

## Abstract

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

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

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24 Framing Cross-cultural Ethical Practice in Adapt[ive] Physical Activity  
25 Reflecting on our *thinking* in adapted physical activity (APA) would be incomplete  
26 without consideration of the internal and external moral compasses that guide our professional  
27 practice.<sup>1</sup> Diverse perspectives can be achieved, in part, by bringing an ethical lens to the  
28 premises, actions and rituals of APA. As “practical ethics is not the type of inquiry to be  
29 advanced by the lone thinker or narrow scholar,” (Higgins, 2010, p. 255) we invite others to  
30 engage with our ethical thinking in APA.

31 This paper explores the contribution that human science<sup>2</sup> can make to our thinking about  
32 the ethical professional practice and the role of universities in preparing professionals for  
33 increasingly complex workplaces. Adapted physical activity is a field of passionate and  
34 dedicated professionals and researchers and for this reason; we feel that open dialogue about  
35 difficult issues is possible. Kagan (2009) reminds us that the function of humanistic scholarship  
36 is “to provide divergent perspectives on the human condition...by inviting students to brood  
37 more deeply on the causes of the ethical void in modern society” (p. 231). Whereas humanist  
38 recognize uncertainty as a prevalent human emotion, those in the natural or social sciences may  
39 be less comfortable with understanding feelings in themselves and others, inconsistencies in their  
40 beliefs, or choosing behaviour among several possibilities (Kagan, 2009). Ethics is a language  
41 of ambiguity and one may be more or less comfortable with the uncertainty inherent in questions  
42 of right and wrong and goodness and badness.<sup>3</sup> Its vocabulary may take time to be understood  
43 and applied within the cultures of APA research in the natural science, social science, and the  
44 humanities (Kagan, 2009).

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

47 support, or reap academic funding notoriety to engage deeply in reflective and reflexive ethical  
48 thought. It relies on philosophy, the semantics of language and texts, and pragmatic  
49 consequences (*knowing* rather than *doing*) that may not be quickly realized (Kagan, 2009).  
50 Nonetheless, thinking ethically using the tools of humanistic science brings the extraordinary  
51 particularity of people's lives and events to light (Silva & Howe, 2012). It creates a window for  
52 viewing the culture premises, hierarchical power structures, decision making configurations, and  
53 moral dilemmas embedded in the how, why, what, and where of APA that can have profound  
54 impacts on dignity<sup>4</sup> (Goodwin, Johnston, & Causgrove Dunn, 2014).

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

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

70 adapting, and accommodating to “meet unique needs and achieve desired outcomes” (Sherrill,  
71 2004, p.7). The danger that is becoming apparent with the “top-down instructional (or  
72 intervention) model based on adaptation theory” (Sherrill, 2004, p. 84) or *individual in the*  
73 *middle approach* is that focus is upon changing the individual, with little impetus to change the  
74 social and cultural influences that gave rise to the creation of the *individual* (e.g., assessment,  
75 prescription, intervention, evaluation, classification, labeling, monitoring). By placing the  
76 individual with the marginalizing forces (including professional beliefs, attitudes, and practices),  
77 the focus shifts to changing that which excludes, devalues, and Others – rather than changing the  
78 individual.

79 To quote Sherrill (2004), “...education and service delivery are *adapted*, but behaviour is  
80 *adaptive*” (p. 9). Adaptive physical activity then, we propose is what we do to *ourselves*  
81 [behaviours] that fosters flourishing in others (Seligman, 2012). As professionals and scholars,  
82 *our* behaviour is adaptive. The work (project) of adaptive physical activity (professionals) is to  
83 reflect on our ableism, disablism, perpetuation of the normate as the desired state of being,  
84 ethical responsiveness, and desire for relationship building. We have been influenced by scholars  
85 working in disability studies in our suggestion that it the professional practitioner who should be  
86 *adaptive*, and not the person experiencing disability who should *adapt* (e.g., Titchkosky, 2003,  
87 2011; Shakespeare, 2006; Withers, 2012). An interdisciplinary approach to adaptive physical  
88 activity may deepen our understanding of our belief systems and ethical knowing.

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

92 **Reflexivity in APA: Moral Discomfort**

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

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

116 assumption of virtuous professionals has profound ethical consequences.

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

126         Two distinct yet inter-related approaches may move an ethical agenda in APA forward  
127 (Goodwin & Standal, 2012). In a top-down approach, ethical theory as reflected in philosophy  
128 and contemporary social theory is applied to issues of ethical concern. In the bottom-up  
129 approach, APA practice is informed by empirical knowledge of the participants’ perspective on  
130 aspects of psycho-social and cultural interactions prevalent in professional practice (e.g., use of  
131 ‘help’ [Goodwin, 2001], ‘peer learning’ [Standal & Jespersen, 2008] or ‘disability simulations’  
132 [Leo & Goodwin, 2013, 2014]). Analysis of evidence gathered from the bottom-up perspective,  
133 may illuminate the ethic being applied to APA professional practice (Goodwin & Rossow-  
134 Kimball, 2012). Yet to be addressed bottom-up (lived experience) questions of importance to  
135 understanding the moral integrity of APA practice include: (a) Are we, and how do we, diminish  
136 dignity or resistance to the remove of obstacles to active lifestyles (Malloy & Zakus, 1995)? (b)  
137 How we assess and apply supports to enhance or delimit personal agency (Anderson, 2006;  
138 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

162 disability influenced by an implicit ethical ideal. Humanists reminded society of its  
163 contradictions, cultural premises, the place of emotion, and the presence of moral dilemmas.  
164 Further, postmodernism brought a questioning of unquestioned premises, historically favoured  
165 methodological tools, and core concepts (theories) of explanation (Kagan, 2009). Higgins  
166 (2010) states that understanding professional practice requires a back and forth shuttle between  
167 views from the practice and depictions of the practice from the outside.

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

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

179 Ethical understanding of (counter)stories<sup>6</sup> or stories constructed from the lived  
180 experiences of persons with impairments may offer alternative understandings and an  
181 appropriate ethical platform from which to engage in crucial discussions (Clapton, 2003).  
182 Hearing (counter)stories is arguably fundamental to our understanding of professional practice in  
183 | APA [so as to bring tact to our instruction \(van Manen, 1991\)](#). It is a place for the teller and the  
184 listener to come together to begin to undermine the dominant story, undoing it and retelling it in

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

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

### 201 **Disquieting the Expert**

202         Ken Davies, (1993) in his article: “The Crafting of Good Clients,” states that  
203 professionals “...learn about disability by doing courses and reading books. Some of them are  
204 given diplomas for doing this....These paper qualifications help them get jobs and make careers  
205 out of our needs” (p. 197). Davies, among others, has questioned the ethical motivations of  
206 people who work in the disability field (Fitzgerald, 2009, Macbeth, 2010, Shakespeare, 2006).  
207 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.

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

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

276 practices creates and the desire to replace the old with something that is new or better. Rather  
277 than shying away from the insecurity induced by internal self-evaluation however, Standal  
278 (2008) celebrates the openness to new *understanding* that it creates. “Understanding is a  
279 practical-moral activity that is concerned more with engaging with that which is to be  
280 understood, than grasping the content of it” (Standal, 2008, p. 211).

## 281 **Foundations for an Ethical Community in APA**

282 A focus on ethics can be framed by empiricism, focusing on empirical description,  
283 reconstruction, and analysis of lived experiences reflected in the cultural context of the disability  
284 community and the community of professional practice in APA. It can also be guided by  
285 normative principles that are themselves ethical in formulation (Skrtic, 1995). Although  
286 universal principles (e.g., nonmaleficence, beneficence, autonomy, and justice) (Beauchamp,  
287 1994) can assist in the process of reflecting upon internal integrity, they can be self-limiting if  
288 they replace thinking and problematizing the *situatedness* of the interactive context (Glen, 2000).  
289 The two ethical approaches are not to be regarded as successive stages in professional  
290 advancement, but as co-existing in ethical practice – offering a way of envisioning and  
291 conceptualizing the practice of adapted physical activity (Gadow, 1999). Knowledge of ethical  
292 theory and principles facilitates our conceptualization of ethics. Such knowledge alone however,  
293 is not sufficient for ethical professional practice. We need both - objective abstract knowledge  
294 (e.g., principle of autonomy is liberating) and subjective knowledge (e.g., lived autonomy can be  
295 isolating; Bergum & Dossetor, 2005). “To understand the direction of moral decisions in any  
296 person’s life; we need as much knowledge as possible of the forces that shape that person’s life  
297 story” (Pellegrino, 2000, p. 644).

## 298 **Conclusion**

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

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

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

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

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

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486 **Notes**

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<sup>1</sup> 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).

<sup>2</sup> “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).

<sup>3</sup> 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).

<sup>4</sup> 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).

<sup>5</sup> [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](#)

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<sup>6</sup> 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).