their vulnerability or mistakes – but I want us to think and act different moving forward.

So, What?

Findings from this study make a unique addition to the conversations around ethics and reflexivity within APA. Within APA literature voices of practicing front line professionals are rare (Standal & Nyquist, 2018). Additionally, the topic of moral discomfort has been mentioned but not yet explored (Goodwin & Howe, 2016). Instead of providing an answer to a problem, I hope that the findings from this study encourage readers to start conversations that raise additional questions. We need to be vulnerable enough to be ‘insecure practitioners’ (Standal, 2008), but so far there are limited supports to do this. Our sacred story, whether in professional development or professional preparation, does not provide space for us to explore our discomforts, and this has dire consequences for professionals as well as the disability community.

Preliminary findings from this study were shared with APA professionals and researchers at the North American Federation of Adapted Physical Activity (NAFAPA) conference in Corvallis, Oregon. I received positive feedback, and recall seeing an audience of nodding heads. I have also shared findings through guest lectures in two senior undergraduate classes at the University of Alberta where discussions around moral discomfort were initiated. I find it quite

common to talk to professionals about my research only to notice them starting to squirm while their eyes flare with curiosity. Going forward, I will continue to openly acknowledge the sand in my shorts, modelling my own vulnerability by sharing my own stories. Perhaps this will start a ripple of influence within my professional landscape.

It is my intention to publish this study as well as a second paper in a free access journal where I can deconstruct the assumptions and actions of one of my biggest moments of moral discomfort. Furthermore, I hope to publish an invited blog post with a community network to start conversations around our deeper emotions and let professionals know that we are not alone in our discomfort. We can learn to think and act differently moving forward in our relationships with others.

Future Considerations

Within the literature, moral discomfort in professional practice remains largely unexplored within APA. As a result, I feel there are numerous opportunities for future research. The experiences of professionals who have been practicing for decades is a wealth of information for researchers interested in better understanding the current landscape of professional practice. A community- based research approach in which APA professionals could contribute to the development of new research questions could be useful in revealing additional unacknowledged concerns around professional practice. Simply asking professionals to be reflexive has done little to shift the landscape. Engaging professionals may provide new ideas for knowledge mobilization and specific areas to consider in the preparation of future professionals. Lastly, as someone who hopes to continue teaching and mentoring future professionals, I will explore various pedagogical tactics to encourage growth and reflexivity. There is a wealth of APA literature exploring practicums (Leo & Goodwin, 2016; Standal & Rugseth, 2014), and

service delivery (Emes et al., 2002), but very little around what to do with discomfort and tension (Goodwin, 2017; Peers, 2018; Standal, 2008). Recently, literature around the ‘pedagogy of discomfort’ has caught my attention, as this explores ethical ways to encourage social transformation by exploring the edge of our comfort zones (Zembylas, 2015; Zembylas & McGinn, 2012). Many scholars have encouraged interdisciplinary approaches to research (Bouffard & Spencer-Cavaliere, 2016; Peers, 2018; Reid & Stanish, 2003). I also encourage us to take a more interdisciplinary approach to practice, by fostering relationships and exploring collaboration with professionals from disciplines such as critical disability studies, education, and healthcare.

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Appendix A: Ethics Approval Notification of Approval

Date: November 21, 2017

Study ID: Pro00076556

Principal Investigator: Amanda Ebert

Study Supervisor: Donna Goodwin

Study Title: Sand in the Shorts: Experiences of Moral Discomfort in Adapted Physical Activity Practice

Approval Expiry Date: Tuesday, November 20, 2018

Approved Consent Form:	Approval Date	Approved Document
	11/21/2017	Participant Demographic Form (Ebert).pdf
	11/21/2017	Participation Information Letter and Consent Form (Ebert).pdf

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Anne Malena, PhD
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix B: Recruitment E-mail

Email subject line: Invitation to participate in research

Hello,

I am a graduate student in the Faculty of Physical Education and Recreation at the University of Alberta, and am contacting you to see if you might be interested in participating in a research study. This study will support the completion of my masters degree under the supervision of Dr. Donna Goodwin.

The purpose of this study is to explore how adapted physical activity (APA) professionals experience and resolve moral discomfort within professional practice. As you are an APA professional, your stories and experiences are of great interest to me. I'd like to invite you to reflect upon your professional practice and share your stories and experiences if you:

- Self-identify as a practicing APA professional and have been involved in creating and delivering movement experiences for individuals living with impairments for at least 3 years
- Are willing to reflect on your professional practice and share your experiences in a one – on-one interview (with the possibility of a follow up interview)
- Have completed undergraduate coursework in APA Participation in this study is completely voluntary.

You have every right to choose not to participate and doing so will in no way impact our relationship. Should you agree to participate, you will be asked to complete the following:

- A participant information form
- An audio recorded, one-on-one interview lasting approximately 60-90 minutes
- A possible follow up interview lasting approximately 60 minutes
- Review of transcripts from your interview(s)
- Provide feedback on a summary of the combined research findings

I have attached a copy of a letter of information that will provide you with additional details. This study has been reviewed and cleared by the University of Alberta Research Ethics Board.

If you have any questions or are interested in participating in this study, please reply to this email or call me at 780-240-9338.

Thank you in advance for your time and consideration.

Amanda Ebert, MA Student
 ebert@ualberta.ca

Appendix C: Participant Information Letter Participant Information Letter and Consent Form

Study Title

Sand in the shorts: Experiences of moral discomfort in adapted physical activity professional practice

Research Investigator:

Amanda Ebert, MA Student
3-149 Van Vliet Complex
Faculty of Physical Education & Recreation
University of Alberta
ebert@ualberta.ca
(780) 240-9338

Research Supervisor:

Dr. Donna Goodwin, PhD
4-234 Van Vliet Complex
Faculty of Physical Education & Recreation
University of Alberta
donna.goodwin@ualberta.ca
(780) 492-4397

Background

You are invited to participate in a research study. You are being asked because of your experience working as an adapted physical activity (APA) professional. Your stories and experiences are of great interest to us as we want to learn more about APA professional practice.

We would like to hear your stories if you:

- Self-identify as a practicing APA professional and have been involved in creating and delivering movement experiences for individuals living with impairments for at least 3 years
- Are willing to reflect on your professional practice and share your experiences in a one – on-one interview (with the possibility of a follow up interview)
- Have completed undergraduate coursework in APA

Purpose

The purpose of this study is to explore how APA professionals experience and resolve moral discomfort within professional practice. This study will be supporting the completion of a master's degree by Amanda Ebert (under the supervision of Dr. Donna Goodwin).

Should you agree to participate in this study, you will complete the following:

- A participant information form
- A one-on-one interview lasting approximately 60-90 minutes
- A possible follow-up interview lasting approximately 60 minutes
- Review of transcripts from your interview(s)
- Provide feedback on a summary of the combined research findings

The interview questions will ask you to reflect upon your professional practice. Interview(s) will be booked at a mutually convenient time and location (i.e., University of Alberta, local coffee shop, etc.). It is possible to complete interview(s) over Skype.

Each conversation will be audio-recorded. We will type out the recordings. They will be returned to you for verification and chance to add additional information or elaborate on ideas. A summary of the final study findings will be forwarded to you for additional review. The total time commitment for this study is between 2 and 3.5 hours (interviews 1-2.5 hours, review of transcripts and summary – 1 hour).

The researcher will be recording field notes following each interview to capture immediate reactions, descriptions, and possible follow up questions. These notes will support the researcher in returning to the interview setting throughout the analysis process, and supporting researcher reflexivity.

Benefits

The interview(s) will provide you with an opportunity to share stories of professional practice, including moral discomfort, and engage in professional reflexivity. Your stories will contribute to the education of professionals and undergraduate students. The co-created findings may potentially influence policy, and after the study you will be invited to contribute additional ideas to a knowledge mobilization framework.

Risks

There are no physical risks to being involved in this study. You may become tired due to the length of the talks and the topic. We will direct you to an appropriate community organization or counselling service if you would like to further discuss the topics raised. You can refuse to answer any question you are asked. If desired, you may ask to see the research questions in advance of the interview.

Confidentiality

You have the right to not be identified throughout the research process. All efforts will be made to maintain anonymity should you desire. You may choose a pseudonym. While reviewing the interview transcripts, you may request the removal of any information that you feel impacts your anonymity. All audio recordings, transcripts, coding sheets, and related documents will be stored electronically on an encrypted device. This device will be stored in a locked filing cabinet. Raw data will only be seen by the researcher and her supervisor. The research ethics committee always has the right to review study data if required.

We intend to present the research findings at a conference and publish the study in a research journal. We will use direct quotations in the presentations and publications. We will take every step possible to protect your identity and privacy. No names or identifiers will appear in public

or stored information. Five years following the end of the study, the information will be shredded, and double deleted from the computer.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to answer any question and may ask for the audio recorder to be turned off at any time. Even if you agree to be in the study, you may change your mind.

Freedom to Withdraw

You can withdraw at any time during data collection and up to one week following the summary of the study findings. There will be no penalty of any sort. If you withdraw prior to the one-week time limit, we will destroy all information provided. If you wish to withdraw, contact any member of the research team by telephone, email or in person.

If you have concerns about this study, you may contact the Research Ethics Office, at 492-2615. This office has no direct involvement with this project.

**The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers. **

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

_____	_____
Participant's Name (printed) and Signature	Date
_____	_____
Name (printed) and Signature of Person Obtaining Consent	Date

Appendix D: Participant Demographic Form
Participant Demographic Form
Sand in the shorts: Experience of moral discomfort in APA

Please take a moment to fill in the participant information form. All information collected will support the research outlined in the information letter and will only be seen by the researcher and her supervisor. If you are not comfortable answering any of the questions, leave them blank.

Date: _____

CONTACT INFORMATION

Name: _____

Email: _____

Pseudonym (to protect anonymity): _____ ☐ no preference. Choose one for me

Phone: _____

City: _____

I prefer to be contacted by:

What is the best time/day to reach you:

☐ Email ☐ Phone

PARTICIPANT PROFILE

Age: _____

Ethnicity: _____

Highest level of completed education:

Degree(s) awarded (major/specialty):

☐ Bachelors

☐ PhD

☐ Masters

☐ Other

List any APA specific courses you have completed (through degree or professional development):

Please list any certifications/professional memberships you feel are relevant to your position as an APA professional:

EXPERIENCE IN APA

How long have you been working in APA

☐ 3-5 years ☐ 6-8 years ☐ 9-11 years ☐ 12-15 years ☐ 16-20 years ☐ >20 years

What is your current (primary) role (check all that apply):

☐ Front line service delivery ☐ Administration ☐ Research ☐ Other (please specify) _____

Please provide a brief overview of your current role:

What role(s) have you been in throughout your career?

☐ Front line service delivery ☐ Administration ☐ Research ☐ Other (please specify) _____

Which type of programs do you work in:

☐ Integrated/Inclusive ☐ Separate ☐ Both **Briefly**
describe the primary demographic that you work with?

Briefly describe the spaces/environment in which you work (i.e: pools, fitness centre, gymnasium, dance studios, field house, homes etc.)

How many hours/week do you spend interacting with individuals living with impairment?

Any additional information you feel is relevant to your experiences as a professional?

Appendix E: Interview Schedule

Interview Schedule

Research question: How do adapted physical activity professionals experience moral discomfort within professional practice?

Cluster One -Rapport and setting the stage

- 1) **Tell me about your position in APA and what ‘a day in your life’ may look like? (*descriptive*)**
Probes: who do you see, what do you do, what do you feel?
Probe: Tell me about the environment in which you work? How are relationships a part of this?

- 2) **What steps did you take (education, certifications, experiences etc.) to reach this place in your professional journey? How did you get into APA? (*structural*)**
Probes: How do your credentials and previous experiences contribute to your daily practice? What supports do you have within your professional practice?
 Is there a code of conduct you follow?

- 3) **How would you describe your personal APA philosophy? In what ways does this align (or not) with the organization you work for?**
Prompt: When people ask you what ‘what is APA’, what do you tell them?
Probe: Describe an APA professional. In what ways do you identify (or not) with this description?

- 4) **What is your role as an APA professional?**
Prompt: How do you self-identify as an APA professional? What is it that gives you this label?

- 5) **As an APA professional, who do you typically interact with? How would you describe these interactions?**
Probes: In what ways do you maintain boundaries? How and with who? What boundaries do you perceive from other people? Are there moments it is hard to maintain boundaries, if they exist?

Cluster Two: Digging Deeper

- 6) **When you see/hear the phrase ‘sand in your shorts’, what comes to mind?**

- 7) **Tell me about your biggest learning moments/awakenings as an APA professional. Describe that moment and what it meant to you. (*narrative*)**
Probes: Who was involved in this experience? What is it that made you share these experiences now?
 Have you shared this/these before? Why or why not?

- 8) **What sort of questions around your professional practice, if any, do you ask yourself on a regular basis?**
Probe: Is there anything you are consistently questioning? How are these questions important? Do you answer them honestly?
Probe: Are there questions you don’t like to pose? Would you be willing to share some of these?

- 9) **Do the terms *mutual respect* and *interdependency* hold meaning to you within your practice?**

Probe: How do these terms manifest in your professional practice?

- 10) **Are there any constraints that prevent you from acting on your professional beliefs and attitudes, or pursuing a certain course of action?**

Prompt: What sort of situations would lead you to feel burn out? How are these different from experiences where you feel enriched involvement?

Probe: How do you feel when this occurs? What do you do?

Cluster Three: Moral Discomfort

- 11) **Does the term ‘moral discomfort’ resonate with you? How? When?**

Probe: how would you define moral discomfort? If this feeling occurs within your professional practice, when?

- 12) **Has there ever been a moment where something in your situation has resulted in your changing the ‘story’ you tell?**

Probe: Is the story or experience ever impacted by things like constraints, pressures or relationships? If so, where do these come from?

- 13) **Tell me about a moment when you have experienced tension or discomfort within practice. What role do/did relationships play in this story?**

Prompts: has there been a time when your theory collided with the reality of practice?

Probe: What did you learn from these experiences and how does it influence your current practice?

Probe: what is it that made you share THIS story? What does it mean to you?

Probe: How did this make you feel, and does this influence your daily work now?

- 14) **Do you have an example of when practical problems became ethical concerns? What about where ethical problems have become a practical concern?**

Probe: How does this make you feel

Probe: Do these experiences of moral discomfort impact you self-respect in any way?

Cluster Four: Wrapping Up

- 15) **What do you consider to be the biggest problems facing APA professionals?**

Prompt: In undergraduate education? In the workplace? In professional development?

Probe: How do these problems make you feel?

- 16) **If you had the opportunity to ask another professional anything about their practice – what would you want to know?**

Probe: In what ways can you share questions about what is happening? What is your relationship with other professionals (if not addressed above). Why do you think you have never asked this question?

- 17) **What changes/ recommendations would you like to see in the field of APA? (structural)**

Probe: What would you change tomorrow if you could? What would you want to tell a future professional?

Appendix F: Member Reflection Form

Sand in the shorts: Experiences of moral discomfort in adapted physical activity professional practice Theme Feedback Form

Thank you so much for your contributions to my thesis study exploring how APA professionals experience and resolve moral discomfort in professional practice. I have completed data analysis and am looking for your comments and feedback on the five themes that were developed. Please take some time to complete the following:

- 1) Read the theme summaries and provide feedback as needed
- 2) Return the completed form to me at ebert@ualberta.ca by **Friday, May 11, 2018**

The five themes are as follows:

Who am I? That is *THE* question!

Even as self-identified APA professionals, we struggle to articulate what this means. We feel there is a lack of professional identity within practice. Many of us stumbled into the field, and we are often unsure if what we are doing is good or bad. We are unsure about our scope of practice, necessary skill set, or even whether our profession is really a ‘profession’. This lack of identity becomes even more complex as we try to build interdisciplinary connections. If we don’t really know what APA is, how can we communicate to others? It is common for us to work with those in education or healthcare, and those areas have clear boundaries and approaches to practice. APA is simply not recognized, may not be respected, and as professionals we are often tested or expected to ‘prove’ our worth. To be properly acknowledged, we pursue additional certifications or credentials even if these contradict our APA philosophy.

The grey line: Balancing rapport with boundaries

Relationship building is highly valued in APA professional practice, and we believe it is hard to be good at your job without developing rapport. Strong rapport leads to enriched experiences for everyone, but over time relationships may become muddled – especially when we work with the same people for long periods of time. As trust and mutual respect build, boundaries can be misinterpreted, or sensitive information (i.e.: abuse, suicidal thoughts, financial difficulties) is disclosed. We want to be consistent and professional, but don’t want to become ‘cold’ or ‘distant’. This tricky balance leaves APA professionals with strong feelings of moral discomfort.

The inside, outside, and upside down of ableism

How do you do what you feel is right when the world is telling you other ways you should do your job? We are surrounded by policies, procedures, scopes of practice, funding agencies, institutions and assumptions – all grounded in ableism. Moral discomfort arises in those moments when we must choose between the world or our own values. Sometimes we need to bend rules, find ways to justify our actions, or flat out lie and hope we don’t get caught. It can lead to us feeling like we are ‘f*!\$ed either way’, and makes it very difficult to initiate change. It is not just the ableism of the world that causes discomfort. As

we grow and learn as professionals, we tend to be very hard on ourselves when we realize the impact of our own ableist actions or decisions. These are stories we don't like to share and feel a lot of guilt and shame about.

The ass(et) of vulnerability: If you know less, are you less than?

Despite having no idea what we are doing at times, APA professionals experience moral discomfort from the pressures we feel to be the 'expert'. This feeling comes from inside us, but also from the outside world. In our education, expertism has been taught and reinforced. It takes a long time before we are comfortable saying, 'I don't know', and we feel there are strong consequences to voicing this. Sometimes we even 'hoodwink' people into believing that we know it all. We embrace the 'expert' role in some contexts but run from it in others. People think we know it all, and we tend to think we should. We struggle to be vulnerable because of the judgement and consequences that may arise in saying so.

Now what? The resolution

Moments of moral discomfort have been described as, 'icky', 'uncomfortable', 'annoying', and 'a sick feeling'. They are complex and resolving them is very difficult. We tend to deal with the discomfort by: 1) talking about it or, 2) pushing it away or avoiding it. Sharing with others is our preferred way to resolve, but we do not always feel we have the time or a safe space to do so. We fear judgement from colleagues, administration, researchers, the disability community, and ourselves. It may take years for us to be able to articulate an experience of moral discomfort and working through this can be emotional even though we know they can be valuable learning moments that enhance our practice.

Once you have read the themes, please pick the statement that best describes what you think about the results. You are encouraged to add any comments below.

☐ **This is me**

I see myself in the described themes

☐ **This is nothing like me**

These themes do not reflect my experiences

☐ **This is me, but...**

The themes reflect my experiences, but I'd also like to say...

Comments about the themes or labels:**Any other comments you would like to add:****Going forward:**

I hope to present findings from this study at the North American Federation of Adapted Physical Activity (NAFAPA) Symposium in Oregon this fall. I also intend on submitting an article for publication in the academic journal, *Adapted Physical Activity Quarterly (APAQ)*.

Would you like me to send you a copy of the article once it is published?

- ☐ Yes please.
☐ No thank you.

If there are future discussions, research studies or brainstorming sessions related to this topic and how we could develop a community of practice, would you like to be contacted?

- ☐ Yes please.
☐ No thank you.

I am incredibly grateful for your time, vulnerability, and contributions to this study. Please don't hesitate to be in touch.

Sincerely,

Amanda Ebert

Amanda Ebert
 MA Student
 ebert@ualberta.ca

