The Classification Experiences of Paraswimmers

by

Kirsti Lynne Van Dornick

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Arts

Faculty of Kinesiology, Sport, and Recreation
University of Alberta

Abstract

The purpose of this project was to examine the classification experiences of paraswimmers. Understanding paraswimmers' classification experiences added to the literature, exploring issues related to the functional classification system with a goal to influence classifier training. This research study was guided by an interpretive description (ID) approach, with the intent to shift the current understanding of paraswimming classification through new insights (Thorne, 2016). Purposeful theoretical sampling was used to recruit nine paraswimmers who ranged in swimming experience and assigned sport class. The primary source of data collection was semi-structured interviews. Data were also collected through document analysis, providing background and context for the classification system (Bowen, 2009). The interviews were first analyzed inductively in order to discover patterns and themes in the data and then deductively analyzed through Nordenfelt's (2004) dignity framework (Patton, 2002). The findings were captured in three themes drawn from participant descriptions: Access, Diversity, and (Un)certainty. Based on the findings, it was evident that paraswimmers recognized the opportunities available to them through their assigned classification. However, it was also apparent that paraswimmers felt that inconsistencies in the classification process negatively affected the fairness of parasport competition. These findings suggest that continued efforts to improve the validity of the classification system are required. In addition, paraswimmers and their supports (e.g., coaches) require more information about the classification process to better understand the outcomes and to more effectively advocate for their needs.

Preface

This thesis is an original work by Kirsti Van Dornick. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “What’s in a Number?: The Classification Experiences of Paraswimmers”, No. Pro00075012_AME1, February 5, 2018.

Acknowledgements

As I reflect on the past two years of graduate school, I am overcome with gratitude for the people who made this journey possible. It is truly a pleasure to have the opportunity to thank those who have lifted me up during this time of personal and professional transition; and who have allowed me the space to follow a path toward personal and professional growth.

First, to Dr. Nancy Spencer-Cavaliere. Your patience, understanding, support, and knowledge are appreciated beyond measure. You have challenged me to think deeper and encouraged me to be better. Thank you for being everything I could ask for in a supervisor. I would also like to thank my supervisory committee. Dr. Danielle Peers, thank you for lending your in-depth knowledge and experience to this project. Dr. Tara-Leigh McHugh, thank you for taking time out of your busy schedule to support me through this process.

Thank you to the Sport Science Association of Alberta (SSAA) for your generous funding toward this project.

I would like to express my sincere gratitude to the paraswimmers who shared their classification experiences so openly with me. Thank you for believing in this project and for taking time out of your extremely busy schedules to participate. This research project truly would not have been possible without you.

Last, but not least, I would like to thank my friends and family your ongoing support, interest, and excitement throughout this journey. A special thank you to my mom for driving to Edmonton every week to help with childcare and for encouraging me as I worked toward this goal. To my friends who have gone through graduate school – thank you for reminding me to

trust the process. Finally, to my partner and our daughter: your unwavering love and support kept me going through my most challenging moments. Thank you for always having faith in me.

Table of Contents

Glossary of Terms

Classification. Classification is "a process in which a single group of entities (or units) are ordered into a number of smaller groups (or classes) based on observable properties that they have in common" (Tweedy & Vanlandewijck, 2011, p. 259). The purpose of classification in parasport is to increase the likelihood of fair competition. The type of classification used in parasport is called selective classification, a system in which "athletes who enhance their competitive performance through effective training will not be moved to a class with athletes who have less activity limitation" (Tweedy & Vanlandewijck, 2011, p. 259). This means that parasport athletes will not be moved to a higher class based on performance enhancement because of training alone. For example, in paraswimming, a 100 m freestyle race for swimmers classified as S9 SB8 (swimmers with joint restrictions in one leg or with double below-the-knee amputations; "Swimming Classification", n.d.), the impact of the athlete's impairment on the outcome of the competition should be minimized, and the relative impact of other performance determinants – training background, physiology – is increased. The effect of the type of impairment is not eliminated but should be reduced.

Dignity. Dignity is considered a "broad construct that includes notions of social justice, choice, self-determination and a shared responsibility" (Johnston, Goodwin, & Leo, 2015, p.106). According to Nordenfelt (2004) elements of dignity include:

1. "Special dimension of value – one can be more or less dignified
2. A person's dignity is worthy of respect from others and the person themselves
3. Dignity has a set of properties belonging to the individual." (p. 70)

Disability. "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 wellbeing" (Thomas, 1999, p.60)

Evidence-based classification. An evidence-based classification system is a classification system that "states its purpose unambiguously; and empirical evidence indicates the methods used for assigning class will achieve the stated purpose" (Tweedy & Vanlandewijck, 2011, p. 259). The purpose of the Paralympic classification system should be to "promote participation in sport by people with disabilities by minimizing the impact of eligible impairment types on the outcome of competition" (Tweedy & Vanlandewijck, 2011, p. 259). Stated differently, the outcome of a competition in parasport should not be a result of differences in impairment type. Athletes should be placed in a classification category with competitors of similar ability. The International Paralympic Committee (IPC) (2015) has stated that International Sport Federations "must develop sports-specific Classification Systems through multidisciplinary scientific research. Such research must be evidence-based and focus on the relationship between impairment and key performance determinants. Athlete input must be solicited to assist in research and improvement in Classification Systems" (p. 11). Therefore, new classification systems should involve empirical evidence and athlete perspectives throughout their development.

Impairment. Impairment is defined as "variations in the structure, functions and workings of bodies which, in Western culture, are medically defined as significant abnormalities or pathologies" (Thomas, 1999, p. 8). It is considered a social product because "the discourses deployed to represent impairment are socially and culturally determined" (Thomas, 2004, p. 574).

International Classification of Functioning, Disability and Health (ICF). The ICF "provides a standard language and conceptual basis for the definition and measurement of disability, and it provides classifications and codes" (World Health Organization [WHO], 2013, p. 5). This framework can be used in many fields of application and is a key component of the functional classification system currently used in parasport (Tweedy, Beckman, & Connick, 2014).

Chapter One: Introduction

Significance of Study and Background

Classification of athletes in parasport has been a controversial and highly debated subject within the parasport community (Brittain, 2016; Sherrill, 1999). Paralympic systems of classification are aimed at increasing the participation of individuals with impairment in sport by minimizing the impact of impairment on the outcome of competition (Beckman & Tweedy, 2008; Sherrill, 1999; Tweedy & Vanlandewijck, 2011; Nicholson et al., 2018). The outcome of an athlete's classification seriously impacts their ability to pursue elite parasport (Tweedy & Vanlandewijck, 2011; Tweedy, Beckman & Connick, 2014; Wu & Williams, 1999). As the Paralympic movement continues to grow, with 159 countries competing in the 2016 Paralympic Games in Rio de Janeiro, Brazil ("Rio 2016 Paralympics", n.d.), classification has an ever-increasing impact on the participation of athletes at all levels of parasport.

Since the first summer Paralympic Games in 1960, athlete classification has evolved. The first system of classification was predicated upon medical diagnosis, grouping athletes into competition categories based on type of impairment (Daly & Vanlandewijck, 1999; Doyle, Davis, Humphries, Dugan, Horn, Shim & Newton, 2004; Hargreaves, 2000; Mashkovskiy & Brittain, 2017; Richter, Adams-Mushett, Ferrara, & McCann, 1992; Sherrill, 1999). In the mid-1980's a functional classification system was adopted by several parasports, which grouped athletes based on how their impairment impacted their sport performance rather than their diagnosis alone (Beckman, Connick, & Tweedy, 2016; Daly & Vanlandewijck; Jones & Howe, 2005; Tweedy & Vanlandewijck, 2011). The functional classification system for parasport has adopted its language and structure from The World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) (Beckman, Connick, & Tweedy, 2017;

Tweedy et al., 2014). The WHO established the first globally recognized system of classification, ICF, which placed greater emphasis on functional ability (DeKleijn-de Vrankrijker, 2003; Hargreaves, 2000). This classification process has been studied closely, with debates emerging as to whether this approach benefits the athletes or the Games' administrators (Higgs, Babstock, Buck, Parsons & Brewer, 1990; Howe & Jones, 2006; Richter et al., 1992; Tweedy, 2002). These questions are linked to the apparent efforts of administrators to reduce the number of classification categories to create a palatable event for spectators (Brittain, 2016; Howe & Jones, 2006) and have led to further inquiry into issues of fairness and participation rates (Hargreaves, 2000; Purdue & Howe, 2013). In addition to the cancellation of events, there are a myriad of other issues surrounding classification that pose significant challenges for athletes. For example, there is debate about classification boundaries for athletes who find themselves on the cusp of two classification categories; whether they are classified up or down can have a dramatic impact on their potential for success in sport (Wu & Williams, 1999). Furthermore, the training of professional classifiers and the tools used to assess function have not yet been standardized (Tweedy, Williams, & Bourke, 2010; Tweedy et al., 2014). This has led to inconsistencies in classification outcomes between countries and between competitions. The fairness of the functional classification system has also been questioned (Howe & Jones, 2006; Richter et al., 1992). Classification was created to ensure fair competition; however, the controversies associated with it suggest the goal of affording equitable competition among athletes is not being achieved.

The classification process is considered an important area of study in order to ensure quality competition is promoted within Paralympic sport (Sherrill, 1999; Tweedy et al., 2014). A call for evidence-based classification has been made by the International Paralympic Committee

(IPC) (Beckman et al., 2017; Tweedy, Connick, & Beckman, 2018; Tweedy & Vanlandewijck, 2011) and a new body of literature is developing to standardize classification protocols to increase the consistency and validity of the process. However, the athlete experience throughout the classification process remains relatively unknown. There are but a few published examples that describe the potential impact of classification on the athlete and the parasport community. Peers (2012a) discussed their personal experience as a Paralympian in detail and the way in which the process of classification influenced how they viewed themselves as an athlete and as a person. Howe and Jones (2006) described the impact classification had on athletes from a broader perspective, demonstrating the potential for athletes in lower sport classes to be more likely eliminated from competition opportunities. In a recent study, researchers surveyed the opinions of athletes, coaches, and classifiers in wheelchair basketball, identifying that communication between classifiers and athletes needs to be improved in order for athletes to better understand the classification process (Molik, Laskin, Golbeck, Kosmol, Rekowski, Morgulec-Adamowicz, Rutkowska, Marszalek, Gajewski, & Gomez, 2017). While the relevance of classification to athlete success and participation in sport is significant (Richter et al., 1992; Tweedy & Vanlandewijck, 2011; Tweedy, Beckman & Connick, 2014; Wu & Williams, 1999), the perspectives of athletes remain underrepresented.

Classification can be a very personal experience for the athlete (Peers, 2012a) and the way in which the process is executed by the classifier has the potential to impact the dignity of the athlete. Dignity is a basic human right (Nordenfelt, 2004) and when it is violated, the experience may have a lasting impact on an individual's life (Goodwin, Johnston, & Causgrove-Dunn, 2014). Gaining an understanding of athletes' experiences of parasport classification has the potential to stimulate dialogue and inform classification processes to ensure they are

conducted in a way that adheres to principles of dignity and ethics, as well as creating fair competition. Due to the continual evolution of the assessment and programming systems of the classification process, experiences of athletes in parasport classification can and should guide classification practices in the future (Sherrill, 1999). Given that classifiers are trained within particular parasports and that individual sporting bodies govern the classification of their athletes, exploring classification experiences across several athletes within a specific parasport may have the potential to contribute more directly and practically to the assessment and programming systems of specific classification processes.

Purpose and Research Question

The aim of this research study was to examine the classification experiences of parasport athletes using dignity as a conceptual framework. In particular, the experiences of paraswimmers was explored. Understanding the classification process from this perspective may influence the training of professional parasport classifiers in general, as well as specific to the sport of paraswimming, and could raise important ethical issues about the process itself. My background in training paraswimmers and links to the paraswimming community afforded a unique opportunity to explore classification within this particular sport. The primary question addressed through this study was: What are the parasport classification experiences of paraswimming athletes? Participants' experiences were investigated through semi-structured interviews. Specific research objectives included:

1. To explore the role of dignity in athletes' classification experiences
2. To inform current understandings of the parasport classification system and processes.

Understanding Disability

Disability is understood from different viewpoints. The medical model and social model of disability are two of the more common frameworks from which disability and impairment are defined and understood. However, these perspectives differ greatly when it comes to understanding the nature of disability (Thomas, 2004). Within the medical model, disability is considered a problem in the body that results in limited functioning, causing suffering and social disadvantage (Thomas, 1999; Thomas, 2004; Withers, 2012). Within the framework of the medical model, medical experts focus on finding the cause of the problem and fixing it or reducing its effects in an attempt to return the body to normal functioning (Withers, 2012). Contrastingly, disability within the social model, is considered a direct result of societal barriers. Impairment becomes secondary to the oppression, inequality and exclusion from society faced by individuals with impairments (Shakespeare, 2006; Thomas, 2004). Therefore, the experience of disability is dependent upon social factors such as culture and/or social context; and because these variables can be altered, there is potential for disability to be reduced or eliminated (Shakespeare, 2006). If societal attitudes and barriers could be removed, the social model suggests that disability would not exist. The social model of disability is considered the driving force behind the disability rights movement (Shakespeare, 2006).

Such opposing views of disability pose challenges when attempting to understand and define this concept. This extreme shift in understanding disability – from an individual problem to one that is socially constructed – is a transformative move that has challenged foundational understandings and created structural changes (Shakespeare, 2006; Thomas, 2004). Despite its wide acceptance, the social model has been criticized on the basis that it separates impairment from disability which can suggest people are only disabled by society and not their impairment

(Thomas, 1999; Thomas, 2004). Despite the role that societal attitudes, values and beliefs play in the exclusion of individuals living with impairment, the body itself will continually pose challenges as well. According to Thomas (2004), people experience disability due to their body, as well as society. Understanding disability exclusively through the social model could have negative repercussions for people living with impairment, because the focus shifts to exclusively removing social barriers instead of attending to variations in individual needs or to solving medical issues (Shakespeare, 2006). Viewing disability through a medical model is also problematic because disability is positioned as a medical issue, due an individual's deviation from the normal body (Brittain, 2004; Haegele & Hodge, 2016; Hargreaves, 2000; Withers, 2012). However, the definition of disability has transformed as the standard for normal has changed; what is considered to be a disability and what is considered healthy changes as social factors and norms evolve due to medical advances (Withers, 2012). Within a medical model, disability is managed through the relationship between the doctor and patient (Withers, 2012). Medical professionals can define disability and possess the capability to influence how individuals with impairment are treated in society (Brittain, 2004; Haegele & Hodge, 2016; Withers, 2012). The experiences of individuals with impairments are overlooked and medical professionals have power to define the needs of people with impairment. The way that disability is constructed re-affirms experts' beliefs about disability and people with impairment (Hargreaves, 2000; Withers, 2012), perpetuating a negative perception of disability (Haegele & Hodge, 2016). A medical model does not address nor work toward changing social problems that oppress people with impairment, it is focused on changing people with impairment, leaving the social structures that enable oppression intact (Withers, 2012).

The present research study was guided by a social relational model of disability. Through this lens, disability is viewed as the product of restricted activity that is completely social in nature (Thomas, 1999; Thomas, 2004). Impairment and chronic illness cause some restrictions in activity, however non-socially imposed restrictions do not create disability (Thomas, 2004). The social relational model does not discount the challenges faced as a result of impairment. It recognizes that individuals with impairment may still be restricted in activity by the impairment itself. Thomas (1999) offers the following example:

> …the fact I cannot hold a spoon or a saucepan in my left hand is an effect of my impairment, and does not constitute disability in the social relational sense. However, this restriction of activity may become the marker for *other* restrictions of activity which do constitute disability if, for example, people in positions of power decide that because I cannot perform such actions… [I] should therefore be denied employment…In this case, disability resides in the denial of rights… (p. 43)

In this example, the impairment itself does not cause disability, but does contribute to limitations in activity. Activity restrictions that are related directly to the impairment, but are not disabilities in social relational terms, are considered impairment effects (Thomas, 1999; Thomas, 2004).

The use of the social relational model of disability in this study is also reflected in the choice of disability language and terminology. Terminology is influenced by various theoretical, cultural or community-based philosophies (Peers, Spencer-Cavaliere, & Eales, 2014). Throughout this study I used the terms “athlete with impairment” or “paraswimmer” or “parasport athlete” when referring to the participants or describing the literature. This language is consistent with Thomas’ (1999; 2004) description of the social relational model, due to the physical nature of sport and the focus on the body during classification. Use of the term

impairment when describing an athletes' physical ability is consistent with the terminology used in parasport. The IPC (2014) released a document which outlined guidelines for the use of impairment, their preferred terminology when referring to athletes participating in parasport.

Currently, classification within parasport is a medically influenced process. Focus continues to be placed on athlete's diagnosis and / or impairment, and the process itself is built upon tests and measured with tools derived from the field of medicine (e.g., strength testing, range of motion, and coordination) and therefore resonates with medically based terminology. Employing a social relational model affords an opportunity to challenge and apply new understandings to classification practices and processes through the experiences of athletes with impairment.

Chapter Two: Review of the Literature

The Paralympic Games are the third largest multi-sport event on earth and take place every two years, alternating between summer and winter sports (Beckman et al., 2016). Several sports represented in the Games are similar or equivalent to Olympic events, with appropriate modifications made based on the ability of the athletes (DePauw & Gavron, 2005; Steadward & Peterson, 1997); however, some sports have been designed for a specific group of athletes (e.g., goalball is a sport for athletes who have low vision or are blind). There has been significant growth in the Paralympic movement over the past 60 years. Since the first Games were held in Rome in 1960, the Paralympic movement has grown exponentially, from 8 summer and 2 winter sports ("IPC Historical Results Archive", n.d.) to 23 summer and 5 winter sports currently on the program (Tweedy et al., 2014). The Rio 2016 Summer Paralympic Games hosted 4,300 athletes from 159 countries ("Rio 2016 Paralympics", n.d.), demonstrating the breadth of competitors involved in this elite event.

Traditionally, sport for people with impairment has been considered an appropriate rehabilitation environment to develop skills that enhance contribution to and belonging within society (Hargreaves, 2000; Peers, 2009; Peers, 2012b; Purdue & Howe, 2012). Competition and sport are valued by society, showcasing characteristics such as strength, endurance and the capabilities of the human body. Currently, the Paralympic Movement has identified ten eligible impairments for parasport participation (IPC, 2016). In order for an athlete to compete in parasport, they must be classified based on the type and degree of impairment in an effort to create an even playing field (DePauw & Gavron, 2005; Sherrill, 1986; Steadward & Peterson, 1997). According to Sherrill (1999), sport classification can be conceptualized as a constantly evolving assessment system with the main objective of ensuring fair competition. In other words,

athletes are assessed both on the playing field and sometimes off the playing field as well, before they are grouped into categories in an attempt to create equitable competition. Athletes are assessed by certified classifiers and are assigned a sport class based on functional ability, medical diagnosis, visual ability or intellectual assessment (Sherrill, 1999). Classification processes can differ based on the sport and impairment type. Twenty-five Paralympic sports have classification systems for physical impairment; sports such as goalball, judo, and 5-a side football, for example are impairment specific as only athletes with a visual impairment may compete (Tweedy et al., 2014).

Over the course of its history, the Paralympic Games has used a number of classification systems to group athletes with the goal of creating fair competition (DePauw & Gavron, 2005). These systems have evolved as the Paralympic movement has shifted focus from rehabilitation to sport performance. According to Sherrill (1986) fair competition means that each participant has an equal chance of winning. Classification systems have shifted in order to try and create fair competition, despite the potential to create a large number of classes, some with very few competitors. The number of sport classes became cumbersome for event organizers, resulting in pressure to streamline competitions and ease administrative burdens (Brasile, 1986; Brasile, 1990; Doyle et al., 2004; Higgs, Babstock, Buck, Parsons & Brewer, 1990; Wu & Williams, 1999).

The purpose of the following literature review is to describe the development of classification within Paralympic sport. In particular the focus was on medical classification, the International Classification of Functioning, Disability and Health (ICF), the call for evidence-based classification and the critiques, controversies, and experiences of the classification process.

Classification is highly relevant to the sport experiences of parasport athletes, yet little research has addressed their perspectives.

History of Paralympic Sport

The 15th Paralympic Games were held in Rio de Janeiro, Brazil in September 2016 and were one of the most popular games in the history of the Paralympics (Tuakli-Wosornu, 2016). The Rio Games had the largest group of athletes participating in recent years ("Rio 2016 Paralympics", n.d.). Innovations in technology and equipment have resulted in high-stakes competition, creating an exciting sporting spectacle that is watched around the world (Tuakli-Wosornu, 2016). The Paralympic Games as they are known today have evolved over more than 60 years (Legg & Steadward, 2011) and this rich history is important to recognize in order to understand the complexity of the underlying issues, such as classification, that continue to create controversy within the Paralympic Movement.

Competitive sporting events for athletes with impairment and the use of sport or games within a rehabilitation setting were established long before the inception of the Paralympic Games. The Sports Club for the Deaf was created in 1888, and the first International Silent Games was held in Paris in 1924 (Reismüller & Parry, 2017). These Games are considered the first officially recognized international games for athletes with impairment (Reismüller & Parry, 2017). The use of sport for wounded veterans in a rehabilitation setting took place, according to Reismüller and Parry (2017), as early as after the First World War. Across various rehabilitation hospitals in Europe and North America similar sporting programs started to emerge after World War II (Bailey, 2008; Peers, 2012b). Adapted sports were being developed in North America, for example, wheelchair basketball, which was played in the United States starting in 1944 and a competitive league established by 1948 (Reismüller & Parry, 2017).

Although these examples of sport for people with impairment demonstrate the widespread adoption of parasport across North America and Europe in the early part of the twentieth century, the work done by Sir Ludwig Guttman has been universally acknowledged as the starting point of the modern Paralympic Games (Reismüller & Parry, 2017). In September 1943, when Sir Ludwig Guttmann was appointed the Director of the National Spinal Cord Injuries Unit in Britain he presented more opportunities for athletes with spinal cord injury to engage in sport (Bailey, 2008; Brittain, 2016; DePauw & Gavron, 1995; Steadward & Peterson, 1997; Legg & Steadward, 2011). A training program was developed by Guttmann, where sport was used to develop skills and boost morale amongst the patients in the hospital (Steadward & Peterson, 1997).

In 1944, a competitive wheelchair polo team was developed and competed locally against individuals without impairment (Bailey, 2008; Peers, 2009). In 1948, the first Stoke-Mandeville Games, opened on the same day as the London, England Olympic Games (Bailey, 2008; Brittain, 2016; Steadward & Peterson, 1997; Steadward, Wheeler & Watkinson, 2003). Sixteen patients competed in the event, demonstrating the skill and athleticism developed through Guttmann's programming (Steadward et al., 2003). The Stoke-Mandeville Games were held yearly thereafter incorporating more physically demanding sports including wheelchair polo, badminton and netball (Steadward et al., 2003). As the competition became more demanding, participation increased, and the first international competition took place in 1952 when athletes from the Netherlands competed against the British in six wheelchair sports (Bailey, 2008; Brittain, 2016; DePauw & Gavron, 2005; Steadward et al., 2003). The success of the International Stoke Mandeville Games (ISMG) inspired Guttmann to develop an international sporting event for

athletes with spinal cord injury comparable to the Olympic Games and specifically for athletes using wheelchairs (Brittain, 2016; Steadward et al., 2003).

In 1960, Guttmann spoke of his wishes to have athletes with paraplegia participate in the Olympic Games in Rome. Although this did not take place, Rome held the ISMG, three weeks after the Olympics, which are now recognized as the first Paralympic Games (Bailey, 2008; Brittain, 2016; Legg & Steadward 2011; Steadward & Peterson, 1997). After the success of the Games in Rome, organizers were hopeful to continue hosting the Paralympic Games shortly after the Olympic Games in the same city; however, this did not happen again until 1988 in Seoul, Korea (Bailey, 2008; Brittain, 2016). The 1988 Paralympic Games in Seoul, Korea are considered the start of the modern Paralympic Games, shifting focus from rehabilitation to sporting excellence (Legg & Steadward, 2011).

Prior to 1988, specific sport organizations became key players for organizing sport for athletes with impairments (Bailey, 2008; Howe & Jones, 2006). International organizations that were responsible for the sport involvement for specific impairment groups were already in existence, such as The Comité International des Sports des Sourds (CISS), which was established in 1924 (Brittain, 2016). The International Stoke Mandeville Games Federation (ISMGF) was created to govern international wheelchair sport and continued to oversee the development and organization of the yearly International Stoke Mandeville Games (Steadward et al., 2003). In 1964, the International Sports Organization for the Disabled (ISOD) formed and represented various impairment groups (Brittain, 2016). In the late 1970's and early 1980's the ISOD gradually separated into three separate organizations, The Cerebral Palsied International Sports and Recreation Association (CP-ISRA), The International Blind Sports Association (IBSA), and ISOD (Brittain, 2016).

The need for these separate groups to communicate effectively with the International Olympic Committee (IOC) resulted in the creation of the International Coordinating Committee (ICC) in 1982 and included representation from four international organizations: CP-ISRA, IBSA, ISOD and ISMGF (Brittain, 2016; Legg & Steadward, 2011; Peers, 2009; Steadward et al., 2003). By 1986, at the tenth meeting of the ICC, The Comité International des Sports des Sourds (CISS) and The International Association of Sports for Persons with a Mental Handicap (INAS-FMH) became members of the ICC (Brittain, 2016). Controversy with the ICC as the governing body quickly arose, resulting in the formation of the International Paralympic Committee (IPC) on September 22, 1989 with Dr. Robert Steadward elected as the founding president (Bailey, 2008; Brittain, 2016; Legg & Steadward, 2011; Steadward et al., 2003). The main objective of the IPC was to be the only multi-disability organization with the right to organize the Paralympic Games, multi-disability Games and World Championships (Brittain, 2016; Purdue & Howe, 2012).

Sport for individuals with impairment was founded on the idea of improving the lives of individuals with impairment (Brittain, 2016). Three main areas were identified by Guttmann (as cited in Brittain, 2016, p. 81-82) in which sport could benefit individuals with impairment:

1. Sport as a Curative Factor: Sport is a natural form of basic exercise and can be used to compliment other forms of exercise to restore overall fitness.
2. The Recreational and Psychological Value of Sport: Sport can restore the enjoyment and passion for activity that is inherent in all human beings, with the caveat that these individuals find enjoyment in sport. Participation in sport can increase an individual's self-esteem, self-discipline, self-confidence, create friendships and develop a competitive spirit.

3. Sport as a means of Social Re-integration: The goal is to transform the perceptions society has over individuals with impairment. Integrated sports (such as archery or table tennis) increase understanding between individuals with impairment and those without impairment through the medium of sport.

Today the IPC maintains Guttmann's legacy, stating "the ultimate aspiration of the Paralympic Movement is to increase inclusion for individuals with impairment through para-sport" (IPC Strategic Plan 2015-2018, p. 14).

Although the history of the Paralympic Games is often celebrated, many individuals with impairment and groups representing people with impairments have critiqued the movement (Brittain, 2016). Areas of critique include the continued rehabilitation from tragic person with impairment to heroic Paralympian; the Paralympics serving as a means to empower people with impairment; and the continued production of experts acting upon athletes through various medical exams and classifications. Peers (2009) challenged the common narrative of the Paralympic Movement, highlighting that the view of disability continues to be that it is considered an obstacle to overcome rather than a form of social oppression that needs to be challenged and changed. They went on to demonstrate that this athletic platform "may not remedy the tragedy of disability, but rather, it continually reproduces the figure of the tragic disabled in order to reproduce itself" (Peers, 2009, p. 657).

Typical Paralympic histories neglect to include sporting events held by the Deaf community in the 19th century, and generally overlook the games patients participated in, not only in the Stoke Mandeville hospital, but in rehabilitation hospitals across Europe and North America (Peers, 2009; Peers, 2012b). These histories are not treated as significant as they

challenge Guttmann's role as the Father of the Paralympic Games, and the role of athletes as passive, grateful Paralympians (Peers, 2009). Sport was used to rescue individuals with impairment, situating it within the medical model of disability (Brittain, 2004; Peers, 2012b). Guttmann's construction of disability as a tragic problem within the body also established his role as expert, which allowed him to exercise control over the bodies and actions of the patients (Peers, 2012b). As DePauw (1997) stated, sport tends to reflect the dominant values and standards within society. In a post-war climate, sport could be considered a political and economic tool for rebuilding a country's workforce, giving Guttmann authority to demand sport participation that would result in rehabilitation or employability (Peers, 2012b). Even though the focus of the Paralympic Games has shifted from rehabilitation to elite sport performance (Legg & Steadward, 2011), sport is a place where physicality continues to be admired, creating a contradiction when athletes with impairment participate (DePauw, 1997). As a result, DePauw (1997) stated, it would be hard for sport fans or mainstream sport athletes to imagine seeing an athlete with impairment on a medal platform at the Olympic Games with equal status to athletes without impairment. Separate sporting events for athletes with impairment reinforce the visibility of disability in sport and perpetuate the empowering stories of overcoming disability (DePauw, 1997).

The notion of empowerment of individuals with impairment through sport has been challenged by scholars. Boyle, Dixon, and Gibbons (2013) found that individuals with impairment feel the Paralympic Games are an overly optimistic, unrealistic representation of the experience of disability. The athletic performances promoted at the Games tend to represent a certain type of impairment and as a result people with impairment do not relate to or feel inspired by Paralympians (Braye et al., 2013; Peers, 2012b; Purdue & Howe, 2012). The dominant

narrative of the Paralympian depicts a "tragic" individual with impairment overcoming barriers to become the "heroic" athlete (Braye et al., 2013; Peers, 2009; Purdue & Howe, 2012). This representation of the Paralympian then places the problem of impairment within the individual, undermining the need to change the way society impacts people with impairment (Peers, 2009; Peers, 2012b; Purdue & Howe, 2012).

Finally, the Paralympic Movement has created and sustained the production of experts in parasport (Peers, 2012b). IOSDs produced the problem of unfair competition, which was resolved through global standardization of rules and development of eligibility criteria (Howe & Jones, 2006; Peers, 2012b). Each organization could then claim authority over the athletes and activities of a specific, medically diagnosed impairment group through medical exams, diagnoses, and biomedical classification (DePauw & Gavron, 1995; Peers, 2012b). As classification of athletes took place within each sport organization, further categories of athletes emerged, and produced more bio-medically trained experts in parasport (Howe & Jones; 2006; Peers, 2012b). Essentially, the process of classification involves an expert's assessment of an athlete's approximation to normal and athletes subsequently begin to understand their body as disabled (Peers, 2012a). Classification systems continue to create controversy within the Paralympic movement, as their employment justifies the use of power over and against Paralympians, determining which impairment types are eligible to participate (Howe & Jones, 2006; Peers, 2009).

Medical Classification

The medical model of disability underpinned the emergence of sport for individuals with impairment (Hargreaves, 2000). With its roots in rehabilitation, diagnosis and impairment were determinants of an athlete's corresponding classification. Medical classification was based

exclusively on the athlete's physical condition or the nature of their impairment (Brasile 1986; Doyle et al., 2004; Hargreaves, 2000; Jones & Howe, 2005), and placed athletes with a similar level of impairment and function in categories together, with the hopes of achieving fair competition (DePauw & Gavron, 1995; Jones & Howe, 2005). Due to the range of impairment types in parasport, the process of medical classification varied among each IOSD. Individual sport organizations used different methods to classify athletes in sport; ISOD assigned classification based on level of amputation, whereas ISMWSF determined upper and lower extremity and trunk function through a neurological examination to decide the classification category; CP-ISRA classified athletes based on muscle tone, range of motion, coordination, muscle control and balance (Jones & Howe, 2005; Richter et al., 1992). The results of the classification process determined the event or sport an athlete would then participate in (Sherrill, 1999).

The medical classification system was the dominant system used to classify athletes with impairment from the 1940 – 1990s worldwide (DePauw & Gavron, 1995). Medical classification systems were established for athletes who had cerebral palsy, amputation, les autres and visual impairment. Such systems were established and adopted by sporting bodies representing athletes with impairment. However, the medical classification system was not meeting its goal of establishing fair competition for several parasports. In wheelchair basketball, for example, players' classifications did not accurately represent the players' abilities on the court (Brasile, 1990; Doyle et al., 2004). Athletes competing in track and field were assigned to their classification category based on their performance resulting in several athletes being misclassified (Higgs et al., 1990). This approach to classification yielded inconsistent results across events as the classification categories did not differ enough from each other (Higgs et al.,

1990). The suitability of medical classification was questioned in the 1990s, as it was difficult to represent athletes' abilities and to distinguish between different classes (Doyle et al., 2004). Also, it was considered unfair for athletes with the same impairment type but different functional abilities to compete together, as the best performances would come from those who were least affected by their impairment (Higgs et al., 1990). Ultimately, the medical classification process gave way to a new system that placed emphasis on the skill and ability of the athlete rather than classifying based on impairment alone.

Functional Classification

Focusing on the athletes' skill level in the competition arena was deemed a more suitable indicator for determining classification and a new model of classification emerged. In 2001, the WHO endorsed the adoption of the ICF (Jelsma, 2009; Tweedy, 2003), a new framework for classifying impairment and health, for wide use in various fields of application (WHO, 2013). As its name suggested, the ICF emphasized health and function versus impairment, applying more neutral terminology rather than targeting a specific group (DeKleijn-de Vrankrijker, 2003; Tweedy, 2002; Tweedy, 2003). This resulted in a standard coding system for describing states of health and disability (Brandt, Ho, Chan & Rasch, 2014). To develop a framework that was meaningful and would be used worldwide, the WHO relied on key stakeholders, including individuals with impairment and considered the language used in various cultures to attract user groups (Jelsma, 2009; Peterson, 2005). The language and structure of the functional classification system used in parasport is based upon the ICF (Tweedy et al., 2014). Adopting the ICF framework for parasport classification was expected to create consistency amongst classifiers, because it was well established and widely used, understood and distributed (Tweedy, 2002). For example, fewer reclassifications were expected because athletes and

coaches would be confident in the outcome of the classification process. Through its implementation, the ICF had potential to enhance the development of clear definitions and processes of classification that were widely understood and recognized by all involved in the parasport community (Tweedy, 2002). Through the implementation of a unified system of classification, such as the ICF, Tweedy (2002) suggested that ambiguous terms such as 'eligible impairment type' could be associated with outlined criteria based on the philosophy and language adopted through this widely used framework.

Since the introduction of the functional classification system, the standard and credibility of competition within the Paralympic Games is considered to have improved (Wu & Williams, 1999). This system of classification was commonly utilized to integrate athletes with different impairment types to compete together (Connick, Beckman, & Tweedy, 2018; Jones & Howe, 2005; Wu & Williams, 1996). The focus therefore, was to control the impact of impairment on the outcome of competition (Connick, et al., 2018). Placing athletes in classes with similar functional and / or physiological ability was believed to create fair and equitable competition. The classification system was considered fair if the following criteria were met: there are significant performance differences between classification groups (e.g., athletes in higher classes out performed those in lower classifications), the classification system generates consistent results across events, and athletes within a sport class have an equal opportunity to advance to finals and win medals (Wu & Williams, 1999). In addition to creating fairness, this approach was also intended to meet the goal of decreasing the number of total classes (Higgs et al., 1990; Jones & Howe, 2005; Tweedy, 2003; Wu & Williams, 1999). The move to this integrated classification system addressed the pressure to have fewer athletes and ultimately fewer Paralympic events (DePauw & Gavron, 2005; Jones & Howe, 2005; Tweedy, 2003). Through an integrated

classification system, Richter et al. (1992) stated that the general population may be better able to appreciate parasport without watching the same event several times and could reduce the cancellation of events due to low participant numbers.

Despite the intention to create a more palatable sporting event for the spectator, Howe and Jones (2006) argued that the integrated classification system would further distance the athletes from the organization of the Paralympic Games. Changes from medical classification to the functional classification system in various sports created tension due to the assumption that all athletes in the same category would demonstrate a similar performance standard (Wu & Williams, 1999). Athletes with various impairment types competing in the same category, made it difficult to ensure that all athletes would perform in a similar manner. In their study, Wu & Williams (1999) did not find significant differences within adjacent classes in the sport of swimming, resulting in the potential for misclassification, impacting performance and frustrating athletes and coaches. There was a significant difference between the qualifying times and abilities of athletes in adjacent classes. According to Howe and Jones (2006), altering the classification system to the ICF was not for the benefit of the athletes, but for the sake of the administration to better profit from and market the Paralympics.

Functional classification also posed challenges to classifiers, athletes and coaches. Currently, tests used to measure athlete function have not been validated (Connick et al., 2018; Howe & Jones, 2006; Richter et al., 1992; Tweedy & Vanlandewijck, 2010; Wu & Williams, 1999), and classification systems differ amongst Paralympic sports. Arguments to shift from medical classification have also varied among sports. For example, Doyle et al. (2004) suggested a shift to functional classification would result in a reduction of classes, allowing for simpler administration of the games and better representation of the various athletic abilities. Such

changes to the classification of wheelchair basketball athletes were thought to result in more equitable participation for all athletes, specifically those in lower classes (Brasile, 1986; Brasile, 1990). Evidently, a tension exists regarding the process of functional classification between fair competition and increasing participation in each category and the need to increase the number of categories due to the complexities of impairment (Jones & Howe, 2005). Additionally, ethical issues associated with functional classification posed challenges for classifiers, as well as athletes and coaches. In several sports, functional classification led to the fear that athletes may cheat the system by attempting to appear to have a greater degree of impairment during testing in order to be placed in a lower class (DePauw & Gavron, 2005; Howe & Jones, 2006; Richter et al., 1992; Tweedy et al., 2014).

A sport specific example of the complexities of the functional system of classification is paraswimming. Swimming is an example of a parasport that has been studied in detail regarding the use of functional classification. Athletes undergoing classification for competitive swimming must complete a bench test, which involves a number of muscular strength, limb coordination and range of motion tests, as well as a swimming specific test (Daly & Vanlandewijck, 1999; Howe & Jones, 2006; Richter et al., 1992; World Para Swimming, 2018; Wu & Williams, 1999). This classification process is challenging due to the diversity of athletes and the number of attributes to be assessed. Within paraswimming there are 14 classes in total and of these, 10 classes are specifically for athletes with physical impairment (Drummer, 1999). Researchers studying classification in swimming have also addressed the difficulty of placing athletes in the appropriate class, identifying testing protocols and determining evaluation criteria applicable only to people with certain impairment types (Richter et al., 1992), the need for classifiers to consider a large number of impairments simultaneously (Daly & Vanlandewijck, 1999; Howe &

Jones, 2006), and the potential for an athlete to be re-classified based on skill improvement through practice and training (Howe & Jones, 2006; Jones & Howe, 2005; Richter et al., 1992). It is questionable as to whether or not it is possible to place an athlete in an appropriate classification category without their training or practice having some effect. Jones & Howe (2005) raised this concern, questioning how a classifier can separate qualities of an athlete's impairment from the effect of training in the functional classification system. A new way of classifying athletes, using an evidence-based approach could be an important step to minimizing the impact of impairment on the outcome of competition (Vanlandewijck, Verellen, & Tweedy, 2011).

Evidence-based Classification

Given the issues with functional classification, the IPC approved the IPC Classification Code in 2007, which provided comprehensive guidelines, policies, and procedures for the conduct of classification in sports governed by the IPC or its member federations, as well as mandated the development of evidence-based classification (Tweedy & Vanlandewijck, 2011). The evidence-based classification code was mandated with the purpose of achieving the following objectives:

> "1. Provide a theoretically grounded description of the scientific principles underpinning classification in Paralympic sport;
>
> 2. Define the term *evidence-based classification* and provide guidelines for how it may be achieved" (Tweedy & Vanlandewijck, 2011, p. 260).

As Paralympic sport continues to mature and develop, with increased participation and awareness, Tweedy and Vanlandewijck (2011) proposed a classification system grounded in empirical evidence that will enhance the credibility of the Games, rather than continued reliance

on the judgement of a few experienced classifiers which has been a criticism of the functional classification system. Although a significant amount of work is required before an evidence-based classification system can be applied for use in parasport (Maskkovskiy & Brittain, 2017); the goal of applying evidence-based classification is to reinforce that athlete success is based on a combination of superior physiological and psychological attributes that enhance an athlete's performance rather than winning based on the degree of impairment (Tweedy & Vanlandewijck, 2011; Tweedy et al., 2014; Tweedy et al., 2018).

Tweedy and Vanlandewijck (2011) acknowledged that a major barrier to the development of an evidence-based classification system is that few systems of classification have a clearly stated and focused purpose. The proposed shift to evidence-based classification would clearly define the purpose of classification and recognize athletes with impairment are encouraged to participate in sport by "minimizing impact of eligible types of impairment on the outcome of competition" (Tweedy & Vanlandewijck, 2011, p. 265).

Variation would still occur in each sport and it would be the sport organization's responsibility to determine which of the 10 impairment types classified in Paralympic sport would be eligible and what the minimal criteria for participation, based on impairment, would be (Tweedy et al., 2014; Tweedy & Vanlandewijck, 2011). As the number of eligible impairment types for each sport increases, the complexity of developing an evidence-based classification system for a particular sport will increase as well. Therefore, it is important for both researchers and sport governing bodies to exercise caution and sound judgement when determining which impairment types should be selected (Tweedy et al., 2014).

Establishing appropriate systems of measurement for impairment type(s), sport performance, and an assessment of the validity of these measures are suggested future directions

(Beckman et al., 2017; Tweedy, et al., 2014; Nicholson et al., 2018). Understanding the relationship between impairment type and potential for performance can result in important classification-related decisions. For example, Vanlandewijck et al., (2011), demonstrated that the seated position for athletes using a wheelchair had the potential to significantly impact acceleration and ultimately performance; as a result, classifiers should consider components of trunk strength, coordination and impact of seating position on reach to determine an athlete's class. Working toward the creation of consistency among testing protocols administered by classifiers may also enhance the process. For example, the use of standard scales and tests to determine muscle strength through manual muscle testing has traditionally not been specified in Paralympic sport classification (Tweedy et al, 2010). More comprehensive measures with detailed methods could be used within multiple sports settings, if the muscle groups tested are relevant to the muscles used in a particular sport (Tweedy et al., 2010). The area of evidence-based classification is relatively new, and still requires a great deal of refinement. However, advancing the knowledge and application of valid measures of impairment and evaluating current methods of classification has been identified as an important step forward to enhancing the quality of competition for Paralympic athletes (Tweedy, et al., 2014; Tweedy & Vanlandewijck, 2011).

Critiques, Controversies and Experiences of Classification

There has been very little research that has assessed the systems of parasport classification based on the experiences of athletes, despite the challenges in finding a system of classification that meets the goal of ensuring fair and equitable competition. In this regard, researchers in the area of parasport have advocated for the engagement of athletes with impairment on issues of classification (Molik et al., 2017).

Classification can have an impact on the ways in which the IPC values athletes based on their impairment type and the ways athletes value each other (Purdue & Howe, 2013). In a study by Purdue and Howe (2013) who conducted interviews with athletes who were classified as having a higher degree of impairment, athletes indicated that it was "... seen as though it's much easier for us to get medals, we didn't have to swim as far and our medals were somehow less valuable. I never felt that, and those of us in those classes never felt that but you could certainly feel it..." (p. 35). In this quote, the athlete is suggesting that others, including athletes of different classifications, perceived that athletes with a higher degree of impairment were not required to work as hard to be successful in sport, and ultimately, this discredits their achievements. An athlete's classification has the potential to determine whether they are viewed as a high-performance athlete or not; and an increasing number of athletes with a higher degree of impairment are becoming excluded, as they do not display the elite sport performances desired in competitions such as the Paralympic Games (Purdue & Howe, 2013). Efforts to market the Games as high-caliber tend to focus on athletes with impairment who possess physical traits similar to those competing in the Olympic Games. Purdue & Howe (2013) suggested that athletes in lower classification categories may not be viewed as high-caliber athletes by those marketing the Games, thus excluding or making them feel excluded from competitive arenas such as the Paralympics. This is further reinforced by the lack of marketing attention for athletes in lower sport classes, reinforcing the view that the sporting performances of these athletes are not as valuable as those in higher classes.

Within parasport, the process of classification demonstrates a binding form of authority that hopeful athletes must be subjected to (Peers, 2009). Experts, typically doctors, physiotherapists, occupational therapists and sport/exercise scientists (Tweedy, et al., 2014) have

the capability to place athletes in categories in which they are not competitive or may deem them too able to compete, resulting in their removal from parasport altogether (Howe, & Jones, 2006; Peers, 2009). In a unique study capturing the athlete perspective about their classification experience, Peers (2012a), a former Paralympian carefully detailed their experiences, offering insight into classification processes. The impact that classification can have on an athlete's identity is described as Peers was classified down by 0.5 in their sport of wheelchair basketball. The drop in classification category was viewed as positive by their coaches and teammates, however, for Peers, it highlighted the progressive nature of impairment and exacerbated the body changes they may experience in the future. The assumption that disability is static and defines who a person is continues to influence how athletes with impairment are valued, perceived and treated (Brittain, 2004; Fine & Asch, 1988), and as the above example demonstrates, how they might feel about themselves and their impairment. The constant surveillance experienced through the classification process trickles down resulting in assigned classifications becoming debated amongst fans, teammates, and coaches (Peers, 2012a). As an athlete's movements, both on and off the court are scrutinized, the athlete begins to monitor their own activity to reinforce their impairment as legitimate (Peers, 2012a).

The athlete experience throughout the process of classification remains relatively unknown. Molik et al. (2017) highlighted this lack of research regarding athlete's opinions of classification in their study specific to wheelchair basketball. Through surveys of 79 wheelchair basketball athletes, the authors determined that one third of participants had a change in their classification, leading the authors to question the system According to the classification code for wheelchair basketball, an athlete's classification should be based solely on functional ability, therefore reclassification should only occur if there is a change in the athlete's functional ability

or a change in their wheelchair set up (Molik et al., 2017). New ways of understanding, thinking about, and developing classification systems and processes need to be considered. An important contribution to this area of research is exploring the perspectives of athletes.

Conceptual Framework

Dignity has been defended as an important concept in contemporary understandings of health, rights, and disability (Siegert & Ward, 2010). Dignity is considered a foundational ethical concept and is included in guiding documents such as the 1948 United Nations' Universal Declaration of Human Rights and in the 2006 United Nations Convention on the Rights of Persons with Disabilities (Siegert & Ward, 2010). Human dignity is considered a human right and a valued quality for all human beings (Castledine, 2006; Gallagher, 2004; Goodwin, Johnston, & Causegrove-Dunn, 2014; Harcum & Rosen, 1990; Johnston et al., 2015; Matiti & Trorey, 2008; Nordenfelt, 2004; Siegert & Ward, 2010; Sulmasy, 2012). A number of approaches have been used to enhance the way dignity is understood and applied in professional contexts, especially healthcare. Outlined below are a few of the approaches scholars have taken to better understand dignity, as well as the definition of dignity that will be used to guide the present research study.

In attempt to make sense of the term dignity, Jacobson (2007) suggested a framework is required to link seemingly contradictory properties of dignity (e.g., that dignity is described as undeniable, but is also something that can be taken away) to its other component parts: its *bearer* or who is considered to have dignity; its *ground* or the justification for how dignity is granted or maintained; and its *consequences* (implications for holding or granting dignity) *or uses*. Linking the properties of dignity highlights where the concept of dignity and outcomes of research converge and where they are different. Two distinct meanings of the concept include human

dignity- inherent value that belongs to every person, simply because they are human; and social dignity which can be experienced, given or earned through interactions in social settings (Jacobson, 2007). Social dignity is dependent upon an individual's interactions with others, and these interactions impact the view one has of themselves and how they view others.

According to Gallagher (2004), "dignity can be considered a two-pronged professional value: as an other-regarding value and a self-directed value" (p. 587). Consistent with the way dignity is approached by other scholars, there is a relational component, or how one interacts with others, as well as an intrinsic component, or how a person views themselves. To improve upon ethical practice in general, and focus on dignity specifically, an ethic of aspiration should be employed versus an ethic of obligation (Gallagher, 2004). This means that professionals should have the desire to improve upon their practice and learn from experiences.

Nordenfelt (2004) contends that the language of dignity goes beyond the commonly referred to notion of basic human dignity common to all humans. Dignity is considered both objective and subjective, which is consistent with other conceptualizations of the term. According to Nordenfelt (2004) there are four types of dignity and characteristics associated with them:

1. *Dignity of Merit* - an individual with rank or authority, who is entitled to certain rights based on their status e.g. doctor, cabinet minister. This kind of rank can come and go.
2. *Dignity of Moral Stature* - dependent on the thoughts and deeds of an individual; dignity in this case involves preserving one's own moral identity. In this case, dignity can be impacted by the acts of others.

3. *Dignity of Identity* – can be taken from a person as a result of external events, acts of others or be the result of injury, illness or old age. The worth that one feels may be affected by how they are viewed by others.
4. *Menschenwürde* – basic human dignity common to all – cannot be taken away.

For the purpose of this study, athlete's experiences of classification were framed within these four types of dignity. Griffin-Helsin (2005) suggested that dignity is threatened when it is unintentionally overlooked – especially when people feel vulnerable (as cited in Johnston, et al., 2015, p. 107). In the health care setting, patients reported that they adjusted their perception of the level of dignity that needs to be maintained based on the circumstances they were in; patients were prepared to tolerate a certain level of exposure or reduction of privacy in certain circumstances (Matiti & Trorey, 2008). Due to the subjective nature of dignity, it is difficult to know if an individual will feel that there has been a violation of their dignity. Violations of dignity can impact people in different ways. People are likely able to recall a time when their dignity was threatened; however, these instances are often quickly recovered from (Goodwin et al., 2014). At the same time, others may experience personal indignities regularly that cannot be appreciated by an outsider (Goodwin, et al., 2014). Sources of indignity can be described as both internal and external to a person (Nordenfelt, 2004) and can be attributed to a mis-understanding of cultural values, social conventions and world views (Goodwin, et al., 2014). Therefore, in settings that involve interactions among people of different cultures, belief systems, values and backgrounds, of which parasport classification is an example, the potential for dignity to be violated exists. Understanding experiences of people can bring attention to areas that can be improved to ensure that dignity is upheld (Castledine, 1996; Johnston et al., 2015; Mann, 1998; Matiti & Trorey, 2008; Whitehead & Wheeler, 2008).

Researchers have examined dignity in several professional contexts, including tourism, recreation, sport, exercise, and nursing. Several studies partner ethics with dignity (Berglund, Anne-Catherine, & Randers, 2010; Gallagher, 2004; O'Mathúna, 2011; Siegert & Ward, 2010), which reinforces the idea that there is a sense of good and bad; right and wrong – a way to properly uphold the dignity of others. An example is a study by Richards, Pritchard, and Morgan (2010) who examined the way people with impairment navigate the social barriers in their environment while travelling. Study participants spoke about their enjoyment of travelling, but also shared negative experiences. Specifically, being treated by employees and other tourists as a homogenous group, rather than individuals was acknowledged as problematic by the participants with visual impairments (Richards et al., 2010). In particular, two study participants felt especially frustrated and angry when they travelled via airplane. The authors reported how the disability policy of an airline stripped these individuals of their dignity when they were forced to sit in a wheelchair to be assisted through the airport and to the airplane. There were others in the focus groups who spoke of being made to feel fraudulent because they did not use social signifiers of visual impairment (e.g. white cane) or they did not conform to sighted people's stereotypical expectations. The authors articulated that these experiences can have repercussions on individuals' self-efficacy and could lead to further withdrawal from society and life-enhancing engagements (Richards et al., 2010).

The relationship between health care professionals (e.g. nurses, physiotherapists) and patients has also been studied to understand what influences a dignified experience for patients. Through interviews with patients with varying types of illnesses or impairments, common values were reported to uphold dignity. Violations of dignity have been reported to occur in situations where patients felt they were ignored or belittled by health care professionals (Berglund et al.,

2010; Gallagher, 2004; Jumisko, Lexell, & Söderberg, 2007), they were treated as an object, not an individual (Bailey, Gammage, van Ingen, & Ditor, 2017; Berglund et al., 2010; Castledine, 1996; Mann, 1998; Whitehead & Wheeler, 2008), they did not have privacy with respect to their body or personal information (Bailey et al., 2017; Berglund et al., 2010; Johnson, Little, Staufenberg, McDonald, & Taylor, 2016; Matiti & Trorey, 2008; Whitehead & Wheeler, 2008) and there was poor communication between the patient and the health care professional (Castledine, 1996; Johnson et al., 2016; Jumisko et al., 2007). Although the settings differ in particular ways, the importance of maintaining privacy, good communication, individuality and respect for patients in a health care setting is likely to also have relevance when considering the processes of parasport classification. Athletes may be vulnerable during the classification process and may be uncertain about what to expect. In health care settings, patients felt vulnerable when admitted to the hospital and became open to medical scrutiny which could result in the loss of privacy and dignity (Whitehead & Wheeler, 2008). As classification involves an assessment of the body, potential exists for athletes to experience similar feelings of vulnerability and exposure which may create potential for dignity to be violated. The present study examined experiences of classification in parasport and the potential impact on the dignity of the athletes.

Chapter Three: The Plan in Practice – Reflecting on the Methods

Positionality

Recognition of the researcher's role in a study creates an opportunity for the researcher to disclose their biases and assumptions regarding the research project (Merriam, 2009). Reflection and clarification of these positions "allows the reader to better understand how the individual researcher arrived at the particular interpretation of the data" (Merriam, 2009, p. 219).

For several years, I was a strength and conditioning coach for parasport athletes at a centre specializing in physical activity for people with impairments. During this time, I witnessed many successes and set-backs as individuals set out to achieve their goals in parasport. The athletes I worked with often shared their experiences as they attended classification and I became curious to better my understanding of this process. I began asking more questions and talking to coaches, who were often equally as frustrated with the classification system as the athletes were. When we initiated our paraswimming program, I began to understand this frustration. After attending an international conference, where classification was heavily featured on the program, I became aware of the research related to classification and some of what was lacking. What stood out for me in particular was the absence of athlete voices across this small body of research and specifically the lack of research that attended to what was occurring with the athletes in practice. My professional experiences as a parasport coach combined with the knowledge I was gaining about classification compelled me to ask after the classification experiences of parasport athletes.

As I entered my graduate degree program, I knew I wanted to focus my research question around classification in parasport. I felt I had an opportunity to address the gap in the classification research and prioritize athlete voices and their classification experiences. My hope

was that I could contribute to closing the gap between classification research and practice. The classification process that I had become familiar with did not seem fair and parasport athletes who worked hard and showed dedication to their training were not rewarded for their work. It made me want to know if others involved in parasport had a similar classification experience. As I prepared for this project, I recognized the need to acknowledge my biases toward classification. I was certain that all paraswimmers would be generally opposed to classification, with the majority of their experiences being negative. I expected the paraswimmers to talk at length about the dread they had toward classification and the vulnerable position they were placed in to pursue high performance sport. Since several of the classification experiences that were shared with me included the bench test taking place on the pool deck, I anticipated hearing about how embarrassed, uncomfortable, and vulnerable paraswimmers felt during this portion of the assessment. After all, that is how I, as a female who does not have an impairment, would feel in that situation.

Although a number of paraswimmers did, in fact, have negative experiences during their classification – several paraswimmers shared positive, rewarding accounts of the classification process too. I was surprised by the diversity in experiences and feelings towards classification. The findings from the interviews are described in Chapter 4.

Qualitative Inquiry

To increase my understanding of the phenomenon of classification, I chose qualitative inquiry, to create and build knowledge through lived-experiences. Through qualitative inquiry, I was able to collect data that would bring the emic, or insider perspective of the classification experiences of paraswimmers, to the forefront (Merriam & Tisdell, 2016), which addressed a critical gap in current classification research. As Stake (2010) stated, qualitative researchers

report on select activities and/or contexts to present a deeper understanding of how something works, often with the intention of making contributions to the development of policy and professional practice standards. Qualitative inquiry was well suited to support my objectives for this project which were: to present a deeper understanding of classification from the perspectives of paraswimmers, which, I hoped, would inform training and development of parasport classifiers and draw attention to critical issues within the classification process itself.

In order to select an approach to guide this study, I needed to align myself with a paradigm and identify an ontological and epistemological stance. This process was a challenge for me. Initially, I was able to position myself within the objective epistemology and "real" reality ontology of post-positivism (Lincoln, Lynham, & Guba, 2011), as I had been previously involved in quantitative research projects. Yet, as I reflected on the role I would play throughout my research project and doing coursework in the area of qualitative methods, I knew my assumptions and experiences would inform the research process. I felt this research project would best align with an interpretivist paradigm, subjectivist epistemology and relativist ontology (Lincoln et al., 2011).

My study was guided by an interpretive description (ID) approach (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997; Thorne, Reimer Kirkham, & O'Flynn Magee, 2004; Thorne, 2016). ID fit well to address my research question since it was generated based on my applied experience working with parasport athletes and I sought to understand what was at the core of their classification experiences (Thorne, 2016). As I came to better understand ID, it became clear that it was a good match to address my research question. ID's purpose, which is to shift the current understanding of an issue through new insights that will not only drive further research in an area, but also inform future practice (Thorne, 2016), well suited the purpose of this

study. It became clear during the literature review, that few research studies had addressed parasport athletes' classification experiences, and it was, and still is my hope, that the knowledge generated from understanding paraswimmer's experiences of classification will support a more in depth understanding of what classification is like in practice and potentially inform future classifier training. Additionally, ID enabled me to go beyond description and explore meanings and explanations that could influence practice (Thorne et al., 2004; Thorne, 2016). Therefore, ID was a relevant and useful approach to carrying out an in-depth exploration of the classification experiences of parasport athletes.

Participants

Overall, I was very pleased with participant recruitment for this research project. Through purposeful theoretical sampling, nine paraswimmers agreed to participate and share their classification experiences. Set guidelines for sample size are not available for qualitative inquiry, however, it is recommended that sample size addresses: the research question, the research assumptions, what will have credibility, and what can be done with available time and resources (Markula & Silk, 2011; Merriam & Tisdell, 2016; Patton, 2002). The sample size of nine participants appropriately represented my research question and aligned with my research assumptions.

The sampling strategy I used worked well, and I feel I achieved maximum variation of the sample (Thorne et al., 1997). Purposeful sampling built on the assumption that I wanted to uncover, understand and gain insight, which supported the selection of information rich cases to learn about issues that were central to the classification experience (Patton, 2002). Theoretical sampling built a sampling approach from the evolving theoretical variations that developed as the data was collected and analyzed, as all experiences were not known at the outset of the study

(Thorne et al., 1997; Thorne, 2016). To begin participant recruitment, I connected with a former colleague who coached paraswimmers. We discussed the purpose of this research project and I was provided with a list of paraswimmers and their contact information. Each paraswimmer had varied experiences within parasport and paraswimming, represented various sport classes, had different lived experiences due to age, gender, and impairment, and lived in different areas of the province.

All paraswimmers who participated in this study had been diagnosed with a physical impairment and were therefore classified differently than paraswimmers who have a visual impairment or an intellectual impairment (World Para Swimming, 2018). I wanted to focus on paraswimmers who had experienced the functional classification system and the assessment associated with it. I chose not to limit age, as there is not an age minimum or maximum reported in IPC documentation (IPC, 2016), however, I initially set 18 as the age minimum to participate in this study for feasibility and consent reasons. As I was speaking with other paraswimmers, I asked if they knew of anyone else that would like to participate in the study, and they connected me with an athlete who was 17 years old. I did not want to limit their participation, so I amended my ethics submission for them to participate. Therefore, the final age range of participants was 17-44 years old.

Participant recruitment was both exciting and nerve wracking. It was exciting to put the plan to practice and collect the data, yet I was nervous about whether or not enough people would volunteer to participate. Although I already knew several paraswimmers who were suggested by a former colleague, I was concerned they might not want to participate or that they might feel some kind of obligation to participate, because of our relationship. Additionally, I felt some discomfort contacting people I had not spoken to before and asking them to participate in a

study. Would they see the value of this research project? Would they be interested in participating? I had a back-up plan in place to connect with the provincial sport organization, however, was doubtful this would be useful for participant recruitment based on previous experiences with program recruitment. Thankfully, on the same day I sent out participant recruitment emails, I received three responses from paraswimmers who volunteered to participate. Paraswimmers continued to volunteer and I reached eight participants quite easily. The final participant and I were connected through another participant. I had hoped to reach ten participants and thought that I would as I was connected to a tenth paraswimmers through another participant. Initial communication indicated they were interested and willing to participate, however after further correspondence, they did not respond. I did not continue to follow-up as I did not want to appear to be pressuring someone to participate. I moved ahead with the nine participants.

Data Collection

In keeping with ID, I used a concurrent data collection and analysis approach (Thorne, 2016), and multiple data collection strategies to create a holistic understanding of classification to illustrate its characteristics, patterns, and structure (Thorne et al., 2004). In order to gain a thorough understanding of the experiences of classification for paraswimmers, I collected data in the following ways: document analysis, reflective journaling, and a semi-structured interview with each study participant.

Although document analysis can refer to a variety of print, visual, digital, and physical material relevant to the study (Merriam & Tisdell, 2016), my review focused on documents produced by the IPC and World Para Swimming (IPC Swimming). These documents proved useful when I was developing the interview guide and during the interviews with paraswimmers.

Reviewing the classification documents also provided me with an understanding of the background and context of classification (Bowen, 2009) and improved my knowledge of the methods used in classification to assess paraswimmers. In addition to the documents produced by the sport organizations, I had hoped that paraswimmers would have access to their classification documents to give further context to their experiences (Merriam & Tisdell, 2016), but none of them had even seen their classification report before. I was surprised that paraswimmers had not been privy to a report from their classification. I had assumed that classifiers or the sport organization would provide the athletes with a summary and explanation of their assessment and more information about their sport class.

A second data collection strategy I used was a reflective journal. I maintained a reflective journal, dating back to April 5, 2017, and recorded frequently. In this space, I recorded a variety of observations, thoughts, questions, and concerns about the research process. The goal of keeping the reflective journal was to enable the reader to see how the researcher constructs the design of the study, creating transparency in the research process (Ortlipp, 2008; Watt, 2007); however, none of this information is embedded in the research paper in Chapter 4. Questions about how the reflective journal would be used as a source of data came up in my proposal defense, and I thought I knew the answer. The content in the journal, which included my thoughts about the research process could be included in the discussion in some form; but it was not. The reflective journal served primarily as an audit trail. It did help to give context to the interviews when I went back in to do analysis – however, I did not analyze the reflective journal specifically. Watt (2007) suggested that through the writing, one will become more aware of the ways in which they contribute to the research process, and how to connect theory to practice. I think that may be what the reflective journal achieved.

The primary source of data for this research project was one semi-structured interview with each participant. Each paraswimmer had already been classified prior to the interview, but some had undergone classification multiple times and each instance was different. Therefore, interviewing served as a necessary means to understand classification as it was a past event that could not be replicated (Merriam & Tisdell, 2016). I did not conduct a pilot interview, because there was not a paraswimmer whose experience I would have left out. Therefore, in place of the pilot interview, I discussed the interview guide with the paraswimming coach to gain feedback based on their experience supporting paraswimmers through the classification process. Additionally, I shared the interview guide with Danielle Peers, a member of my supervisory committee and a former Paralympian with classification experience. I felt this was an effective way to ensure the interview guide was targeted toward the research question and gain feedback about the interview questions from people who had experience with classification in a more direct way that I had. Based on the feedback I received from these individuals, I revised the interview guide (Appendix A).

Interviews took place either at the University of Alberta or via Skype. I did not anticipate that half of the paraswimmers would be interviewed through Skype, and it was not without its technical challenges. I found it was much more difficult to establish rapport with some of the participants, and due to some awkwardness at times, I was uncertain about how to probe for more information or ask follow-up questions. At the outset of the interview, I asked participants if they had any questions before we started. Several of them asked me about what brought me to this project and this topic. I shared with them my previous role as a strength and conditioning coach and the knowledge of classification I had gained through working with paraswimmers. I felt this dialogue contributed to rapport building with participants that I did not know, and I

hoped the knowledge about my experience working alongside members of the parasport community would ease their nerves during the interview. Although I cannot say for certain, it seemed as though my previous position within the parasport community in general, and paraswimming specifically positively impacted my relationships with participants (Wiser, 2018). Interviewing was difficult at times, as I felt I was walking a fine line between asking what I wanted to know and leading the participant to the answer I wanted to hear. In certain instances, participants shared a lot of information that seemed sensitive, and I wanted to know more, but at the same time, I did not want to push them too far down a path they did not seem comfortable with and negatively affect the limited relationship we had built over Skype. In another instance, a participant seemed very quiet, and aware of the sensitive and political nature of the information they were sharing. I worked very hard to respect these invisible boundaries, although I was also uncertain at times whether I was getting the information needed to answer my research question. My feelings about the interviews tended to ebb and flow based on my perceptions of the participant's level of engagement and the answers they provided to the questions. Based on some of the interviews, I questioned whether one interview with each participant would be enough, or if follow-up was needed. This was not because I necessarily had follow-up questions, or I felt something was left unanswered, but because I was not sure if I was getting the "right" information. This feeling forced me to revisit my understanding of the kind of research I was doing and to question the assumptions I held with regard to the nature of the work (e.g., objectivity versus subjectivity). As I completed more interviews, I became more comfortable moving away from the interview guide and using a more conversational approach. After a review of Thorne's (2016) tips for interview engagement, I felt I had acquired some additional strategies to encourage participants to feel I was engaged and interested in the information they were

sharing and hopefully continue to feel comfortable detailing their classification experiences. In the end, I conducted one interview with each participant, and once I became immersed in data analysis I found rich information about the diverse experiences of classification.

Data Analysis

As anticipated, the transcribed interviews served as the primary data source for this study. The data collected through document analysis and reflective notes after each interview provided context to the interviews and created a space for reflection on the larger ideas presented when looking at all data sources collectively, which helped in forming initial categories (Creswell, 2013). Through repeated immersion in the transcripts, I was able to gain an understanding of the data prior to coding or creating linkages (Thorne et al., 2004; Thorne, 2016). Within the transcripts, there were clear recurring ideas that formed through each participant's experience, although there were also differences and unique aspects within them. After going through each participant's transcript individually I then collectively across all the transcripts, summarized their classification experiences into four key themes (Thorne et al., 2004).

Once I had established the themes, I discussed the themes with my master's supervisor, chronicling my thinking. Together we re-worked the themes to form a richer representation of the transcripts and critical ideas contained within them leading to two themes with embedded sub-themes. I then began the process of writing about the themes, which at first seemed to go well. However, when finished there was significant repetition between themes, and in some cases so much overlap that it was difficult to justify the separate themes. After another thorough review of the findings, prioritizing key quotes and ideas, three themes emerged as representative of paraswimmer's classification experiences. Inductive analysis to discover patterns and themes within the data (Patton, 2002) proved to be a very challenging aspect of this process. I am left

wondering: How do you ever know if you have analyzed enough? Are the findings ever complete?

Credibility

To achieve project integrity, specific steps and procedures were implemented throughout the research process to ensure an appropriate degree of credibility supported the outcome (Thorne, 2016). The goals of these procedures were: that the interpretations and outcomes of the study represented the experiences shared by participants, and that the reader was able to see what the researcher saw (Zitomer & Goodwin, 2014). Credibility was to be established through various means including an audit trail, critical friend, data triangulation, and member reflections.

Audit trail. As previously mentioned, I felt as though my reflective journal served as an audit trail. ID required a way to retrace the development of abstractions as a means to ensure that analytic directions are justifiable (Thorne et al., 1997), and I felt that I was able to capture that information over the course of the year long research process. The audit trail confirmed data collected to minimize bias and maximize capacity (Patton, 2002; Thorne et al., 1997). The audit trail was a valuable resource, not only for ensuring credibility, but also its contribution to understanding my own thinking behind the decisions I made throughout the duration of the project.

Critical friend. The process of data immersion was overwhelming at times, because there was so much information in the transcripts and prioritizing what should be included was difficult. Once I had reviewed and pulled out key ideas from the transcripts I began to make initial connections and linkages. My co-researcher and project supervisor did the same, and through this process, acted as a critical friend (Cowan & Taylor, 2016; Smith & McGannon,

2017). As Smith & McGannon (2017) stated, the critical friend encourages reflection upon and exploration of alternative explanations and interpretations related to the data. Their role is not to agree or find 'truth' but to act as a resource who challenges the developing interpretations in order to construct a coherent and theoretically sound argument (Cowan & Taylor, 2016; Smith & McGannon, 2017). I appreciated this process as my skills conducting an analysis were limited. Hearing alternative perspectives was valuable and afforded the opportunity to step back and reflect on different interpretations. As we worked together to construct the findings, I felt that we came to a place that made sense to both of us, and best reflected the diverse classification experiences shared by the paraswimmers.

Data triangulation. I had planned to have triangulation of data as a procedure to achieve credibility. I was initially intending to achieve triangulation of data through document analysis, reflective journaling and a semi-structured interview. However, as I stated, I did not feel that the reflective journal served as a true data source and the document analysis was primarily used as a tool to enrich the interview process. I would not claim I had triangulation of data.

Member reflections. Instead of using the more traditional procedure of member checking (Creswell, 2013; Thorne et al., 1997; Zitomer & Goodwin, 2014), I tried an approach that I was not familiar with to generate additional data or insight (Smith & McGannon, 2017). Member reflections were considered an opportunity for the participant and me to explore gaps in and shared interpretations of the data (Smith & McGannon, 2017). I was excited to try this process as I was keen on the idea that there would be an opportunity to engage directly with the participants to co-construct the findings and hear about their perspectives on the themes that we had generated. The timeline of the analysis was longer than I had originally anticipated, and I did

not want to share the themes with the participants until I felt confident they were finalized. It was therefore challenging to meet the intention of having post interview member reflections, not only due to the timeline, but it was also difficult to re-connect with participants after several months had passed. As planned, I shared the themes rather than the transcribed individual transcripts (Thorne et al., 1997), via an email to all participants. I asked them to review the themes and provide any feedback and indicate whether or not they felt their classification experiences were represented. Out of the nine participants in the study, I heard back from two, both indicating they were pleased with the themes and happy to have seen the findings. Although this process attempted to create an opportunity to acknowledge and explore any contradictions or differences in the knowledge created with the participant (Smith & McGannon, 2017), it did not work the way I thought it would.

Ethics and Ethical Concerns

I submitted an application for ethics approval to the University of Alberta Research Ethics Board (REB) using the Human Ethics Research Online (HERO) system.

The remaining ethical considerations for this project went according to plan. I felt comfortable and confident that I acted ethically toward all participants and provided them with the information they needed to feel comfortable taking part in this research project. To ensure the research project was carried out in a respectful, humane and honest way that honored collaboration between myself as the researcher and the participants, I adhered to the following strategies outlined by Zitomer and Goodwin (2014):

Informed Consent. Paraswimmers who met the study eligibility criteria connected with me directly or through their swimming coach. I prepared study information letters and consent

forms that I directly distributed or that were distributed by a coach to the athletes either in person or electronically. All consent forms were returned directly to me. All eligible participants were informed that their choice to participate or not to participate would not impact their involvement with their sport organization. Athletes who consented to participate were informed that they could withdraw from the research study at any time (Markula & Silk, 2011).

Confidentiality & Protection of Data. Pseudonyms for the participants and the research setting were given (Markula & Silk, 2011). Interviews, both in person and via Skype took place in a quiet, private space at the University, for example a room or office, or a location of the participant's choosing. All participant information (e.g., informed consent forms and personal descriptors) and reflective journals with identifying information have been kept in a locked cabinet in a locked office and only the research team has access to this information. Audio recorded interviews have been kept on a password protected computer and the participants were informed that a transcriber would also listen to the audio-taped file. As Markula & Silk (2011) identified, participants were notified that the information was used for research and not for other purposes without their consent.

Issues of Power. I was continually aware of the potential for hierarchical relationships to develop between myself and the research participants (Zitomer & Goodwin, 2014). Over the course of this research project, I believe that power fluctuated between myself, as the researcher, and the participants (Karnieli-Miller, Strier, & Pessach, 2009). I had my own motivations to conduct this research project and had primary control of participant recruitment (e.g., participant criteria), however, participants were in control of their decision to participate in this study (Karnieli et al., 2009). Additionally, as the researcher who conducted the interviews for this study, I now see the power I had, because I, along with my program supervisor, constructed the

research question, the interview guide, and I was asking the questions throughout the interview (Brinkmann & Kvale, 2005; Karnieli et al., 2009). Kvale and Brinkmann (2009) further describe often neglected power characteristics of the interview situation: the interview is one-directional questioning, whereby the interviewer (me in this case) asks the questions and the interviewees (paraswimmers) are expected to answer, and the instrumental dialogue, meaning that the interview is a means to serve the researcher's end. I cannot disagree that this occurred in the interviews I conducted with paraswimmers. At the beginning of the interview, I asked the paraswimmers if they had any questions before we got started and I was open to answering questions they had throughout the interview. Additionally, I was happy to answer their questions about why I had decided to do this research study and disclosed my past as a strength and conditioning coach for parasport athletes.

At the outset of this project, I was aware of the power I had as the researcher to shape the stories the participants told me during the data analysis and the report write-up (Karnieli et al., 2009). For this reason, I was eager to re-engage with participants through member reflections to discuss the study findings. Throughout the duration of the study, I was open with participants about the research process and was willing to collaborate with them to ensure their views and experiences were accurately represented (Zitomer & Goodwin, 2014).

Chapter Four: What's in a Number?: The Classification Experiences of Paraswimmers

Parasport[1] has experienced significant growth over the past 60 years, with the Paralympic Games becoming the second largest multi-sport event on earth (Jones & Howe, 2005; Steadward & Peterson, 1997). In 2018, over 500 athletes from 49 countries competed in six sports at the Winter Paralympic Games in Peyongchang, South Korea ("International Paralympic Committee (IPC) Historical Results Archive", n.d.) and the 2016 Summer Paralympic Games held in Rio de Janeiro, Brazil hosted 4,300 athletes from 159 countries competing in 22 sports ("IPC Historical Results Archive", n.d.). As the Paralympic Movement continues to gain momentum, it is likely these numbers will grow. Athletes with physical, sensory, and intellectual impairments are eligible to compete in parasport, and each athlete is classified based on their body's degree of function (DePauw & Gavron, 2005; Howe, 2008; Sherril, 1986; Steadward & Peterson, 1997). Classification has consistently evolved over time and its purpose is to ensure fair competition and to minimize the impact of impairment on the outcome of competition (Burkett, et al., 2018; Howe, 2008; Sherrill, 1999; World Para Swimming, 2018).

Classification provides a structure for competition in parasport (International Paralympic Committee [IPC], 2015; Tweedy, Beckman, & Connick, 2014) with the goal of reducing the impact of impairment on the outcome of competition (Beckman & Tweedy, 2008; Connick, Beckman, Deuble, & Tweedy, 2016; Tweedy et al., 2014; Vanlandewijck, Verellen, & Tweedy, 2011). In order to compete at an international level, parasport athletes must present documentation indicating they have at least one of 10 eligible impairments identified by the IPC, which is the governing body for Paralympic sport, before they are placed into a sport class based

[1] "Refers to the highly structured, competitive iterations of sports that are featured in the Paralympic Games" (Peers, 2012, p. 187).

on their level of function (Beckman et al., 2017; IPC, 2015; Tweedy, Connick, & Beckman, 2018). Each parasport uses a unique system to place athletes into classes and not all eligible impairment types are represented in each sport (e.g., seven of the ten eligible impairment types are able to compete in sitting volleyball, whereas only athletes with visual impairment may compete in goalball) (Brittain, 2016; IPC, 2015). Paraswimming, the parasport focus of the present study, includes all ten eligible impairment types and has employed a functional classification system since 1985, with evaluation occurring both in and out of the water in order to assign paraswimmers to a sport class (Burkett et al., 2018; Daly & Vanlandewijck, 1999). The classification process for paraswimming is comprised of two primary forms of assessment: a physical assessment, also commonly referred to as a bench test, which evaluates musculoskeletal function (e.g., strength, coordination, range of motion) and a technical assessment, done in the water, to evaluate the effect of an athlete's impairment on their swimming (Burkett et al., 2018; World Para Swimming, 2018). Paraswimmers are evaluated by a panel of two or three certified classifiers who assign the paraswimmer to a sport class based on their assessment scores (Sherrill, 1999; World Para Swimming, 2018).

Evolution of Classification

Classification has evolved as the focus of the Paralympic movement shifted from rehabilitation to sport performance ("History of Classification", n.d.; Tweedy & Vanlandewijck, 2011). Two distinct classification systems have been used in paraswimming (among other parasports) with the goal of creating fair competition: a medical classification system and a functional classification system (Burkett et al., 2018). Medical classification involved placing parasport athletes in categories based on similar type of impairment diagnosis and level of function (Burkett et al., 2018; DePauw & Gavron, 1995; Howe & Jones, 2006; Jones & Howe, 2005). For example, athletes with a spinal cord injury would compete in a 100m freestyle swim,

separately from athletes with cerebral palsy, or who had an amputation (Beckman et al., 2016). Medical classification was the primary system used for evaluating all parasport athletes between 1940-1990 (DePauw & Gavron, 1995). This approach to categorizing parasport athletes based primarily on impairment was eventually questioned and criticized on the basis that it was too complex to manage administratively, and because of the range of impairment types and levels of function, several events were cancelled due to low participation numbers (Richter, Adams-Mushett, Ferrara, & McCann, 1992). Specifically, there were concerns that there were too many sport classes (Brittain, 2016; Doyle et al., 2004) and that it was unfair for parasport athletes with the same impairment but diverse abilities to compete in the same category (Higgs, Babstock, Buck, Parsons, & Brewer, 1990). As more impairment groups were included in the Paralympic Games, the number of medals awarded grew significantly between 1972-1984, for example, over 2,200 medals were handed out in the 1988 Seoul Games (Brittain, 2016). This rapid growth ultimately led to a demand, on the part of the Paralympic Games organizing committees, to develop a new classification system in order to decrease the number of classification categories (Brittain, 2016; Higgs et al., 1990; "History of Classification", n.d.), and to reduce the size of the event to make it more manageable to market (Howe & Jones, 2006; Tweedy & Vanlandewijck, 2011).

In the mid-1980's an integrated functional classification system was adopted by several sports, which resulted in athletes being grouped based how their impairment functionally impacted their sport performance rather than their impairment diagnosis (Tweedy & Vanlandewijck, 2011). This meant that athletes with different impairment diagnoses could then compete with and against each other in the same sport class. While this approach did lead to fewer classification categories, the functional classification system has also been challenged. In

paraswimming the diversity of athletes competing within the same class has been questioned, as have differences between classes. In studies conducted by Burkett et al. (2018) and Wu & Williams (1999), significant differences were not found across adjacent classes in paraswimming meaning, for example, that swimmers in classes S9 and S10 showed similar swimming performances, resulting in questions about the effectiveness of the functional classification system to appropriately differentiate among athlete performances (Burkett et al., 2018). Within paraswimming, there are 14 sport classes in total and of these, 10 classes are specifically for athletes with physical impairment (Drummer, 1999), highlighting the diversity among paraswimmers competing in the sport. Several researchers have examined classification in paraswimming and have recognized various challenges within the functional classification system. These include, the implementation of protocol and evaluation criteria for specific impairment types and placing paraswimmers in appropriate sport classes (Richter et al., 1992), the requirement for classifiers to consider many impairment types simultaneously (Daly & Vanlandewijck, 1999; Howe & Jones, 2006), and the impact of practice and training on classification (Howe & Jones, 2006; Jones & Howe, 2005; Richter et al., 1992).

Due to the concerns raised about the validity of functional classification, the IPC Classification Code was approved in 2007, which mandated the development of evidence-based classification for all parasports (Beckman et al., 2017; Tweedy et al., 2018; Tweedy & Vanlandewijck, 2011). An evidence-based system requires a clearly stated purpose for classification and evidence that the methods used to classify parasport athletes meet this purpose (Beckman & Tweedy, 2008; Tweedy & Vanlandewijck, 2011). The purpose of evidence-based classification is to "promote participation in sport by people with disabilities by minimising the impact of eligible types of impairment on the outcome of competition" (Tweedy &

Vanlandewijck, 2011, p. 265). Further research is required in order to develop evidence-based methods to classify impairments of coordination, range of motion, and strength (Connick et al., 2016), as well as to quantify activity limitation due to impairment, ensuring that a parasport athlete's classification does not change due to effects of training (Beckman & Tweedy, 2009; Beckman et al., 2017; Connick et al., 2016). In a 2014 review, Tweedy et al. indicated that few research groups have moved forward in developing evidence-based classification methods and without valid measures of impairment(s) research in the area cannot advance. While there is recognition that a classification system grounded in empirical evidence will enhance the credibility of the Games (Tweedy & Vanlandewjick, 2011), further research is required before the implementation of an evidence-based classification system can be fully realized (Tweedy et al., 2014).

Conflicts in Classification

Classification has continued to present a range of challenges and debates within the parasport community. In addition to the challenges described above, scholars have indicated that classification also has an impact on the value and perceived quality of a parasport athlete's performance (Purdue & Howe, 2013). Purdue and Howe (2013) reported that parasport athletes in lower sport classes have been undervalued as their performances were not considered elite by parasport athletes in higher classes, and they were excluded from marketing campaigns because they did not display physical traits similar to the athletes competing at the Olympic Games. This situation also led to feelings of exclusion from competitive arenas, such as the Paralympics, for athlete with lower classifications (Purdue & Howe, 2013).

Within parasport, the process of classification has not only contributed to feelings of exclusion, it has also created a binding form of authority that parasport athletes must endure to compete (Peers, 2009). Classifiers (e.g., doctors, physiotherapists, occupational therapists and

sport/exercise scientists; Tweedy, et al., 2014) are considered the experts and have the power to assign sport classes to parasport athletes or to deem them too able to compete, resulting in their removal from parasport competition altogether (Howe, & Jones, 2006; Peers, 2009). In a unique study, Peers (2012), a former Paralympian, detailed their classification experience, offering insight into the classification process. As Peers (2012) recounted, after being called over by a classifier to demonstrate gait pattern in a gymnasium after a wheelchair basketball game, "I feel awkward, almost naked, under her gaze, yet I am strangely eager to comply… she is in a position to try to get me classified…" (p.178). This particular quote highlights both the power classifiers hold over athletes as well as a process of uncomfortable intimacy. During classification before the Paralympic qualifiers, Peers (2012) further described an interaction with a panel of wheelchair basketball classifiers:

> Their eyes follow my movements, this time with more disinterest than disdain. '4.5' [classification for wheelchair basketball] she declares. The other classifiers nod, one writing it down on an official looking sheet… As I stand up to leave, one of them adds, as though it were a kindness: 'make sure not to smoke. Muscular dystrophy can hit your lungs… I nod, trying to get out of the room as fast as I can. 'And no babies!' she calls to me as I pass the remaining athletes on the way out the door: 'they could end up like you!'" (p. 181).

This commentary, that occurred within earshot of other athletes, is separate from Peers' ability to perform on the basketball court and unrelated to their classification. Yet it importantly reveals the vulnerability athletes are exposed to within a process where the imbalances of power are of great consequence to their athletic careers. Another study by Molik et al. (2017) focused on the perspectives of athletes, coaches, and classifiers regarding wheelchair basketball's

functional classification system. They found that the three groups felt the current classification system was satisfactory, however challenges were also identified. Nearly one third of athletes reported a change in classification, but no change in wheelchair set up or functional ability. Additionally, subjectivity of the assessment, and cheating within the classification system were identified as concerns among athletes and coaches. Few studies have assessed the systems of parasport classification based on the experiences of parasport athletes. This is particularly surprising given the challenges associated with finding a system of classification that meets the goal of ensuring fair and equitable competition. In this regard, researchers in parasport have advocated for the engagement of parasport athletes on issues related to classification (Molik et al., 2017). An important step to achieving this type of engagement is to learn more about the classification experiences of parasport athletes.

Purpose

Classification is complex and controversial within the parasport community. The challenges associated with the development of a classification system that ensures fair and equitable competition, in alignment with the IPC Classification Code remain (Tweedy et al., 2018) and the experience of parasport athletes as they go through the classification system are relatively unknown (Molik, et al., 2017). Therefore, the aim of this study was to examine the classification experiences of paraswimmers. Exploring the paraswimming context will add to knowledge examining classification from the perspective of athletes in diverse sport classes who have been classified within the functional classification system, and how this process has impacted their ability to pursue high performance paraswimming. Understanding the classification process from this perspective will, we hope, have the potential to influence training and development of parasport classifiers in general, as well as specific to the sport of

paraswimming. In addition to addressing some of the challenges of classification described above, we also hope that by bringing the experiences of athletes to the forefront we will draw attention to critical issues about the process itself.

Conceptual Framework

To gain a broad understanding of the classification experiences of paraswimmers, we applied a conceptual framework of dignity. Dignity has a relational component, and an intrinsic component (Gallagher, 2004; Jacobson, 2007; Nordenfelt, 2004), which can be applied to classification in paraswimming. Classification in paraswimming is based upon an interaction between the paraswimmer and the classifiers, whereby the paraswimmer must demonstrate their abilities through a series of tests requested by the classifiers. Classifiers then deliberate and decide which sport class the paraswimmer will best fit, with the outcome playing an important role in their ability to pursue high level competition.

In this study, paraswimmers' experiences of classification were framed within Nordenfelt's (2004) four types of dignity and the characteristics associated with them:

- *Dignity of Merit* - an individual with rank or authority, who is entitled to certain rights based on their status e.g. doctor, cabinet minister. This kind of rank can come and go.
- *Dignity of Moral Stature* - dependent on the thoughts and deeds of an individual; dignity in this case involves preserving one's own moral identity. In this case, dignity can be impacted by the acts of others.
- *Dignity of Identity* – can be taken from a person as a result of external events, acts of others or be the result of injury, illness or old age. The worth that one feels may be affected by how they are viewed by others.
- *Menschenwürde* – basic human dignity common to all – cannot be taken away.

Griffin-Helsin (2005) suggested that dignity is threatened when it is unintentionally overlooked – especially when people feel vulnerable. Classification as a process of assessment, judgment, and evaluation with significant implications leaves athletes highly vulnerable both within the process and to the classifiers bestowed with the power to execute it. Due to the subjective nature of dignity, it is difficult to know if an individual will feel there has been a violation of their dignity. Sources of indignity can be described as both internal and external to a person (Nordenfelt, 2004) and can be attributed to a mis-understanding of cultural values, social conventions and world views (Goodwin, et al., 2014). Therefore, in settings that involve interactions among people of different cultures, belief systems, values and backgrounds, of which parasport classification is an example, the potential for dignity to be violated exists. Violations of dignity can impact people in different ways. People are likely able to recall a time when their dignity was threatened; however, these instances are often quickly recovered from (Goodwin et al., 2014). At the same time, others may experience personal indignities regularly that cannot be appreciated by an outsider (Goodwin, et al., 2014). Understanding people's experiences can bring attention to areas that can be improved to ensure that dignity is upheld (Castledine, 1996; Johnston et al., 2015; Mann, 1998; Matiti & Trorey, 2008; Whitehead & Wheeler, 2008). Dignity, we argue, is a critical lens through which to examine and understand paraswimmers experiences of classification and to inform future classification processes.

Method

With the goal to shift current understanding of an issue through new insights to drive further investigation and inform practice (Thorne, 2016) an interpretive description (ID) approach guided this study. ID supports the exploration of meanings and explanations that will influence practice (Thorne et al., 2004; Thorne, 2016), which are well matched with the primary

focus of the present study. The use of ID was also appropriate for this research as it is an approach that can advance knowledge where relevant experiential, subjective knowledge of the phenomena has not yet been reported (Thorne, 2016). To date, the classification experiences of paraswimmers have received very little attention in the literature.

Participants and Data Collection

Canadian paraswimmers between the ages of 17-50, who competed in paraswimming at a regional level or higher were recruited to take part in the study. A large age range was indicative of parasport participation in Canada. Paraswimming is open to the 10 eligible impairment types identified by the Paralympic Movement (International Paralympic Committee, 2015), which created the opportunity to hear diverse classification experiences.

This study was approved by a University Research Ethics Board. All participants provided informed consent and were given an opportunity to ask questions about the research project prior to beginning data collection. In total, 9 paraswimmers consented to be interviewed (8 female, 1 male), between 17 - 44 years old (mean age 24 y/o). Paraswimmers had been involved in swimming between 2 - 13 years (mean years 6). Participants ranged in their paraswimming experience, from having a provincial classification and competing at regional meets; to having an international classification and competing at one or more Paralympic Games.

Semi-structured interviews were the primary data source for this project. Each paraswimmer participated in one semi-structured interview, either in person or via Skype. All interviews were audio-recorded, lasted between 37 - 70 minutes (average of 51 min), and were transcribed verbatim. The interview guide was created through discussions between the first and second authors and scaffolded by the current research related to classification and Nordenfelt's (2004) conceptualization of dignity. To ensure the interview questions were relevant and

understandable, the primary author reviewed the interview guide with a paraswimming coach familiar with the classification process and a former Paralympian and disability studies academic, resulting in several revisions. The first author, who also conducted the interviews, was well versed in paraswimming classification. She was previously employed as a strength and conditioning coach for paraswimmers and therefore had a unique understanding with regard to the demands of the sport. After each interview, the primary author recorded reflective notes, as this was a critical time to ensure the data collected were useful and the questions were generating answers that addressed the study purpose (Patton, 2002). Data were also collected through document analysis. Documents produced by the International Paralympic Committee (IPC) and World Para Swimming related to classification in general and paraswimming respectively were reviewed by the first author. This further supported the researcher to understand the background and context of the phenomena under investigation (Bowen, 2009).

Data Analysis

Thematic analysis was applied to create a "representation based on data groupings and patterns that have been inductively derived as a result of the analytic process, and therefore constitute an aspect of the findings" (Thorne, 2016, p. 182). Following this initial inductive approach, deductive analysis techniques were also applied in order to understand the data relative to the conceptual framework of dignity (Patton, 2002). In order to establish a thorough understanding of the data, each case was analyzed in-depth through repeated immersion in the transcripts (Thorne et al., 2004; Thorne, 2016). This resulted in knowledge of the data that would "illuminate those aspects that might legitimately be considered patterns and themes within the dataset overall" (Thorne, 2008, p. 150). Piecing together each interview to identify patterns and themes was guided by two key questions: "what is happening here?" and "what am I learning

about this?" (Thorne, et al., 1997). Identification of a relevant pattern within the data was also guided by the disciplinary orientation of the first author, with a focus to better understand the phenomenon of classification (Thorne, 2016).

Credibility

To achieve project integrity, specific steps and procedures were implemented throughout the research process (Thorne, 2016). These procedures served to ensure the interpretations and outcomes of the study represented the experiences shared by participants and that the reader can see what the researcher saw (Zitomer & Goodwin, 2014). The primary researcher maintained an audit trail within the reflective journal to retrace the development of abstractions as well to ensure that analytic directions were justifiable (Thorne et al., 1997). In other words, the audit trail provided the first author with a space to record thought processes (e.g., emerging themes in the interviews) or pose questions the data collection (e.g., are the questions asked during the interviews generating the information being sought out?; could this question be asked differently?). Initial connections and linkages in the data were discussed with the second author who acted as a critical friend (Cowan & Taylor, 2016; Smith & McGannon, 2017) and who engaged in key discussions to explore alternative explanations and interpretations within the data. This process created an opportunity to confirm and to challenge the first author's approach to thinking about the linkages within the data (Thorne, 2016). Finally, member reflections were used to generate additional data or insight (Smith & McGannon, 2017). Participants were provided with the themes identified within the data and encouraged to provide feedback. This process created an opportunity to acknowledge and explore any contradictions or differences in the knowledge created with the participant (Smith & McGannon, 2017).

Findings

What's in a Number?

The overarching theme of this study, takes the form of a question, What's in a number? This question captures the critical aspects of the classification experience, as described by paraswimmers, and in essence what comprised their classification number from an experiential perspective. While each athlete's journey into the sport of paraswimming and their classification experiences were unique, similarities across these experiences were also apparent and were captured in the following three themes: a) access, b) diversity, and c) (un)certainty. The theme names were selected in keeping with the paraswimmers' descriptions and demonstrate the spectrum of positive and negative experiences associated with their classification. We have not provided a table describing participants' impairments and classifications with corresponding pseudonyms in order to protect their identities.

Access

In describing their experiences of classification, it was evident that the assignment of a number, in essence a sport class, afforded paraswimmers access, not only to parasport competition, but to a host of other possibilities. Throughout the interviews, paraswimmers both acknowledged and appreciated that classification played a critical role in the results they were able to achieve in paraswimming. Once classified, several paraswimmers felt they had a legitimate place in their sport and a growing mindset toward being more competitive. Classification also led paraswimmers to feel they were granted entry to a sporting community that many were eager to be part of. They were able to connect with others with similar sport experiences and share the successes and challenges they experienced as a competitive paraswimmer.

Classification created access to new and exciting opportunities for many of the paraswimmers to pursue high performance sport. Having their 'number' meant they were no longer competing against swimmers without impairment, which also meant they were no longer "always ending up in last" (Natalie) at swim meets. For Charlotte, being classified was an important step forward for her in paraswimming, as her movement in the water was no longer measured against swimmers without functional limitations. She expressed, "I was excited to get classified in general because I had spent so many years just like being compared to able-bodied people when I know I'm not an able-bodied person… it's nice to know now I'm being compared to people closer to what my disability is." Although initially Tamara was reluctant to be classified, she too identified the benefits of having a classification as she recalled, "Seeing how much it helped me… I feel like I was a different swimmer, because of [classification], because [of] the doors that opened up for me." Additionally, having a classification provided exemptions, adaptations, or assistance for breathing, kicking, water entry, or other components of a swim stroke. These were critical benefits for paraswimmers' performances. Without these modifications they were more likely to be disqualified or perform poorly in races. For example, two of the paraswimmers were given an 'A' or an assist to get on the starting blocks which "has made a world of difference" (Trisha) for their swim starts.

Paraswimmers who had positive classification experiences felt they had learned something about their body and its capacity. This knowledge created opportunities for both the paraswimmers and the coaches to better understand paraswimming and strategize to improve performance. Five paraswimmers described a point during their classification where they learned something new about their body function. For example, Tamara remembered her classification experience, "[I learned] how hard I could go because the first time, I felt like they pushed me,

and I pushed myself harder than I thought [I could]". On the other hand, Sloan experienced the opposite and recalled how classification made her aware of her swimming limitations, as she reflected, "…I do remember feeling more aware of myself and some limitations, and…you think you know your body pretty well." Paraswimmers were not the only ones learning about their bodies during the classification process. Coaches also gained valuable perspectives from observing the process. Laura described,

> "[The classifier] explained things to [my coach] ... that were really like really profound for me too… [my coach] listened to what [the classifier] was saying and I felt that he was getting really valuable information about me, that would be important for him to know, in terms of the coaching process."

Paraswimmers recognized the knowledge and the opportunities available to them through classification. Those who had positive experiences felt confident they would be able to compete to the best of their ability, among others with similar skills.

Diversity

One of the major challenges with the classification system, according to the paraswimmers, was the complexity involved in categorizing athletes with a wide range of abilities. As Mason said, "the system's broken, but no one knows how to fix it, because it's impossible to make something completely fair for everyone." Fairness for everyone in this sense, referred to the range of individual differences across paraswimmers in the same sport class that were not well accounted for within the current classification system. This idea resonated deeply as paraswimmers described their experiences of being classified. Although there was a detailed process in place, some questioned if their abilities were appropriately represented by their assigned classification. Mason recounted "the classifications that are usually the best are the ones

that are the most simple… as you get more and more specific disabilities, as you try and include more and more people to the sport eventually it will come down to interpretation." Several paraswimmers echoed Mason's thoughts, stating they questioned whether they fit into a specific class. At the same time, a few paraswimmers did feel their ability was appropriately represented.

Paraswimmers were very aware of the spectrum of ability in each sport class, and the subtle differences within functional ability that separated each category. For individuals who seem to be on the edges of the spectrum of ability within a class, the implications for competition were of tremendous concern. Charlotte provided an example of the broad range of ability included within her class:

> "So, they have 25 points for an S8… you can be competing against someone who's almost an S9, and they can be competing against somebody who's almost an S7. I'm right in the middle, but I'm competing against people who are almost an S9 and you expect me to have the same times as them."

A paraswimmer classified as S7 would have more activity limitations than a paraswimmer classified as S9. For example, a paraswimmer in class S7 may swim with paralysis of one arm and one leg on the same side of their body, whereas a paraswimmer in class S9 may have joint restrictions in one leg (World Para Swimming, 2018). Based on the point system used, if a paraswimmer in class S8 is scored closer to an S7 their performance may not be equal to a paraswimmer in the same sport class who is scored closer to an S9. As Charlotte stated above, this variation in ability within a sport class creates a challenge to fair competition due to the differences in limb and muscle function. In addition to describing the variation within a sport class, Charlotte also shared how this range could impact the outcome of a competition. For example, some of Charlotte's competitors may have muscle function in areas that she has muscle

paralysation, which could benefit their swim strokes. The range of performances within one class also led paraswimmers to question their own classification. Mason described feeling comfortable with his classification until he saw athletes in a lower classification swimming faster. He then questioned whether he had been classed correctly.

Comparisons between paraswimmers within and between sport classes came up often in the interviews. Six of the paraswimmers specifically discussed the diversity within each class and the comparisons they made with others who had the same classification. Tamara stated, "I think that's the hardest part, looking at the people around you with the same classifications, and then looking where you are at." The diversity within classification categories raised questions about fairness of the process and outcome of classification, especially when paraswimmers observed others within their class performing the same swim strokes in very different ways. As Cheryl described "I'm racing people swimming with two arms currently, and I'm swimming with one, so it's hard to look at it like that and feel like I'm being fairly tested against equal competition." Paraswimmers recognized that individual differences within classification categories were unavoidable, but the wide range of abilities within a class continued to raise questions about fairness.

(Un)certainty

Classification and the diversity within it also contributed to feelings of uncertainty as described in the final theme. Paraswimmers often attributed these feelings of uncertainty to differences in the personnel performing the classifications and across classification processes (e.g., differences in protocol between their classifications) as they went through multiple classifications. Ultimately these inconsistencies and the discomfort they evoked led to a loss of confidence in the system and doubt about the quality and fairness of competition on the part of

paraswimmers. The uncertainty paraswimmers experienced during classification was somewhat alleviated with the presence of a support person. Each paraswimmer indicated having a support person was critical to their classification experience.

The way paraswimmers felt about their classification experience was heavily influenced by their interaction with the classifier(s). Overall, the majority of the paraswimmers articulated that classifiers were professional and capable. Nearly all the paraswimmers felt the classifiers tried to make them feel comfortable and provided opportunities to ask questions. This was particularly the case when paraswimmers had previously met or developed a rapport with their classifiers. When classifiers created a welcoming environment, paraswimmers felt comfortable and relaxed. In these situations, paraswimmers' classification experiences were generally very positive and left them feeling satisfied with the process. Laura remembered her first interaction with a classifier:

> "[Being classified] was a really rewarding experience… I was concerned going in because, [my impairment] is… misunderstood, you know people generally think… some aches and pains, [but] in my case, it's systemic… so I wasn't sure if the person classifying me would really get that. But then [the classifier] told me she used to work at [a local rehabilitation hospital], so she had an idea. And I was like oh! Okay. Totally eased me cause I was like 'she knows.'"

Laura went on to discuss her positive experience with the classifier, and what a relief it was to have someone who was familiar with her impairment and the complexities associated with it, leaving her feeling confident in the outcome of her classification. However, paraswimmers noted that depending on the classifier, the outcome of classification could be very different due to the subjective observation and measurement of an athlete's body. Sloan explained the concern about

the subjectivity of the classification process when she said, “it wasn’t a formula they were applying to a person, it was somebody’s opinion.”

Sloan’s concerns were exposed when paraswimmers were able to observe the interactions between classifiers. Sloan and Cheryl recalled having a student classifier attend their classification. They listened carefully to the classifiers’ differences in opinion about where they fit within the classification system. Sloan shared,

> “The student was more textbook, and the classifier seemed to have a lot of knowledge about different areas that she just implied in a way. She felt that she knew what category I fit in, and so she …kind of allowed things to play out the way she thought they should… I felt like there was a discrepancy even among the two people who were doing it, about how it should be done.”

Similarly, Cheryl described her experience with two classifiers, recalling the student classifier’s inexperience and the lack of trust she felt in the outcome. She offered,

> “[It] feels like each classifier has their own opinion and then one would be like you have to consider this and this and it was uncomfortable because it just felt like they were, that they still don’t have an agreement. It was like ‘well I would give her this number’, ‘I would give her this number.’ Well if you don’t know then how is my competitor being classed fairly? And they’re not, we know that.”

These examples demonstrate how the outcome of classification can vary depending on who is performing the assessment. Without consistency and confidence in their placement, paraswimmers continued to feel uncertain about their assigned sport class.

As paraswimmers began to compete nationally and internationally, they were required to be reclassified. Subsequent classifications were unanimously considered less stressful, as the paraswimmers knew the routine. Despite familiarity with the process, overall feelings of unrest and uncertainty remained highly prevalent. Brandi explained, “I don’t think it matters how experienced you are, I think there’s still some nerves going into it, because you don't know - it’s the unknown factor… anything can happen… you’re giving your classification into the hands of the classifiers.” With each reclassification, there was the potential for the sport class to change, and this uncertainty took its toll on many of the paraswimmers, bringing up feelings of nervousness, stress, and anxiety. Even with knowledge of the process, the paraswimmers continued to remark they did not know what was being measured or how classifiers would interpret this information. The “air of mystery and question” (Sloan) left them wondering if they had “messed up” (Trisha) or unintentionally left out information that impacted their classification.

Over the course of their swimming careers, seven of the nine athletes had experienced at least one change in classification. For some, the change had benefited their swimming performance, as they were placed in a lower class, resulting in opportunities that may not have existed previously. As Trisha described, the change to her classification left her satisfied, “I was content to be an 8, a big step down from a 10-9-10 and probably a better representation of my [impairment] and the way I compete. It’s always exciting to be finished classification and be in a class that you feel that you belong.” The experience of reclassification was not positive for all paraswimmers. There were also times when a paraswimmer was classed up, meaning their competitors were less affected by their impairment; or in Mason’s situation, briefly classified as too able to compete in paraswimming. An increase in classification significantly impacted

paraswimmers' ability to compete and raised questions about the classification process. Sloan was reclassified right before a critical swim meet and was negatively affected by the outcome. She remembered,

> "They classed me up... even with my like personal bests that I had ever swam, I would have never qualified to be at that meet. So, to me I remember before even swimming, I just thought like why am I here… I am going to embarrass myself…. I'm going to get in the water and I know I'm going to get smoked."

Sloan's experience demonstrated the unpredictability of classification, as after she was classed up and swam her two best events, she was called back for a review and classed back down to her original classification. She recalled her confusion and anger and articulated that it felt like "the process didn't have a process."

Paraswimmers also unanimously expressed their frustration with the classification process because they felt athletes were sometimes able to misrepresent their ability and be advantaged in competition by receiving a lower classification. This belief extended into international competition where paraswimmers felt there were deliberate efforts to deceive classifiers. Five paraswimmers described situations where they believed another athlete deliberately swam poorly during classification, only to break a world record or win by a significant margin in a competition. Overall, paraswimmers felt the system was producing unfair results and people outside of parasport, including spectators, broadcasters, and media were also beginning to point out these discrepancies. The gravity of this situation was expressed by Cheryl. She boldly stated, "Because of [classification] being unfair is what's going to lead to the end of

the Paralympics… that's the belief now is that it's reaching the point where it will be the downfall of the Paralympics."

The frustration, discomfort, and uncertainty associated with classification was at times mediated due to the presence of a support person during classification. Many of the paraswimmers referred to this person as an advocate who "is the supportive voice if the athlete doesn't have courage to speak up" (Charlotte). Knowing that someone was there with them, who they knew and trusted, helped to "take a lot of the pressure off" (Brandi). Typically, the advocate was a coach, however for three paraswimmers, a parent joined them for one or more of their classifications. For those paraswimmers competing at an international level, their advocate was either a coach or another representative from their national sport organization. These individuals had thorough knowledge of the classification process and categories, and "they know how it goes... they can really make sure the person doing the classification is doing a good job" (Trisha). The supportive voice of the advocate gave paraswimmers confidence going into their classification, challenging the feelings of uncertainty. Advocates encouraged the paraswimmers to do their best and showcase their abilities. When there was a belief that the classifications were unfair, paraswimmers were comforted knowing their advocate would be there and fight for them. As Mason summarized, "if the advocate wasn't there, [I would have] been out of the sport."

Discussion

The findings of the present study offer support for some of the work previously published about parasport classification. Namely, paraswimmers in this study acknowledged the role of classification in forming the structure for paraswimming (Jones & Howe, 2005; World Para Swimming, 2018; Wu, Williams, & Sherrill, 2000). Also consistent with research examining

athlete's perspectives of classification, paraswimmers generally perceived classifiers to be skillful in the application of assessments and knowledgeable about information relevant to classification (Molik et al., 2017). While this expertise was appreciated, paraswimmers simultaneously expressed how their own lack of knowledge about the classification process limited their ability to ask questions and to fully understand their classification results. As Molik et al. (2017) described in their study, wheelchair basketball athletes and their coaches also reported insufficient knowledge of the classification process. This suggests that athletes across parasports may not be familiar with these procedures. Despite the recognized knowledge gap that existed between classifiers and athletes, paraswimmers in this study did not ask questions about classification during their assessment, nor did they challenge classifiers on points of disagreement. As described by Peers (2012), this unquestioned compliance despite uncertainty or discomfort, highlights the significance of classification outcomes and the power of classifiers in determining paraswimmers' opportunities to pursue high performance sport.

In describing their classification experiences, paraswimmers also shared information revealing how they gained entry into paraswimming. Several of the athletes began swimming in mainstream or inclusive swimming programs, where they swam with and competed against athletes without impairments. In these integrated settings, paraswimmers spoke about feeling disadvantaged in swimming competitions and consistently placing last. Once athletes gained entry into paraswimming they were able to access a competitive sporting environment where they were no longer compared to swimmers without impairments and were able to compete against others with similar skills, demonstrating the importance of classification. This finding extends participation research by adding to our understanding of what can contribute to quality sport experiences for paraswimmers in particular (Evans et al, 2018). Paraswimmers'

classification experiences aligned with experiential elements of quality participation as they felt a sense of belonging as they developed relationships within the paraswimming community; were challenged to push themselves; felt engaged as they learned about their body and how to improve their performance; were provided with accommodations to improve and master skills (e.g., assist of the start blocks to improve diving); and felt that competition was more meaningful as they were being compared to people with similar abilities (Allan, Côté, Martin Ginnis, & Latimer-Cheung, 2018; Evans et al., 2018). At the same time, it is critical to recognize the significant diversity that exists when evaluating the contributions to quality sport experiences for athletes with impairment (Evans et al., 2018). While engagement in parasport provided paraswimmers a multitude of positive experiences in part due to classification, the classification experience was also complicated and challenging for many participants. While classification helped athletes to gain access to parasport, it could also exclude them.

Paraswimmers articulated a desire to be competitive, with several athletes engaged in national and international competition. The significance of classification increased as athletes became more competitive and there was general agreement across paraswimmers that some athletes made deliberate efforts to deceive classifiers in order to be placed in a lower sport class and increase their chances of winning. This was evident in paraswimmers' description of diversity and, at times, discussions of unequal distribution of skill within and among sport classes. As noted by Molik and colleagues (2017), cheating within parasport classification is a concern for many athletes. The more paraswimmers recognized the impact of classification on performance, the greater the levels of observation and judgement of others, and the more paraswimmers felt they were also being observed and judged in relation to their assigned sport class. As Peers (2012) described, consistent surveillance of parasport athletes can raise questions

about one's own classification. Knowledge of athlete misrepresentation created frustration among paraswimmers bringing into question the effectiveness of the functional classification system. Previous research has recognized inconsistencies in the functional classification system and the need to move toward a classification process grounded in evidence (Beckman et al., 2017; Tweedy et al., 2018; Tweedy & Vanlandewijck, 2011).

The challenges of functional classification were widely discussed among paraswimmers, specifically questioning whether their abilities were appropriately represented within their assigned sport class and the struggle to create a classification system representative of all functional abilities. Jones and Howe (2005) also discussed this issue and the challenge of creating enough sport classes to support reasonably fair competition without having too many classes separated by minimal differences. According to these authors, advocates for the functional classification system believe that statistics demonstrate the results are fair, however, this belief was challenged by the nature of the classification experiences shared by the paraswimmers in this study. According to these athletes, the current classification system was not producing fair results. Paraswimmers discussed in detail the perceived subjectivity of classifiers and classification inconsistencies that suggested differences in knowledge and understanding of different impairment types and added to the concerns described by Molik et al. (2017). Inconsistencies in classifier knowledge and implementation of assessment protocols according to paraswimmers were cause for revisiting the current classification system and contradicted previous reports suggesting that most paraswimmers need not worry about fairness (Wu et al., 2000).

Dignity

Beyond challenging and supporting previous literature about parasport classification, paraswimmers' descriptions of their classification experiences also revealed critical insights into various components of dignity. Understanding dignity goes beyond the notion of basic human dignity, common to all humans (Nordenfelt, 2004) and requires consideration for the way in which a person views themselves and how they interact with others. Interactions the paraswimmers had in both social and environmental contexts related to classification revealed a continuum spanning the undignified to the dignified self (Gallagher, 2004; Goodwin et al., 2014; Nordenfelt, 2004). The undignified self can be brought on in four ways: a) not being seen (e.g., talked over), b) to have one's individuality denied (e.g., seen only as a member of a group), c) violation of personal space (e.g., entering one's personal space without permission), and d) humiliation (e.g. singularity is emphasized; criticized for being outside the norms) (Gallagher, 2004; Goodwin et al., 2014). In contrast, the dignified self is promoted when individuals are celebrated for their uniqueness and encouraged to do the best they can (Goodwin et al., 2014; Fenton & Mitchell, 2002). Goodwin et al. (2014) identified three elements required to experience the dignified self: a) non-threatening social and environmental contexts which reflect the values of those involved, b) the context maintains individuality, improves self-esteem, and prevents pain and suffering, and c) people feel physically and psychologically comfortable in the context and are able to take control in the setting.

Nordenfelt (2004) posited four types of dignity and associated characteristics. Based on their relevance to the findings of this study, we have focused on the following three types, namely, Dignity of Merit, Dignity of Moral Stature, and Dignity of Identity. Menschenwürde, which represents the fourth type of dignity, is basic human dignity, common to all and cannot be

taken away (Nordenfelt, 2004). The characteristics of the undignified and dignified self, and Nordenfelt (2004) types of dignity offered a useful lens through which to understand paraswimmers experiences of classification. Certain types of dignity, for example, dignity of merit, had potential to influence other types of dignity. Therefore, there was some overlap in the descriptions of the types of dignity related to paraswimmers' classification experiences.

Dignity as Merit. According to Nordenfelt (2004), dignity of merit represents the dignity of a person who holds a particular rank or position and who has special rights associated with that position. In the case of paraswimming classification, it is the classifier who is granted the authority to maintain the structure and processes of paraswimming (Wu et al., 2000). Within the Canadian cultural context, individuals are taught to respect and comply with decisions made by doctors or physiotherapists due to their knowledge and education, granting these individuals dignity of merit (Edgar, 2004; Nordenfelt, 2004). Accordingly, paraswimmers and others within the paraswimming community were socialized to respect the power of classifiers due to their education (e.g., doctor, physiotherapist) and training to become a certified classifier (Wu et al., 2000). During classifications, paraswimmers were aware that the classifiers had professional authority in the classification setting to determine the paraswimmer's sport class (Wu et al., 2000). Paraswimmers recognized their own lack of control when they felt anxious and stressed as they put their swimming future in the hands of the classifiers. This discomfort contrasts the elements required to experience the dignified self (Goodwin et al., 2014; Griffin-Helsin, 2005), as the paraswimmers did not go into classification feeling physically and psychologically comfortable in the context.

Classifiers had the authority to reclassify paraswimmers and in one case a paraswimmer's sport class did change right before an important meet only to be changed back again afterward.

This situation, in particular, demonstrates a moment when a paraswimmer experienced a violation of their dignity due to humiliation (Gallagher, 2004). They were separated from the sport class they came to compete in and placed in a class where they would be embarrassed because they did not meet the same standards as their competition. This difference in performance singled out the individual in a negative way. Further, the change in class reduced the athlete's informal dignity of merit (Nordenfelt, 2004). Athletes often earn informal dignity of merit through their achievements, meaning their achievements are acknowledged and respected within the parasport community, and they may be treated by others as though they had the same rights as those with a formal dignity of merit (Nordenfelt, 2004). Since classification plays a significant role in paraswimmers' achievements, as well as the way they view themselves, a change in sport class has the potential to alter their dignity of merit and dignity of identity respectively. Although counter-intuitive, for those paraswimmers whose reclassification placed them in a lower class, which resulted in access to higher level competition, their reputation as a competitive athlete could be enhanced, suggesting they earned dignity of merit.

Dignity as merit may also be considered with regard to paraswimmers' advocates. Paraswimmers have the right to have another person present, often a coach or in some cases a classifier, to attend their classification. If the advocate is a coach or another classifier, dignity as merit would apply to them based on their knowledge of swimming and classification process through their education and training. Paraswimmers valued the advocate's presence at their classifications because the advocate made the setting more comfortable and they were able to communicate with the classifiers if there were questions or concerns. The advocate's presence contributed to the paraswimmer's dignified self, as the classification context became less threatening and the advocate would do their best to ensure the paraswimmer's individual

situation was carefully considered (Goodwin et al., 2014). Despite the advocate's presence at classification, the classifier was still in control, threatening the paraswimmer's dignified self as the paraswimmer was not involved in the decision-making process (Goodwin et al., 2014; Griffin-Helsin, 2005; Fenton & Mitchell, 2002). Even with the challenges paraswimmers and their advocates experienced during classification, they respected the rights of the classifiers, demonstrating their dignity of moral stature (Goodwin et al., 2014; Nordenfelt, 2004).

Dignity as Moral Stature. Dignity as moral stature relates to the thoughts and actions of an individual which are tied to respect for oneself and respect for others (Gallagher, 2004; Nordenfelt, 2004). Throughout classification, paraswimmers shared that they did their best to present their capabilities to their fullest extent in an attempt to be placed in the most appropriate sport class. These efforts demonstrated the respect paraswimmers had for their fellow athletes, as they did not want to be placed in a category that would disadvantage others and highlights their self-respect as they upheld their values of honesty and hard work. It was clear that these paraswimmers valued fair competition and they maintained this value throughout their classification, showing a high moral standard (Edgar, 2004; Nordenfelt, 2004). However, as several of the paraswimmers advanced to higher level competition, they felt that others were misrepresenting their abilities for a competitive advantage.

World Para Swimming considers intentional misrepresentation to be a disciplinary offence with a range of consequences, including permanent suspension from competition (World Para Swimming, 2018). This statement established a moral standard that World Para Swimming has for its athletes and the value it has placed on fair competition (Nordenfelt, 2004). Despite these consequences, some paraswimmers shared that they believed misrepresentation still occurred, and concluded that the current classification system was often producing unfair results.

Paraswimmers suggested they were not alone in the belief that competitions were unfair due to misrepresentation. As those outside of the parasport community, including spectators, media, and broadcasters questioned the significant performance differences, there is the potential for all paraswimmers to be stereotyped as cheaters. These generalizations could perpetuate negative feelings paraswimmers have toward themselves, others, and the state of paraswimming, resulting in experiencing the undignified self and reduced dignity of moral stature (Nordenfelt, 2004).

A classifier's role is to assess paraswimmers and place them in an appropriate sport class based on their functional ability (World Para Swimming, 2018; Wu et al., 2000). Paraswimmers recognized classifiers as professional and capable, suggesting that classifiers maintain their dignity of moral stature (Goodwin et al., 2014; Nordenfelt, 2004). When describing their interactions with the classifiers, paraswimmers shared that often classifiers attempted to make them feel comfortable and provided an opportunity to ask questions, which demonstrated the classifiers' efforts to promote dignity within the classification setting (Fenton & Mitchell, 2002). Paraswimmers described the respect that they had for classifiers when they demonstrated a clear knowledge and understanding of their impairment, suggesting the paraswimmers had dignity of moral stature, through their respect for the classifiers (Gallagher, 2004; Nordenfelt, 2004). However, the mystery and uncertainty associated with classification caused some paraswimmers to question the process, and at times the classifiers' competence when there were inconsistencies in the process or debate about how the paraswimmers should be scored on the assessment. When the classifiers did not appear to be fully present during the classification (e.g., having conversations amongst each other and not engaging with the athlete) or it did not seem they were competent, then they were not promoting dignity during classification (Haddock, 1996). These

instances suggested that through their behaviour, the classifiers were negatively impacting the paraswimmers' dignity of moral stature (Nordenfelt, 2004).

The Dignity of Identity. Human beings are vulnerable to the ways they are viewed by others (Edgar, 2004). The respect attached to one's identity, specifically their integrity and autonomy, can be negatively affected due to the acts of others, even if their moral views are not the same (Goodwin et al., 2014; Nordenfelt, 2004). Dignity of identity applies to situations in which the actions of others threaten the values that we hold, for example, community membership (Goodwin et al., 2014; Nordenfelt, 2004). Based on these factors, classification has the potential to influence a paraswimmer's dignity of identity. By its nature, classification involves the assessment and judgement of an individual's functional ability by another person, revealing the potential for paraswimmers' dignity of identity to be influenced by this process. As paraswimmers are observed by others, with classifiers examining every inch of their body, they are placed in a vulnerable position throughout the classification process. The outcome of this process can positively or negatively influence their dignity of identity.

Dignity of identity can be improved through classification, as its outcome grants access to a sporting community and appropriate competitions. This community created a sense of belonging that contributed to paraswimmers' identity as an athlete (Pack, Kelly, & Arvinen-Barrow, 2017). Classification also had the capacity to provide paraswimmers with knowledge about their bodies' capabilities, creating more respect for their bodies' ability to perform in the water, and motivation to work alongside their coach to continually improve their performance. During classifications when paraswimmers felt the classifier was very engaged and understanding, they felt important and it increased their self-esteem (Griffin-Helsin, 2005). However, this was not always the case, as some paraswimmers entered into their classification,

feeling they had a strong knowledge of their body and its function, only to recognize they had more limitations than they were previously aware of. These realizations have the potential to lower a paraswimmer's dignity of identity, as learning about the body's limitations could impact self-esteem (Goodwin et al., 2014; Griffin-Helsin, 2005; Nordenfelt, 2004).

Placement in a sport class was also tied to identity for some paraswimmers. When paraswimmers were pleased with their assigned sport class, they felt their style of swimming and their abilities were appropriately represented. These situations promoted the dignified self, as paraswimmers' sport class enabled them to perform their best, which made them feel confident (Fenton & Mitchell, 2002; Goodwin et al., 2014). However, when the outcome was not favourable, dignity of identity could be negatively influenced. In some cases, paraswimmers' assigned sport class was the determining factor in the outcome of competition rather than the hard work they invested to achieve a high level of performance. These situations had the potential to create indignity, since paraswimmers' self-esteem could be lowered due to their poor performance and their identity as a high performance paraswimmer was challenged (Goodwin et al., 2014; Haddock, 1996; Nordenfelt, 2004).

Future Directions

As the classification system continues to evolve, it is important to ensure the goals of the system are met in practice. A primary concern is the potential for parasport athletes to misrepresent their abilities in order to be placed a lower sport class which increases their chances of winning in competition. Intentional misrepresentation has been a concern for parasport athletes and sport administrators, with the latter implementing disciplinary action toward paraswimmers who intentionally misrepresent their abilities (World Para Swimming, 2018). Paraswimmers who participated in this study and were still engaged in international competition,

shared that World Para Swimming has taken steps to enhance the competition observation portion of the classification process and will now have classifiers watch paraswimmers over multiple competitions. This change was positively viewed, however paraswimmers suggested that further work is required to create assessments that will reduce the subjectivity of the classification process.

As efforts continue to develop evidence-based classification (Beckman & Tweedy, 2008; Beckman et al., 2017; Tweedy & Vanlandewijck, 2011; Tweedy et al., 2014), additional focus on athlete experiences and perspectives are needed. Currently, the language and structure of the World Health Organization's International Classification of Functioning, Disability and Health (ICF) is a key component of the functional classification system used in parasport (Tweedy et al., 2014). However, disability scholars have critiqued the ICF classification schema because it can "perpetuate disability ideologies related to deficit and dysfunction, and further promote professional dominance" (Hammel, Magasi, Heinemann, Whiteneck, Bogner, & Rodriguez, 2008). To address this concern, Hammel et al. (2008) suggested including the insider perspectives of people with impairment. Based on the critiques of the ICF system, upon which the current parasport classification system is structured; it is apparent that the development of new classification systems should engage with parasport athletes. This current research study is a step toward understanding classification experiences in an effort to raise awareness about challenges paraswimmers face as they move through the sport system. When the focus remains solely on what can be observed or measured rather than what is experienced, the perspective of the professional over people with impairment is perpetuated (Hammel et al., 2008). Therefore, it is of utmost importance to further understand experiences to ensure these perspectives influence the development of new classification systems. Coupling the developing objective, validated

body of research toward evidence-based classification with subjective research, highlighting parasport athlete perspectives could address the critiques Hammel et al., 2008 outlined in relation to the ICF system. Including parasport athlete voices alongside the current evidence-based classification research satisfies the IPC 2015 classification code, which states that "athlete input must be solicited to assist in research and improvement in Classification Systems" (IPC, 2015, p. 11).

Based on the classification experiences of paraswimmers under the current classification system, immediate efforts can be made to improve the dignity of the athletes throughout this process. Dignity can be promoted when communication about the classification process occurs, educating athletes and their coaches about what to expect and providing them with the necessary tools to feel informed (Griffin-Helsin, 2005). To achieve this, sport administrators should develop an effective strategy to disseminate information about the classification processes and outcomes to both athletes and coaches. When an athlete is booked for classification, especially their initial classification, documents should be provided with adequate time for review and questions by both the athlete and their advocate. This knowledge will promote dignity, as it will make the classification context feel less threatening and give the athlete a sense of control, as they will know what to expect (Fenton & Mitchell, 2002; Goodwin et al., 2014; Griffin-Helsin, 2005). To further promote knowledge and understanding of the classification process, athletes could be provided with a classification report to understand how they were evaluated. It is a hope that providing this information will improve paraswimmers' knowledge of the classification process and offer them confidence to ask informed questions during the assessment. Supplemental information about procedural changes to the classification system should be

provided well in advance, giving coaches and athletes time to understand any changes and clarify questions or concerns.

To create a classification environment that is dignified for both the athletes and classifiers, an ethic of aspiration, or a desire to do better, should be applied, which includes: acknowledging vulnerability and potential for violations of dignity that occur; paying attention to everyday practices and have a willingness to learn; and learning from and carry out research related to dignity (Gallagher, 2004). It is important to recognize that both the athletes and the classifiers have the potential to be degraded, devalued, and humiliated in the classification setting (Gallagher, 2004; Haddock, 1996). Training environments for classifiers should not only focus on knowing about classification and how to perform it but consider a broader view to promote dignity in practice. Gallagher (2004) described the broader view through which professionals may demonstrate ethical competence: strive to see justly and compassionately – by looking at the individual reality; reflect upon self-evaluation and feedback provided by others as a commitment to become better; knowing about dignity through research and how it applies to their professional context; commit to acting and being better. Through the ethic of aspiration and an expanded view of dignity in practice, classifiers should be focused to develop a social and environmental context that ensures the dignity of both themselves and the athletes. Finally, classifiers should be prepared to address questions throughout the assessment and provide clear and thorough explanations when required, as they are viewed as an expert among coaches and athletes.

Limitations

It is important to acknowledge the limitations of the present study. Although not deliberate, female paraswimmers made up the majority of the participant base. Recognizing the

role gender might play in the classification experiences of athletes may offer additional perspectives into the process and its implications for paraswimming. A second limitation of this study was that the narrow range of paraswimmers' classifications which was from S4 – S10. Classification and paraswimming experiences of athletes in lower classes for physical impairment, S11-S13 classes for paraswimmers with visual impairment, and S14 for paraswimmers with intellectual impairment were not represented in this study. A broader range of perspectives relative to different classifications could be valuable in understanding the challenges and opportunities associated with classification that paraswimmers in these different categories face as they pursue high performance swimming. Finally, this study took place within a Canadian context and all paraswimmers were Canadian. Understanding classification experiences of athletes from other countries would be beneficial given that classification has a significant impact at the international level in parasport and that understandings of disability are also diverse across cultures.

References

Allan, V., Smith, B., Côté, J., Martin Ginis, K. A., & Latimer-Cheung, A. E. (2018). Narratives of participation among individuals with physical disabilities: A life-course analysis of athletes' experiences and development in parasport. *Psychology of Sport & Exercise, 37*, 170-178.

Beckman, E. M., & Tweedy, S. M. (2008). Towards evidence-based classification- the need for tests of activity limitation and preliminary findings. *ICSSPE Bulletin, 56*, 7.

Beckman, E. M., Connick, M. J., & Tweedy, S. M. (2016). The 2016 Paralympic Games: A classification primer. *Palaestra, 30*(3), 7-8.

Beckman, E. M., Connick, M. J., & Tweedy, S. M. (2017). Assessing muscle strength for the purpose of classification in Paralympic sport: A review and recommendations. *Journal of Science and Medicine in Sport, 20*(4), 391-396.

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27-40.

Brittain, I. (2016). *The Paralympic games explained* (2nd ed.). New York, NY: Routledge.

Burkett, B., Payton, C., Van de Vliet, P., Jarvis, H., Daly, D., Mehkuehler, C., Kilian, M., & Hogarth, L. (2018). Performance characteristics of para swimmers: How effective is the swimming classification system? *Physical Medicine and Rehabilitation Clinics of North America, 29*, 333-346. https://doi.org/10.1016/j.pmr.2018.01.011.

Castledine, G. (1996). Nursing elderly people with dignity and respect. *British Journal of Nursing, 5*(3), 191.

Connick, M. J., Beckman, E., Deuble, R., & Tweedy, S. M. (2016). Developing tests of impaired coordination for Paralympic classification: Normative values and test-retest reliability. *Sports Engineering, 19*(3), 147-154.

Cowan, D., & Taylor, I. M. (2016). I'm proud of what I achieved; I'm also ashamed of what I done: A soccer coach's tale of sport, status, and criminal behavior. *Qualitative Research in Sport, Exercise and Health, 8*(5), 505-518. doi: 10.1080/2159676X.2016.1206608.

Daly, D. J., & Vanlandewijck, Y. (1999). Some criteria for evaluating the "fairness" of swimming classification. *Adapted Physical Activity Quarterly, 16*, 271-289.

DePauw, K. P., & Gavron, S. J. (1995). *Disability and sport.* Champaign, IL: Human Kinetics.

DePauw, K. P., & Gavron, S. J. (2005). *Disability and sport (2 ed.).* Champaign, IL: Human Kinetics.

Doyle, T.L.A., Davis, R.W., Humphries, B., Dugan, E.L., Horn, B.G., Shim, J.K., & Newton, R.U. (2004). Further evidence to change the medical classification system of the National Wheelchair Basketball Association. *Adapted Physical Activity Quarterly, 21*, 63-70.

Drummer, G. M. (1999). Classification of swimmers with physical disabilities. *Adapted Physical Activity Quarterly, 16*, 216-218.

Edgar, A. (2004). A response to Nordenfelt's "The Varieties of Dignity". *Health Care Analysis, 12*, 83-89. https://doi.org/10.1023/B:HCAN.0000041184.82006.8b

Evans, M. B., Shirazipour, C. H., Allan, V., Zanhour, M., Sweet, S. N., Martin Ginis, K. A., & Latimer-Cheung, A. E. (2018). Integrating insights from the parasport community to understand optimal experiences: The quality parasport participation framework. *Psychology of Sport & Exercise, 37*, 79-90.

Fenton, E., & Mitchell, T. (2002). Growing old with dignity: A concept analysis. *Nursing Practice, 14*(4), 19-21.

Gallagher, A. (2004). Dignity and respect for dignity- two key health professional values: Implications for nursing practice. *Nursing Ethics, 11*(6), 587-599.

Goodwin, D. L., Johnston, K., & Causgrove Dunn, J. (2014). Thinking ethically about inclusive recreational sport: A narrative of lost dignity. *Sport, Ethics and Philosophy, 8*(1), 16-31.

Griffin-Helsin, V. L. (2005). An analysis of the concept dignity. *Accident and Emergency Nursing, 13*(4), 251-257. https://doi.org/10.1016/j.aaen.2005.09.003

Haddock, J. (1996). Towards further clarification of the concept 'dignity'. *Journal of Advanced Nursing, 27*(5), 924-931. https://doi-org.login.ezproxy.library.ualberta.ca/10.1111/j.1365-2648.1996.tb02927.x

Hammel, J., Magasi, S., Heinemann, A., Whiteneck, G., Bogner, J., & Rodriguez, E. (2008). What does participation mean? An insider perspective from people with disabilities. *Disability and Rehabilitation, 30*(19), 1445-1460. https://doi.org/10.1080/09638280701625534

Higgs, C., Babstock, P., Buck, J., Parsons, C., & Brewer, J. (1990). Wheelchair classification for track and field events: A performance approach. *Adapted Physical Activity Quarterly, 7*, 22-40.

Howe, P. D. (2008). The tail is wagging the dog: Body culture, classification and the Paralympic movement. *Ethnography, 9*(4), 499-517. https://doi.org/10.1177/1466138108096989

Howe, P. D., & Jones, C. (2006). Classification of disabled athletes: (Dis)empowering the Paralympic practice community. *Sociology of Sport Journal, 23*, 29-46.

International Paralympic Committee (n.d.) History of classification. Retrieved from https://www.paralympic.org/classification/history

International Paralympic Committee. (n.d.). IPC historical results archive. Retrieved from https://www.paralympic.org/results/historical

International Paralympic Committee. (2015, September). *Explanatory guide to Paralympic classification: Paralympic summer sports.* Retrieved from https://www.paralympic.org/sites/default/files/document/150915170806821_2015_09_15%2BExplanatory%2Bguide%2BClassification_summer%2BFINAL%2B_5.pdf.

International Paralympic Committee. (2015, November). *International Paralympic Committee IPC athlete classification code.* Retrieved from https://www.paralympic.org/sites/default/files/document/170704160235698_2015_12_17%2BClassification%2BCode_FINAL2_0.pdf

Jacobson, N. (2007). Dignity and health: A review. *Social Science & Medicine, 64*, 292-302. https://doi.org/10.1016/j.socscimed.2006.08.039

Johnston, K. R., Goodwin, D. L., & Leo, J. (2015). Understanding dignity: Experiences of impairment in an exercise facility. *Adapted Physical Activity Quarterly, 32*, 106-124.

Jones, C., & Howe, P. D. (2005). The conceptual boundaries of sport for the disabled: Classification and athletic performance. *Journal of the Philosophy of Sport, 32*, 133-146.

Mann, J. (1998). Dignity and health: The UDHR's revolutionary first article. *Health and Human Rights, 2*(3), 31-38.

Matiti, M. R., & Trorey, G. M. (2008). Patients' expectations of the maintenance of their dignity. *Journal of Clinical Nursing, 17*(20), 2709-2717.

Molik, B., Laskin, J. J., Golbeck, A. L., Kosmol, A., Rekowski, W., Morgulec-Adamowicz, N., Rutkowska, I, Marszalek, J., Gajewski, J., & Gomez, M. A. (2017). The International Wheelchair Basketball Federation's classification system: The participants' perspective. *Kinesiology, 49*(1), 117-126.

Nicholson, V. P., Spathis, J. G., Hogarth, L. W., Connick, M. J., Beckman, E. M., Tweedy, S. M, Payton, C., J., & Burkett, B. J. (2018). Establishing the reliability of a novel battery of range of motion tests to enable evidence-based classification in para swimming. *Physical Therapy in Sport, 32*, 34-41.

Nordenfelt, L. (2004). The varieties of dignity. *Health Care Analysis, 12*(2), 69-81.

Patton, M. Q. (2002). *Qualitative research & evaluation methods.* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Pack, S., Kelly, S., & Arvinen-Barrow, M. (2017). "I think I became a swimmer rather than just someone with a disability swimming up and down:" Paralympic athletes perceptions of identity development. *Disability and Rehabilitation, 39*(20), 2063-2070. https://doi.org/10.1080/09638288.2016.1217074

Peers, D. (2009). (Dis)empowering Paralympic histories: Absent athletes and disabling discourses. *Disability & Society, 24*(5), 653-665.

Peers, D. (2012). Interrogating disability: The (de)composition of a recovering Paralympian. *Qualitative Research in Sport, Exercise and Health, 4*(2), 175-188.

Purdue, D. E. J., & Howe, P. D. (2013). Who's in and who is out? Legitimate bodies within the Paralympic games. *Sociology of Sport Journal, 30*, 24-40.

Richter, K. J., Adams-Mushett, C., Ferrara, M. S., & McCann, B. C. (1992). Integrated swimming classification: A faulted system. *Adapted Physical Activity Quarterly, 9*, 5-13.

Sherrill, C. (Ed.). (1986). *Sport and disabled athletes: The 1984 Olympic Scientific Congress Proceedings*. Champaign, IL: Human Kinetics.

Sherrill, C. (1999). Disability sport and classification theory: A new era. *Adapted Physical Activity Quarterly, 16*, 206-215.

Smith, B., & McGannon, K. R. (2017). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, doi: 10.1080/1750984X.2017.1317357.

Steadward, R. D., & Peterson, C. (1997). *Paralympics: Where heroes come.* Edmonton, Canada: One Shot Holdings.

Thorne, S., Reimer Kirkham, S., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing, 20*, 169-177.

Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1-11.

Thorne, S. (2008). *Interpretive Description.* Walnut Creek, California: Left Coast Press, Inc.

Thorne, S. (2016). *Interpretive Description: Qualitative research for applied practice* (2nd ed.). New York, NY: Routledge.

Tweedy, S. M., & Vanlandewijck, Y. C. (2011). International Paralympic Committee position stand – Background and scientific principles of classification in Paralympic sport. *British Journal of Sports Medicine, 45*, 259-269.

Tweedy, S. M., Beckman, E. M., & Connick, M. J. (2014). Paralympic classification: Conceptual basis, current methods, and research update. *American Academy of Physical Medicine and Rehabilitation, 6*, S11-S17.

Tweedy, S. M., Connick, M. J., & Beckman, E. M. (2018). Applying scientific principles to enhance Paralympic classification now and in the future: A research primer for rehabilitation specialists. *Physical Medicine and Rehabilitation Clinics of North America, 29*, 313-332.

Vanlandewijck, Y. C., Verellen, J., & Tweedy, S. (2011). Towards evidence-based classification in wheelchair sports: Impact of seating position on wheelchair acceleration. *Journal of Sport Sciences, 29*(10), 1089-1096.

Whitehead, J., & Wheeler, H. (2008). Patients' experience of privacy and dignity. Part 2: An empirical study. *British Journal of Nursing, 17*(7), 458-464.

World Para Swimming. (2018, January). *Classification rules and regulations.* Retrieved from https://www.paralympic.org/sites/default/files/document/171220150814237_2017_12%2BWorld%2BPara%2BSwimming_Classification%2BRules%2Band%2BRegulations_FINAL.pdf.

Wu, S. K., & Williams, T. (1996). Paralympic swimming performance, impairment, and the functional classification system. *Adapted Physical Activity Quarterly, 16,* 251-270.

Wu, S. K., Williams, T., & Sherrill, C. (2000). Classifiers as agents of social control in disability swimming. *Adapted Physical Activity Quarterly, 17*, 421-436.

Zitomer, M. R., & Goodwin, D. (2014). Gauging the quality of qualitative research in adapted physical activity. *Adapted Physical Activity Quarterly, 31*, 193-218.

Chapter 5: Final Reflection and Conclusions

Final Reflection

The purpose of this thesis was to investigate the classification experiences of paraswimmers. Limited research has been published that addresses parasport classification processes from the athlete perspective. This thesis and the manuscript within it acknowledged the gap in current understanding of parasport classification and was focused on informing classification research through the experiences of parasport athletes. The outcomes of this research draw attention to the issues and challenges athletes face within the classification process itself.

As a researcher, I was fortunate to be in a unique position, where I was connected to a small community of paraswimmers and had become familiar with the classification process through their experiences. Based on my interactions with the paraswimmers in my professional setting, it became clear there was a disconnect between classification research and practice. Few studies within the classification literature have addressed the challenges parasport athletes face throughout the classification process. I felt it was important to share these stories to create an opportunity for parasport athletes, in this case paraswimmers, to have their voices heard in hopes of influencing classification processes and classifier training. Similarly, to other sport researchers (Spencer-Cavaliere & Peers, 2011; Wiser, 2018) my relationship to the paraswimmers facilitated recruitment and framed some of the conversations we shared.

Throughout the interviews, I was surprised at how different the paraswimmers' classification experiences were. The components of classification I thought would be the most critiqued, did not actually bother the paraswimmers; and aspects I had assumed would not be issues were significant. In addition, the research setting created an interesting dynamic between

me and the participants. Wiser's (2018) experience resonated with me, as I am now able to recognize that while this research project was exciting for both me and the participants, a sense of pressure emerged as I started to analyze the data. At the end of participant interviews, a few paraswimmers commented they were behind the work I was doing and felt it was important. As I prepared to share the findings with the paraswimmers, I wondered if they would feel represented within them and if I had met their expectations. Reflecting upon my relationship with the participants and the impact of this relationship on the research process has provided me with greater insight into fully understanding my position as a researcher and my relationship to the parasport community (Wiser, 2018).

Conclusions

Additional contributions to classification research based on the experiences of the paraswimmers, not captured in the manuscript, were generated through this research. Specifically, two topics, 1) the role of coaches and 2) classification moving forward, are discussed in the conclusion of this thesis.

The Role of Coaches

Although not discussed in the findings of the manuscript, the role of coaches throughout the classification process was widely discussed by paraswimmers. Over the course of their swimming careers, paraswimmers felt their coach played an important role during classification, in that they had the capacity to positively or negatively affect the paraswimmers' experiences of classification. Two main factors were common among paraswimmers in relation to their coach's involvement: the coach's knowledge of classification and their presence during the classification process.

Paraswimmers relied on their coaches to support their preparation for and understanding of classification. When their coach demonstrated knowledge about what the process entailed and how it would impact their swimming performance, paraswimmers were able to make an informed choice about whether they wanted to be classified. Once they had made the decision to move forward with classification, paraswimmers were able to talk to their coach about the possible outcomes and further discuss how the assessment would proceed. After the classification was finished, paraswimmers preferred to debrief the process and its outcome with their coach, so they were able to better understand what the classifier was saying and understand the assessment process. However, for the paraswimmers whose coach was not familiar with the classification process, these benefits were not achieved. Some coaches were unable to provide basic information to paraswimmers, for example, who they could contact to learn more about being classified. This proved to be challenging for paraswimmers who were interested in becoming classified in order to swim competitively. As a result, paraswimmers attended their first classification with no idea what to expect and relied on others with classification experience to provide a brief summary of the process before they were assessed. These situations support research that has reported a lack of knowledgeable coaches in parasport (McMaster, Culver, & Werthner, 2012; Wareham, Burkett, Innes, & Lovell, 2017).

Although some coaches were not familiar with the classification process, their presence at the assessment supported their learning. Paraswimmers felt their coaches gained valuable information that would support them moving forward. When coaches were present throughout the classification, classifiers were able to teach them how to support athletes with an assist (e.g., how to assist the swimmer on the starting blocks at a competition). Classification as a learning opportunity has not been previously discussed in coach education literature (Cregan, Bloom, &

Reid, 2007; McMaster et al., 2012). Additionally, coaches could discuss protocols or outcomes with the classifier in person. Most importantly, the coach served as a familiar face and a supportive voice for the paraswimmers when they were present at their classification. This was critical for paraswimmers as they were comforted to have someone who knew them during this process. Surprisingly, for some paraswimmers, a coach was not present during their classification. Although they had a parent with them during this time, they did not have someone who understood the classification process in detail or who was in a position to advocate for them in the same way as a coach would.

It is evident that parasport coaches play an important role in the classification process. Further training and development is needed to ensure that coaches are adequately prepared to support parasport athletes throughout the classification process.

Classification Moving Forward

Based on the classification experiences of paraswimmers, it was evident that classification continues to be a controversial and political topic in paraswimming. As many paraswimmers shared, the challenges surrounding the classification system, especially athlete misrepresentation, have the potential to negatively impact parasport (Tweedy et al. 2014). As efforts continue to develop an evidence-based classification system (Beckman et al., 2017; Nicholson et al., 2018; Tweedy et al., 2018; Tweedy & Vanlandewijck, 2011), it is important to consider how the current system is operating and what can be done to improve it (Tweedy et al., 2018). Currently the most significant barrier to establishing evidence-based systems of classification is the absence of valid measures of impairment (Tweedy et al., 2014; Tweedy et al. 2018). Paraswimmers articulated the need for an objective, valid, and reliable system of classification, to address the issues of the current system. Those still involved in international

competition, shared that all paraswimmers competing at that level will be reclassified in 2018, as World Para Swimming strives to improve its classification system. Moving forward, classifiers will now observe the paraswimmers over multiple meets before assigning the final sport class in an effort to reduce athlete misrepresentation. Overall, this change was viewed positively by the athletes and their coaches as a first step toward improving classification.

While research efforts continue toward an evidence-based classification system that is objective, valid, reliable, and specific (Tweedy et al., 2014; Tweedy et al., 2018), athlete voices continue to be absent from this body of work. Through this research project, parasport athletes were provided a platform to voice their experiences of classification and the challenges they face as they move through this system. Continued work to engage this insider perspective and support active involvement of parasport athletes throughout the development of a new classification system is critical (Hammel et al, 2008). This knowledge can only be generated through engagement with parasport athletes. Including the perspectives of parasport athletes in research and the improvement for classification systems, in addition to the call for evidence-based research has been outlined by the IPC (IPC, 2015). Engaging with athletes to develop future classification systems can provide strong feedback to sport federations and administrators about the function of classification in practice and could help to identify priority areas for further research and development.

The findings of this research project suggest work is required to improve the classification experience for paraswimmers. Consistent with findings from research focused on athlete perspectives of classification, coach and athlete knowledge, and classifier training could be improved in an effort to better the classification experience. A better understanding of the classification process will give both coaches and athletes the knowledge they need to be

informed about the classification process and the confidence to engage with classifiers about the process, should they want to. Additional classifier training would address key issues around communication and providing clear explanations about classification outcomes. An opportunity to discuss the classification report with the paraswimmers, so they understand the assessment and how they were scored is another important future consideration.

References

Alder, A. (1991). Special populations outdoor pursuits: Tapping the ability in disability. *Association of Outdoor Recreation & Education Conference Proceedings,* 1-6.

Bailey, K. A., Gammage, K. L., van Ingen, C., & Ditor, D. (2017). "My body was my temple": A narrative revealing body image experiences following treatment of a spinal cord injury. *Disability & Rehabilitation, 39*(18), 1886-1892.

Bailey, S. (2008). *Athlete First: A history of the Paralympic Movement.* Chichester, UK: John Wiley & Sons.

Beckman, E. M., Connick, M. J., & Tweedy, S. M. (2016). The 2016 Paralympic Games: A classification primer. *Palaestra, 30*(3), 7-8.

Berglund, B., Anne-Cathrine, M., & Randers, I. (2010). Dignity not fully upheld when seeking healthcare: Experiences expressed by individuals suffering from Ehlers-Danlos syndrome. *Disability & Rehabilitation, 32*(1), 1-7.

Brandt, D.E., Ho, P.S., Chan, L., & Rasch, E.K. (2014). Conceptualizing disability in US national surveys: Application of the World Health Organization's (WHO) international classification of functioning, disability, and health (ICF) framework. *Quality of Life Research, 23,* 2663-2671.

Brasile, F.M. (1986). Wheelchair basketball skills proficiencies versus disability classification. *Adapted Physical Activity Quarterly, 3,* 6-13.

Brasile, F.M. (1990). Performance evaluation of wheelchair athletes: More than a disability classification level issue. *Adapted Physical Activity Quarterly, 7,* 289-297.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77-101.

Braye, S., Dixon, K., & Gibbons, T. (2013). 'A mockery of equality': An exploratory investigation into disabled activists' views of the Paralympic Games. *Disability & Society, 28*(7), 984-996.

Brittain, I. (2004). Perceptions of disability and their impact upon involvement in sport for people with disabilities at all levels. *Journal of Sport & Social Issues, 28*(4), 429-452.

Brittain, I. (2016). *The Paralympic games explained* (2nd ed.). New York, NY: Routledge.

Castledine, G. (1996). Nursing elderly people with dignity and respect. *British Journal of Nursing, 5*(3), 191.

Connick, M. J., Beckman, E., & Tweedy, S. M. (2018). Evolution and development of best practice in Paralympic classification. In I. Brittain & A. Beacom (Eds.), *The Palgrave Handbook of Paralympic Studies* (pp. 389-416). Palgrave Macmillan: London. https://doi.org/10.1057/978-1-137-47901-3

Cowan, D., & Taylor, I. M. (2016). I'm proud of what I achieved; I'm also ashamed of what I done: A soccer coach's tale of sport, status, and criminal behavior. *Qualitative Research in Sport, Exercise and Health, 8*(5), 505-518. doi: 10.1080/2159676X.2016.1206608.

Cregan, K., Bloom, G. A., & Reid, G. (2007). Career evolution and knowledge of elite coaches of swimmers with a physical disability. *Research Quarterly for Exercise and Sport, 78*(4), 339-350.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches.* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Daly, D. J., & Vanlandewijck, Y. (1999). Some criteria for evaluating the "fairness" of swimming classification. *Adapted Physical Activity Quarterly, 16*, 271-289.

DeKleijn-de Vrankrijker, M.W. (2003). The long way from the international classification of impairments, disabilities and handicaps (ICIDH) to the international classification of functioning, disability and health (ICF). *Disability and Rehabilitation, 25,* 561-564.

DePauw, K. P. (1997). The (in)visibility of disability: Cultural contexts and "sporting bodies". *Quest, 49*, 416-430.

DePauw, K. P., & Gavron, S. J. (1995). *Disability and sport.* Champaign, IL: Human Kinetics.

DePauw, K. P., & Gavron, S. J. (2005). *Disability and sport (2 ed.).* Champaign, IL: Human Kinetics.

Doyle, T.L.A., Davis, R.W., Humphries, B., Dugan, E.L., Horn, B.G., Shim, J.K., & Newton, R.U. (2004). Further evidence to change the medical classification system of the National Wheelchair Basketball Association. *Adapted Physical Activity Quarterly, 21,* 63-70.

Drummer, G. M. (1999). Classification of swimmers with physical disabilities. *Adapted Physical Activity Quarterly, 16*, 216-218.

Fine, M., & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of Social Issues, 44*(1), 3-21.

Gallagher, A. (2004). Dignity and respect for dignity- two key health professional values: Implications for nursing practice. *Nursing Ethics, 11*(6), 587-599.

Goodwin, D. L., Johnston, K., & Causgrove Dunn, J. (2014). Thinking ethically about inclusive recreational sport: A narrative of lost dignity. *Sport, Ethics and Philosophy, 8*(1), 16-31.

Haegele, J. A., & Hodge, S. (2016). Disability discourse: Overview and critiques of the medical and social models. *Quest, 68*(2), 193-206.

Harcum, E. R., & Rosen, E. F. (1990). Perceived dignity as a function of perceived voluntary control of behaviors. *Journal of Psychology, 124*(5), 495-511.

Hargreaves, J. (2000). Chapter 6: Impaired and disabled. *Heroines of sport: The politics of difference and identity* (pp.174-214). New York, NY: Routledge.

Higgs, C., Babstock, P., Buck, J., Parsons, C., & Brewer, J. (1990). Wheelchair classification for track and field events: A performance approach. *Adapted Physical Activity Quarterly, 7,* 22-40.

Howe, P.D., & Jones, C. (2006). Classification of disabled athletes: (Dis)empowering the Paralympic practice community. *Sociology of Sport Journal, 23,* 29-46.

International Paralympic Committee. (n.d.). IPC historical results archive. Retrieved from https://www.paralympic.org/results/historical

International Paralympic Committee. (n.d.). Rio 2016 Paralympics – ceremonies, medals, torch relay. Retrieved from http://www.paralympic.org/rio-2016

International Paralympic Committee. (n.d.). Swimming classification. Retrieved from https://www.paralympic.org/swimming/classification

International Paralympic Committee. (2014). *Guide to reporting on persons with an impairment.* Retrieved from https://m.paralympic.org/sites/default/files/document/141027103527844_2014_10_31+Guide+to+reporting+on+persons+with+an+impairment.pdf

International Paralympic Committee. (2015). *Strategic Plan 2015-2018 Strategic outlook for the International Paralympic Committee*. Retrieved from https://www.paralympic.org/sites/default/files/document/150619133600866_2015_06+IPC+Strategic+Plan+2015-2018_Digital.pdf

International Paralympic Committee. (2015, November). *International Paralympic Committee IPC athlete classification code.* Retrieved from https://www.paralympic.org/sites/default/files/document/170704160235698_2015_12_17%2BClassification%2BCode_FINAL2_0.pdf

International Paralympic Committee. (2016). *International standard for eligible impairments.* Retrieved from https://www.paralympic.org/sites/default/files/document/161004145727129_2016_10_04_International_Standard_for_Eligible_Impairments_1.pdf

International Paralympic Committee. (2016). *Rio 2016 Paralympic Games: Qualification guide*. Retrieved from https://www.paralympic.org/sites/default/files/document/160523070735592_Rio%2BQG_23_May_2016.pdf

Jacobson, N. (2007). Dignity and health: A review. *Social Science & Medicine, 64*, 292-302. https://doi.org/10.1016/j.socscimed.2006.08.039

Jelsma, J. (2009). Use of the international classification of functioning, disability and health: A literature survey. *Journal of Rehabilitation Medicine, 41,* 1-12.

Johnson, G. M., Little, R., Staufenberg, A., McDonald, A., & Taylor, K. G. M. (2016). How do they feel? Patients' perspectives on draping and dignity in a physiotherapy outpatient setting: A pilot study. *Manual Therapy, 26,* 192-200.

Johnston, K. R., Goodwin, D. L., & Leo, J. (2015). Understanding dignity: Experiences of impairment in an exercise facility. *Adapted Physical Activity Quarterly, 32,* 106-124.

Jones, C., & Howe, P. D. (2005). The conceptual boundaries of sport for the disabled: Classification and athletic performance. *Journal of the Philosophy of Sport, 32,* 133-146.

Jumisko, E., Lexell, J., & Söderberg, S. (2007). The experiences of treatment from other people as narrated by people with moderate or severe traumatic brain injury and their close relatives. *Disability & Rehabilitation, 29*(19), 1535-1543.

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research, 19*(2), 279-289. doi 10.1177/1049732308329306

Legg, D., Steadward, R. (2011). The Paralympic Games and 60 years of change (1948-2008): unification and restructuring from a disability and medical model to sport-based competition. *Sport in Society, 14*(9), 1099-1115.

Legg, D., Fay, T., Wolff, E., & Hums, M. (2015). The International Olympic Committee – International Paralympic Committee relationship: Past, present and future. *Journal of Sport and Social Issues, 39*(5), 371-395.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (4th ed. pp. 97-128). Thousand Oaks, CA: Sage.

Mann, J. (1998). Dignity and health: The UDHR's revolutionary first article. *Health and Human Rights, 2*(3), 31-38.

Markula, P., & Silk, M. (2011). *Qualitative research for physical culture.* New York, NY: Palgrave Macmillan.

Mashkovskiy, E., & Brittain, I. (2017). The evolution of classification and technical rules in parasports: Extending the frontiers. *Acta Universitatis Carolinae: Kinanthropologica, 53*(1), 5-20.

Matiti, M. R., & Trorey, G. M. (2008). Patients' expectations of the maintenance of their dignity. *Journal of Clinical Nursing, 17*(20), 2709-2717.

McMaster, S., Culver, D., & Werthner, P. (2012). Coaches of athletes with a physical disability: A look at their learning experiences. *Qualitative Research in Sport, Exercise and Health, 4*(2), 226-243. https://doi.org/10.1080/2159676X.2012.686060

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, CA: Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation.* (4th ed.). San Francisco, CA: Jossey-Bass.

Molik, B., Laskin, J. J., Golbeck, A. L., Kosmol, A., Rekowski, W., Morgulec-Adamowicz, N., Rutkowska, I, Marszalek, J., Gajewski, J., & Gomez, M. A. (2017). The International Wheelchair Basketball Federation's classification system: The participants' perspective. *Kinesiology, 49*(1), 117-126.

Nicholson, V. P., Spathis, J. G., Hogarth, L. W., Connick, M. J., Beckman, E. M., Tweedy, S. M, Payton, C., J., & Burkett, B. J. (2018). Establishing the reliability of a novel battery of range of motion tests to enable evidence-based classification in para swimming. *Physical Therapy in Sport, 32*, 34-41.

Nordenfelt, L. (2004). The varieties of dignity. *Health Care Analysis, 12*(2), 69-81.

O'Mathúna, D. P. (2011). The place of dignity in everyday ethics. *Journal of Christian Nursing, 28*(1), 12-20.

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report, 13*(4), 695-705.

Patterson, I. (2007). Changes in the provision of leisure services for people with disabilities in Australia. *Therapeutic Recreation Journal, 41*(2), 108-118.

Patton, M. Q. (2002). *Qualitative research & evaluation methods.* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Peers, D. (2009). (Dis)empowering Paralympic histories: Absent athletes and disabling discourses. *Disability & Society, 24*(5), 653-665.

Peers, D. (2012a). Interrogating disability: The (de)composition of a recovering Paralympian. *Qualitative Research in Sport, Exercise and Health, 4*(2), 175-188.

Peers, D. (2012b). Patients, athletes, freaks: Paralympism and the reproduction of disability. *Journal of Sport and Social Issues, 20*(10), 1-22.

Peers, D., Spencer-Cavaliere, N., & Eales, L. (2014). Say what you mean: Rethinking disability language in *Adapted Physical Activity Quarterly*. *Adapted Physical Activity Quarterly, 31*, 265-282.

Peterson, D. B. (2005). International classification of functioning, disability and health: An introduction for rehabilitation psychologist. *Rehabilitation Psychology, 50*(2), 105-112.

Purdue, D. E. J., & Howe, P. D. (2012). Empower, inspire, achieve: (Dis)empowerment and the Paralympic Games. *Disability & Society, 27*(7), 903-916.

Purdue, D. E. J., & Howe, P. D. (2013). Who's in and who is out? Legitimate bodies within the Paralympic games. *Sociology of Sport Journal, 30,* 24-40.

Reismüller, R., & Parry, J. (2017). The Kladruby Games, the Paralympics, and the pre-history of disability sport. *AUC Kinanthropologica, 53*(1), 79-89.

Richards, V., Pritchard, A., & Morgan, N. (2010). (Re)envisioning tourism and visual impairment. *Annals of Tourism Research, 37*(4), 1097-1116.

Richter, K. J., Adams-Mushett, C., Ferrara, M. S., & McCann, B. C. (1992). Integrated swimming classification: A faulted system. *Adapted Physical Activity Quarterly, 9,* 5-13.

Shakespeare, T. (2006). *Disability rights and wrongs*. New York, NY: Routledge.

Sherrill, C. (Ed.). (1986). *Sport and disabled athletes: The 1984 Olympic Scientific Congress Proceedings*. Champaign, IL: Human Kinetics.

Sherrill, C. (1999). Disability sport and classification theory: A new era. *Adapted Physical Activity Quarterly, 16,* 206-215.

Sigert, R. J., & Ward, T. (2010). Dignity, rights and capabilities in clinical rehabilitation. *Disability & Rehabilitation, 32*(25), 2138-2146.

Slettebø, A., Caspari, S., Lohne, V., Aasgaard, T., & Nåden, D. (2009). Dignity in the life of people with head injuries. *Journal of Advanced Nursing, 65*(11), 2426-2433.

Smith, B., & McGannon, K. R. (2017). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, doi: 10.1080/1750984X.2017.1317357.

Spencer-Cavaliere, N., & Peers, D. (2011). “What’s the difference?” women’s wheelchair basketball, reverse integration, and the question(ing) of disability. *Adapted Physical Activity Quarterly, 28*, 291-309.

Stake, R. E. (2010). *Qualitative research: Studying how things work.* New York, NY: The Guilford Press.

Steadward, R. D., & Peterson, C. (1997). *Paralympics: Where heroes come.* Edmonton, Canada: One Shot Holdings.

Steadward, R. D., Wheeler, G. D., & Watkinson, E. J. (Eds.). (2003) *Adapted physical activity.* Edmonton, Canada: University of Albert Press and The Steadward Centre.

Sulmasy, D. P. (2012). The varieties of human dignity: A logical and conceptual analysis. *Medicine, Health Care, and Philosophy, 16*(4), 937-944.

Thomas, C. (1999). *Female forms: Experiencing and understanding disability.* Philadelphia, PA: Open University Press.

Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & Society, 19*(6), 569-583.

Thorne, S., Reimer Kirkham, S., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing, 20*, 169-177.

Thorne, S., Reimer Kirkham, S., & O’Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1-11.

Thorne, S. (2016). *Interpretive Description: Qualitative research for applied practice* (2nd ed.). New York, NY: Routledge.

Tuakli-Wosornu, Y. A. (2016). "And thereby hangs a tale": Current medical and scientific controversies in Paralympic sport. *Palaestra, 30*(3), 9-13.

Tweedy, S. M. (2002). Taxonomic theory and the ICF: Foundations for a united disability athletics classification. *Adapted Physical Activity Quarterly, 19,* 220-237.

Tweedy, S. M. (2003). Biomechanical consequences of impairment: A taxonomically valid basis for classification in a unified disability athletics system. *Research Quarterly for Exercise and Sport, 74*(1), 9-16.

Tweedy, S. M., Williams, G., & Bourke, J. (2010). Selecting and modifying methods of manual muscle testing for classification in Paralympic sport. *European Journal of Adapted Physical Activity, 3*(2), 7-16.

Tweedy, S. M., & Vanlandewijck, Y. C. (2011). International Paralympic Committee position stand – Background and scientific principles of classification in Paralympic sport. *British Journal of Sports Medicine, 45,* 259-269.

Tweedy, S. M., Beckman, E. M., & Connick, M. J. (2014). Paralympic classification: Conceptual basis, current methods, and research update. *American Academy of Physical Medicine and Rehabilitation, 6,* S11-S17.

Tweedy, S. M., Connick, M. J., & Beckman, E. M. (2018). Applying scientific principles to enhance Paralympic classification now and in the future: A research primer for rehabilitation specialists. *Physical Medicine and Rehabilitation Clinics of North America, 29*(2), 313-332. https://doi.org/10.1016/j.pmr.2018.01.010

Vanlandewijck, Y. C., Verellen, J., Tweedy, S. (2011). Towards evidence-based classification in wheelchair sports: Impact of seating position on wheelchair acceleration. *Journal of Sports Sciences, 29*(10), 1089-1096.

Wareham, Y., Burkett, B., Innes, P., & Lovell, G. P. (2017). Coaching athletes with disability: Preconceptions and reality. *Sport in Society, 20*(9), 1185-1202. https://doi.org/10.1080/17430437.2016.1269084

Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report, 12*(1), 82-101.

Whitehead, J., & Wheeler, H. (2008). Patients' experience of privacy and dignity. Part 2: An empirical study. *British Journal of Nursing, 17*(7), 458-464.

Wiser, M. C. (2018). Opportunities to interpret: A methodological discussion of insider research, perceptions of the researcher, and knowledge production. *Sport in Society, 21*(2), 215-225. https://doi.org/10.1080/17430437.2016.1221927

Withers, A. J. (2012). Diagnosing people as problems: The medical model. In *Disability politics and theory* (pp. 31-56). Black Point, NS: Fernwood Publishing.

World Health Organization. (2013). *How to use the ICF: A practical manual for using the International Classification of Functioning and Health (ICF). Exposure draft for comment.* Geneva, Switzerland: WHO.

World Para Swimming. (2018, January). *Classification rules and regulations.* Retrieved from https://www.paralympic.org/sites/default/files/document/171220150814237_2017_12%2BWorld%2BPara%2BSwimming_Classification%2BRules%2Band%2BRegulations_FINAL.pdf.

Wu, S. K., & Williams, T. (1996). Paralympic swimming performance, impairment, and the functional classification system. *Adapted Physical Activity Quarterly, 16,* 251-270.

Zitomer, M. R., & Goodwin, D. (2014). Gauging the quality of qualitative research in adapted physical activity. *Adapted Physical Activity Quarterly, 31,* 193-218.

Appendix A: Interview Guide

Understanding Classification

1. Can you describe your experience in sport?

- How did you get into parasport?
- Describe the pathway that led you to paraswimming.

2. Can you tell me about your experience being classified in paraswimming?

- How many times have you been classified? In paraswimming / other parasport?
- How was the paraswimming classification different from other sport(s) you have been classified for?
- Where did your classification take place?
    - Different times you were classified…. Were there major differences between them? (e.g. location, person, etc.)

The Classification Process

3. Is there any preparation that is needed for classification in paraswimming?

- How did you prepare for your classification session?
- Did you feel that you had a good understanding of the process going into your classification?

4. What was your coach's involvement in the classification process?

- **Was your coach at your classification? Or another advocate (e.g. parent, partner, etc.).**
- Did you want your coach there? Parent? Partner?
- Did the classifier talk to your coach at all during the process?

5. When the classification was finished, how did you feel?

- Did you feel it was fair?

6. Do you talk to other paraswim athletes about their classification?

- How do other athletes feel about classification?
- **Do you discuss classification of other athletes with coach / other advocates, etc.**

The Classifier

7. What was your experience with the classifier? If needed, discuss each time you've been classified and your experience with the classifier.

- Did you have an opportunity to ask questions? Did you feel you were able to ask questions?
- Did the classifier explain what they were doing and why during the process? Did you feel like there was enough communication from the classifier during the process?
- Did your coach / advocate act as a support for communication with the classifier?
  - Was that helpful?

Feelings Toward Classification

8. Did you feel that your dignity was maintained during the classification process?

- **How so? Can you tell me more?**

Closing Questions

9. In what ways do you think classification is important for paraswimmers?

- Is it a good thing?

10. What would you change about classification?

11. How could this be a more dignified process?

12. Is there anything else you would like to share?

Appendix B: Ethics Approval

Notification of Approval - Amendment

Date: February 5, 2018

Amendment ID: Pro00075012_AME1

Principal Investigator: Kirsti Van Dornick

Study ID: Pro00075012

Study Title: What's in a Number?: The Classification Experiences of Paraswimmers

Supervisor: Nancy Spencer-Cavaliere

Sponsor/Funding Agency: Sport Science Association of Alberta SSAA

RSO-Managed Funding:

Project ID Project Title Speed Code

Other Information

RG 139 Everyone's a number. The athlete experience of classification in para-sport

Approved Consent Form:

Approval Date Approved Document

2/5/2018 Youth Assent Form

2/5/2018 Parent Informed Consent January 31, 2018

2/5/2018 MA Participant Informed Consent Form- January 23 2018.docx

Approval Expiry Date: Thursday, November 29, 2018

Thank you for submitting an amendment request to the Research Ethics Board 1. This amendment to update participant age range and documentation has been reviewed and approved on behalf of the committee. The following have been approved:

• MA Participant Informed Consent Form- January 23, 2018

• Parent Informed Consent January 31, 2018

• Youth Assent Form – 2/4/2018

Sincerely,
Anne Malena, PhD
Chair, Research Ethics Board 1

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