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Framing cross-cultural ethical practice in adapt[ive] physical activity

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Abstract

Academics and practitioners are often at a loss when it comes to understanding the ethical socio-political and cultural contexts that invades the world of adapted physical activity (APA). Ethical practice is *situated* in the local and the specific. In this paper we highlight that both academics and practitioners need to be ever mindful that the cultures surrounding the education, sport and rehabilitation components of APA are distinctive environments that vary across the globe. Because of the cultural diversity surround APA, we set out an embryonic framework for ethically *thinking* about practice in our field. Ultimately we hope that this framework will go some way to illuminate questions of situated ethical importance that are becoming increasing conundrums within APA.

Keywords: professional practice, disability, ethical framework, adapted physical activity

Framing Cross-cultural Ethical Practice in Adapt[ive] Physical Activity

Reflecting on our *thinking* in adapted physical activity (APA) would be incomplete without consideration of the internal and external moral compasses that guide our professional practice.¹ Diverse perspectives can be achieved, in part, by bringing an ethical lens to the premises, actions and rituals of APA. As “practical ethics is not the type of inquiry to be advanced by the lone thinker or narrow scholar,” (Higgins, 2010, p. 255) we invite others to engage with our ethical thinking in APA.

This paper explores the contribution that human science² can make to our thinking about the ethical professional practice and the role of universities in preparing professionals for increasingly complex workplaces. Adapted physical activity is a field of passionate and dedicated professionals and researchers and for this reason; we feel that open dialogue about difficult issues is possible. Kagan (2009) reminds us that the function of humanistic scholarship is “to provide divergent perspectives on the human condition...by inviting students to brood more deeply on the causes of the ethical void in modern society” (p. 231). Whereas humanist recognize uncertainty as a prevalent human emotion, those in the natural or social sciences may be less comfortable with understanding feelings in themselves and others, inconsistencies in their beliefs, or choosing behaviour among several possibilities (Kagan, 2009). Ethics is a language of ambiguity and one may be more or less comfortable with the uncertainty inherent in questions of right and wrong and goodness and badness.³ Its vocabulary may take time to be understood and applied within the cultures of APA research in the natural science, social science, and the humanities (Kagan, 2009).

Thinking ethically may not garner high prestige from colleagues or university leadership who adhere to science traditions other than human science as it does not require large grant

support, or reap academic funding notoriety to engage deeply in reflective and reflexive ethical thought. It relies on philosophy, the semantics of language and texts, and pragmatic consequences (*knowing* rather than *doing*) that may not be quickly realized (Kagan, 2009). Nonetheless, thinking ethically using the tools of humanistic science brings the extraordinary particularity of people's lives and events to light (Silva & Howe, 2012). It creates a window for viewing the culture premises, hierarchical power structures, decision making configurations, and moral dilemmas embedded in the how, why, what, and where of APA that can have profound impacts on dignity⁴ (Goodwin, Johnston, & Causgrove Dunn, 2014).

Ethical judgements are inherent in the complex environments in which professional practice and field research occurs. Further, ethical judgements are mediated by (*situatedness*) the social-political context in which they transpire (e.g., schools, disability sport, community recreation centres, fitness facilities; Simons & Usher, 2000a). Ethical decisions are taken against a backdrop of personal beliefs, organizational complexities, and potentially conflicting expectations. We all have a role to play in contributing to a deeper understanding of the human condition because as professionals we work with people who are often disadvantaged by the very values we may hold (Goodwin, 2008; Goodwin et al., 2014; Peers, 2012a, 2012b).

As the title of this paper illuminates, we feel 'Adaptive Physical Activity' (over adapted physical activity) is more in line with a reflexive ethical stance in which practitioners should continually engage. The use of a different suffix is significant. The term adapted implies that adaptation has occurred. On the other had adaptive implies that practitioners are 'able to do or doing'⁵ which we believe is paramount for a reflexive ethical position to be developed. The gains we have made in our field over the past decades have been due to the placement of the individual in the middle of our understanding (e.g., individualization of our instruction). We have done this by modifying,

adapting, and accommodating to “meet unique needs and achieve desired outcomes” (Sherrill, 2004, p.7). The danger that is becoming apparent with the “top-down instructional (or intervention) model based on adaptation theory” (Sherrill, 2004, p. 84) or *individual in the middle approach* is that focus is upon changing the individual, with little impetus to change the social and cultural influences that gave rise to the creation of the *individual* (e.g., assessment, prescription, intervention, evaluation, classification, labeling, monitoring). By placing the individual with the marginalizing forces (including professional beliefs, attitudes, and practices), the focus shifts to changing that which excludes, devalues, and Others – rather than changing the individual.

To quote Sherrill (2004), “...education and service delivery are *adapted*, but behaviour is *adaptive*” (p. 9). Adaptive physical activity then, we propose is what we do to *ourselves* [behaviours] that fosters flourishing in others (Seligman, 2012). As professionals and scholars, *our* behaviour is adaptive. The work (project) of adaptive physical activity (professionals) is to reflect on our ableism, disablism, perpetuation of the normate as the desired state of being, ethical responsiveness, and desire for relationship building. We have been influenced by scholars working in disability studies in our suggestion that it the professional practitioner who should be *adaptive*, and not the person experiencing disability who should *adapt* (e.g., Titchkosky, 2003, 2011; Shakespeare, 2006; Withers, 2012). An interdisciplinary approach to adaptive physical activity may deepen our understanding of our belief systems and ethical knowing.

In other words, our field of endeavour is not static, but alive and constantly changing. We urge readers to engage in this debate and consider the benefits of explicitly articulating our field as a dynamic one.

Reflexivity in APA: Moral Discomfort

Ethical judgements are part of professional life. We contend that there are times (pre-service and in-service) when deep internal reflective self-evaluation that involves debating, arguing, and bargaining with ourselves is a professional imperative (DePauw, 2009). Inherent in applied ethics (ethics in action as well as thought) are the concepts of *external* and *internal* integrity. “Being true to one’s self and one’s most cherished values (internal integrity) is integral to a ‘moral career’” (Simons & Usher, 2000b, p. 3). External integrity involves relationships with others as compromises in practice are made between people, social groups, and organizations and debates, negotiations, and evaluations of policies and practices occur. “Maintaining moral careers involves regular changes in how persons view themselves and their criteria for judging themselves and others” (Glen, 2000, p. 13). The moral complexities of APA settings are further complicated by external practical professional constraints such as time, staffing, educational backgrounds, energy, or policy.

Researchers and teachers in higher education have a moral obligation and social responsibility to incorporate questions of ethical practice and conduct into their teaching and share their own moral discomfort when there is not a clear answer (DePauw, 2009; Goodwin & Peers, 2012). The apparent disregard for reflexivity in ethical pedagogy in APA may be due, in part, to adherence to a school of thought called virtue ethics. Virtue ethics is based on the premise that good people will make good decisions and as such, it “...appeals to our intuitive sense that one who cares for vulnerable people ought to demonstrate particular personal characteristics” (Oberle & Raffin Bouchal, 2009, p. 11). Virtues can be learned, so if APA attracts people who believe themselves to be virtuous and are reinforced for their *good work* (practice) toward those considered to be *vulnerable* (e.g., persons experiencing disability), the need for reflection on ethical professional practice may seem to become redundant. The very

assumption of virtuous professionals has profound ethical consequences.

Virtuous professionals can lead to the creation of two groups of people – the benevolent *us*, and the vulnerable *them*. The creation of services for those who are vulnerable, marginalized, and excluded from the activities and benefits of the community, by that very community, created a *disability industry* that provides jobs and creates profits for those without impairments (Albrecht, 1992). Arguably, few professionals would articulate APA as part of the disability business and yet, some from within still refer to APA as a family thus presupposing a *nurturing* relationship between professional and ‘client.’ Unpacking the ethical *minefield* that surrounds APA may enable us to move the field forward toward mutually respectful and ethical engagement (Bergum & Dossetor, 2005).

Two distinct yet inter-related approaches may move an ethical agenda in APA forward (Goodwin & Standal, 2012). In a top-down approach, ethical theory as reflected in philosophy and contemporary social theory is applied to issues of ethical concern. In the bottom-up approach, APA practice is informed by empirical knowledge of the participants’ perspective on aspects of psycho-social and cultural interactions prevalent in professional practice (e.g., use of ‘help’ [Goodwin, 2001], ‘peer learning’ [Standal & Jespersen, 2008] or ‘disability simulations’ [Leo & Goodwin, 2013, 2014]). Analysis of evidence gathered from the bottom-up perspective, may illuminate the ethic being applied to APA professional practice (Goodwin & Rossow-Kimball, 2012). Yet to be addressed bottom-up (lived experience) questions of importance to understanding the moral integrity of APA practice include: (a) Are we, and how do we, diminish dignity or resistance to the remove of obstacles to active lifestyles (Malloy & Zakus, 1995)? (b) How we assess and apply supports to enhance or delimit personal agency (Anderson, 2006; Carnevale, 2004; Rossow-Kimball & Goodwin, 2009)? and (c) What is the position of lived

139 disability knowledge (embodied knowledge) in the research process (Austin, Bergum, &
140 Dossetor, 2003; Wadensten & Ahlstrom, 2009)?

141 Important top-down questions to illuminate the moral contexts of APA include: (a) What
142 role can ethical theory (e.g., care, principlism, relational ethics) play in our understanding of the
143 knowledge landscape of APA (Austin, 2007)? (b) Do we partake in thoughts and actions that
144 create and perpetuate, or dispel and reject the creation of the Other through expertism and
145 professional entitlement (e.g., engage in discourses of disability objectification, tragedy and
146 catastrophe) (Banja, 2005; Clapton, 2003; MacDonald, 2002), and (c) Do interventions modify
147 and accommodate the person or the social and political context (Sullivan, 2005)? Working
148 through practical predicaments and the pragmatic realities may offer practitioners distinctive
149 *good* in four areas: “outstanding works or performances to appreciate, a rich moral
150 phenomenology to experience, excellences of character to display and on which to rely, and a
151 biographical genre through which to shape a meaningful life” (Higgins, 2010, p. 250).

152 **The Experience of Disability Ethics**

153 Research approaches that embrace lived experiences provide insights into first person
154 perspectives (Howe, 2009), that although frowned upon by some as mere subjectivism, or at their
155 worst, symbolic violence of outsiders trying to empathize with that which they have played a role
156 in creating, can serve as a critical lens to view the experiences of ability and disability
157 (Anderson, 2006; Jespersen & McNamee, 2008). The *ethical work* required of APA
158 professionals involves understanding how ethical issues *arise*, how they are *structured*, and how
159 they are *managed* (Borry, Schotsmans, & Dierickx, 2005; Updale, 2008).

160 The ascent of humanist research and postmodern challenges to the validity of prediction
161 and group models in the social science contributed to an alternate way of understanding

disability influenced by an implicit ethical ideal. Humanists reminded society of its contradictions, cultural premises, the place of emotion, and the presence of moral dilemmas. Further, postmodernism brought a questioning of unquestioned premises, historically favoured methodological tools, and core concepts (theories) of explanation (Kagan, 2009). Higgins (2010) states that understanding professional practice requires a back and forth shuttle between views from the practice and depictions of the practice from the outside.

A good starting point, then, is to collect internal descriptions of putative practices.... thick, phenomenological evocations of...settings, goals, episodes, communities, traditions....What such first-person reports offer is an introduction to vocabulary and sensibility of the practice....Without joining the practice, and on the basis of such reports alone, we cannot truly know what it is like to participant in the practice. (Higgins, 2010, p. 255)

Case studies of situated texts can be used to bring new interpretations to participants' life worlds (Prosser, 2000). This interpretation of these narratives is not meant to find *the* meaning of a text rather it is about creating another text by remaining open to multiple meanings in a process that does not have boundaries, since interpretation is socio-politically and culturally embedded (Usher, 2000).

Ethical understanding of (counter)stories⁶ or stories constructed from the lived experiences of persons with impairments may offer alternative understandings and an appropriate ethical platform from which to engage in crucial discussions (Clapton, 2003). Hearing (counter)stories is arguably fundamental to our understanding of professional practice in APA [so as to bring tact to our instruction \(van Manen, 1991\)](#). It is a place for the teller and the listener to come together to begin to undermine the dominant story, undoing it and retelling it in

a way that invites new interpretations and conclusions. We contend that more (counter)stories need to be heard in APA. Ethical understanding constructed from the lived experiences of persons with impairments will offer alternative understandings to practice tradition and an ethical platform from which to engage in crucial discussions.

The significance of naming reality (interpretation) is a cultural activity and deconstruction of the reality seeks to unleash the concealed metaphors within, or theorise and disrupt the ideology that reproduces itself through texts of stories. “Text is any organized network of meaning, a field of contending differential forces whose characteristics is that it is always interpretable, capable of being read and re-read...” (Usher, 2000, p. 168). Post structuralism (deconstructionism) may provide an exemplification of the ethical moment, one that does not involve pre-existing norms and guiding rules, “Deconstruction is an ethics,” not in the sense that ethics is the application of ethical codes, but rather there are ethical moments and the deconstruction of those moments *is* an expression of ethics (p. 162). Deconstruction becomes an ethics through the assumed responsibility marked by an obligation to listen as a way of showing respect for the Other and being with the Other, not trying to assimilate or incorporate the Other through programming, silencing, or neglecting the Other (Popke, 2003).

Disquieting the Expert

Ken Davies, (1993) in his article: “The Crafting of Good Clients,” states that professionals “...learn about disability by doing courses and reading books. Some of them are given diplomas for doing this....These paper qualifications help them get jobs and make careers out of our needs” (p. 197). Davies, among others, has questioned the ethical motivations of people who work in the disability field (Fitzgerald, 2009, Macbeth, 2010, Shakespeare, 2006). Professionals through their expertise have the power to control and exclude. Some argue that the

208 process of professionalization creates individuals who, on the basis of knowledge they assume to
209 be objective, believe they are acting in the best interests of others. This suggests that the key
210 activities of “ethical work” are the deconstruction, criticism, and professional beliefs including
211 how we come to know, speak, interact with others (Trussell, 2010). Activities in APA develop
212 into *practice* and are aligned with four social criteria: (a) they are social in origin (vocabulary
213 and shared understanding), (b) social in execution, (c) based in historical traditions (what it is
214 and what can be achieved), and (d) they are passed along to others (initiation and teaching)
215 (Benner, 2004). In Figure 1, we illustrate the interaction of the four social criteria as a way of
216 looking at professional ethics, not as something that is applied *to* professional practices: it is
217 something that *is* fundamentally practical and there may be not right course of action, but rather
218 action that is done admirably with tact and integrity (Higgins, 2010, p. 237). Professional
219 practice in APA is bound by social and cultural influences and the values it holds, for example,
220 the ideology of inclusion is good for society. In spite of having multiple meanings in the field
221 inclusion has become an ethic for the knowledge landscape of APA. Further, professional
222 activities that support inclusion (e.g., individualized support) are acted out in particularistic and
223 contextually specific settings that bring about ends. As practitioners apply their knowledge
224 landscape through action, their practices become normative as they are evaluated and synthesised
225 by individuals (moral traditions). Tension arises however, when the knowledge landscape
226 (moral traditions), normative professional practice (professional life narratives), and outcomes of
227 practice (disability lived experiences) do not lead to flourishing or well-being of the practitioner
228 or the participant (Higgins, 2010). An (upward) reliance on the lived experiences of people with
229 impairments gives rise for reflection on individual, communal, and societal norms thereby
230 providing fabric for questioning what is worth striving for, the potential for innovation in our

231 *doing*, and new ideas to refocus and invigorate our thinking.

232 By working alongside fellow practitioners in professional practice, we come to learn
 233 about the profession and the dynamic interplay between *professional* and *practical* knowledge,
 234 in essence the good and the bad of the practice (Clandinin & Connelly, 1996). *Professional*
 235 *knowledge* is information of what is right given theory driven or ideological views of practice
 236 that is reinforced by policy makers and administrators. The professional knowledge landscape
 237 becomes the *sacred story* that tells us who to ‘be’ and what to ‘do.’ Sacred stories can be
 238 problematic since they often transform into ‘truths’ that are ritualised in APA circles – that are
 239 rigid, unchallenged and unchanged. As professionals, we need to work tirelessly to avoid this
 240 ritualization of sacred stories. The *professional knowledge landscape* is comprised of a dynamic
 241 interaction of professional knowledge that includes codes of conduct learned through theory and
 242 formal educational contexts with normative rules, some of which are the product of ritualised
 243 sacred stories and ethics of duty that guide our action. *Practical knowledge* is comprised of
 244 stories created by practitioners where they are generally free from scrutiny and live stories of
 245 practice – a place of *secret story* where professional life narratives emerge. *Practical knowledge*
 246 of what is good or bad is learned through practice in a space that is private and integrates
 247 personal virtues with relational knowing.

248 If a practitioner is aware of, or anticipates dissension between the sacred story and the
 249 secret story, one can live and tell a *cover story*. Moral discomfort may arise when the domains
 250 of ethical life, that is the sacred stories we are told, secret stories we live, and cover story we tell
 251 are different. Unpacking stories of sacredness, stories of secrecy, and stories used for ‘cover’ is
 252 an essential part of the ethical work required in APA.

Well-established and intuitively sound “best practice” such as use of peer tutors ([Standal & Jespersen, 2008](#); [Goodwin, 2009](#)), adaptations of rules and equipment ([Doubt & McCall, 2003](#)), and providing choice ([Morphy & Goodwin, 2012](#)), reduce pressures that exclude disabled students (Goodwin, 2009). [For example, peer tutoring in inclusive physical education is an effective strategy for providing supplementary assistance socially, physically, and instructionally \(Klavina & Block, 2008\). Peer tutoring as it is depicted in much of the APA literature assumes the tutor will be a student without impairment who ‘helps’ the student with impairment. Embedded within this practice are questions of dependency, marginalizing, and Othering of the student with impairment that are carried by the student well beyond the lesson? Further, what power, privilege, and authority for the student without impairment do these scenarios create in her or his eyes and that of fellow classmates? Would the student with impairment ever be selected to be the tutor? We are not advocating the elimination of peer tutoring. However, unreflected practices may create what has been termed “special education damage” in the forms of dependency, perceptions of incompetence, and stigmatization \(Allen, 2005, p. 286\). Research into the experiences of those who receive \(endure\) being the tutee will bring a balanced perspective to the benefits and dangers of the use of peer tutors \(Standal & Jespersen, 2008\).](#)

The ethical work of inclusion involves the critical reflection upon values such as autonomy, integrity, influence, and participation. In full fairness to teachers, we know they also fall victim to ethically questionable practices such as inadequate preparation (Hodge, Ammah, Casebolt, LaMaster, & Sullivan, 2004), inadequate classroom support (Lienert, Sherrill, & Myers, 2001), and administrative abandonment (Goodwin, 2009). One must ask whether perceptions of “best practice” have replaced ethical discussions, and whose responsibility it is to re-open this dialogue (Austin, 2007). [We are aware of the insecurity that turning back on traditions and long standing](#)

practices creates and the desire to replace the old with something that is new or better. Rather than shying away from the insecurity induced by internal self-evaluation however, Standal (2008) celebrates the openness to new *understanding* that it creates. “Understanding is a practical-moral activity that is concerned more with engaging with that which is to be understood, than grasping the content of it” (Standal, 2008, p. 211).

Foundations for an Ethical Community in APA

A focus on ethics can be framed by empiricism, focusing on empirical description, reconstruction, and analysis of lived experiences reflected in the cultural context of the disability community and the community of professional practice in APA. It can also be guided by normative principles that are themselves ethical in formulation (Skrtic, 1995). Although universal principles (e.g., nonmaleficence, beneficence, autonomy, and justice) (Beauchamp, 1994) can assist in the process of reflecting upon internal integrity, they can be self-limiting if they replace thinking and problematizing the *situatedness* of the interactive context (Glen, 2000). The two ethical approaches are not to be regarded as successive stages in professional advancement, but as co-existing in ethical practice – offering a way of envisioning and conceptualizing the practice of adapted physical activity (Gadow, 1999). Knowledge of ethical theory and principles facilitates our conceptualization of ethics. Such knowledge alone however, is not sufficient for ethical professional practice. We need both - objective abstract knowledge (e.g., principle of autonomy is liberating) and subjective knowledge (e.g., lived autonomy can be isolating; Bergum & Dossetor, 2005). “To understand the direction of moral decisions in any person’s life; we need as much knowledge as possible of the forces that shape that person’s life story” (Pellegrino, 2000, p. 644).

Conclusion

Practice within APA contexts can result in harm, but it also offers practitioners distinctive *goods* of a least four types: outstanding works or performances to appreciate, a rich moral phenomenology to experience, excellences of character to display and on which to rely, and the biographical genre through which to shape a meaningful life (Higgins, 2010). Our aim was not to lecture about all that is bad in adapted physical activity practice, but rather to bring awareness of the need to trouble taken-for-granted professional practices – of both what is *right* and *wrong* and *good* and *bad*. The *subject* of our professional practice, disability, is a value-laden, contested and cultural construct.

The cultural politics that surrounds APA facilitates the telling and retelling of sacred stories that can be transformed into rituals and their associated behaviour that profit the disability business and discourage new recruits to the ‘family’ from being reflexive on our practice. This creates a field that has the potential to stagnate and reproduce itself – because this is considerably easier than the alternative. Secret stories that we tell ourselves need to be removed from our daily practice as do cover stories that hide the institutional practices from the public gaze. What we need to see is a removal of the barrier between sacred and (counter)stories, thus freeing us from the potential of sacred stories becoming ritualized practices. In this way, the field of APA becomes more active – with people with impairments at its heart. Not *adapted* to the client base in a static and formulaic matter but *adaptive* to the every changing counter(stories) that need to be our *raison d’être* – the place that we begin using both our practical and professional knowledge to facilitate the enhancement of the lives of people with impairments.

This is a starting point, a change in approach, but one we believe is simple enough to make in isolation. We certainly feel we could encourage our students to follow us with a more adaptive approach to physical activity – our own biographies tell us this is the case. Across the

APA field – we are likely to meet structural and agential resistance. How we transform our field ethically is not as simple as leading by example. We depart with several ethical questions:

- How can we resolve the criticism that knowledge in APA is primarily generated from a non-disability power base, which perpetuates a colonialist ethic?
- In what ways does APA name, classify, divide, mark, delineate, limit and create boundaries? What relational power hierarchies are at play and what are the impacts?
- Who are the meaning and sense-makers in storytelling regarding disability experiences and how might that influence interpretation and perpetuation of the Other?
- How has the ethic of political correctness (e.g., person first language) misrepresented the socio-political reality of disability? ([Peers, Spencer-Cavaliere, & Eales, 2014](#))
- What is our responsibility toward others and what politics are brought to bear on that responsibility?

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¹ Professional practice is defined as “a coherent, socially organized activity with notions of good practice within the practitioners’ understanding and skillful comportment. A practice has shared understandings about goals, skills and equipment and is continually being worked out in new contexts” (Benner, 1997, p. 50).

² “Human science aims at explicating the meaning of human phenomena (such as in literary or historical studies of texts) and at *understanding* the lived structures of meanings (such as in phenomenological studies of the lifeworld)” (van Manen, 1997, p. 4).

³ For this paper we have adopted the following understanding of ethics: Ethics relates to the values underpinning human conduct; the rightness and wrongness of actions and the goodness and badness of the motives and ends of actions. “A good is something we judge to be worthwhile to have, achieve, attend to, or participate in” (Higgins, 2010, p. 239).

⁴ The dignified self is “a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality is celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care” (Fenton & Mitchell, 2002, p. 21).

⁵ For full detail on the suffix *ive* see *The Oxford Shorter English Dictionary on historical principles*, Oxford: Clarendon Press (1990 edition). Vol. 1, p. 1122

⁶ Nelson (1995) describes a (counter)story as a story in which the moral self-definition of the teller can be redefined by “undermining a dominant story, undoing it and retelling it in such a way as to invite new interpretations and conclusions” (p. 23).