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

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Adapted physical activity (APA) practitioners are encouraged to be reflexive practitioners, yet little is known about the moral dilemmas faced as they instruct inclusive physical activity or fitness programs. Professional landscape tensions may arise when diverse organizational demands, policies, traditions, and values merge. The study purpose was to explore how APA professionals experience and resolve moral discomfort in professional practice. Using interpretative phenomenological analysis, seven APA professionals completed one-on-one semistructured interviews. The conceptual framework of relational ethics facilitated deep engagement with the professionals' stories of navigating the ethical minefields of their practice. Four themes were developed from the thematic interpretative phenomenological analysis: *The ass(et) of vulnerability*, *Friends or friendly?* "*We are fucked either way,*" and *Now what? Grappling with discomfort*. The moral discomfort and strategies for resolution described by APA professionals highlighted the need for judgment-free pedagogical spaces where taken-for-granted practices can be contemplated and discussed.

Keywords: ethical practice, inclusion, professional development, relational ethics, teacher preparation

Those who work in the realm of adapted physical activity (APA) are committed to advancing well-being, opportunities for physical activity, and engagement of disabled people[1] in society (Goodwin & Rossow-Kimball, 2012). Professionals in the multidisciplinary field of APA draw from many parent disciplines including physiology, psychology, sociology, and philosophy (Bouffard & Spencer-Cavaliere, 2016; Szostak, 2016). Such diverse origins lead to professionals holding different ways of knowing and existing within the environments of research, service delivery, and professional practice (Karkaletsi, Skordilis, Evaggelinou, Grammatopoulou, & Spanaki, 2012; Peers, 2018; Standal, 2008; Standal, Nyquist, & Mong, 2018). For APA professionals in inclusive service delivery positions, the sundry of multidisciplinary influences creates a

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landscape composed of diverse personnel, organizational demands, policies, traditions, and attitudes that may be at odds with their user groups or personal values (Austin, 2007). The relational intersection of others' values and beliefs with one's own may contribute to feelings of moral discomfort—the tension that arises from dissonance between perceptions of what should be done and the constraints that make doing that impossible (Weinburg, 2009).

Researchers have hence called for increased ethical reflexivity of APA professional preparation, moments of moral discomfort and potential professional misconduct, and the cultural norms in which we work (Goodwin & Howe, 2016; Silva & Howe, 2012). To be ethically responsive to the needs and desires of people within our practice, APA professionals may need to turn their gaze inward, questioning their personal beliefs, organizational complexities, and axiological affinities (Goodwin & Howe, 2016; Marcellus, 2005; Peers, 2018). Despite these calls, few researchers have explored APA knowledge landscapes. The purpose of this study was to explore how APA professionals experience and resolve moral discomfort on and within the professional knowledge landscape.

Stories on Our Knowledge Landscapes

Clandinin and Connelly (1996) described professional knowledge landscapes as a constantly evolving space, place, and time, where stories and experiences weave together. The lack of research on the APA professional knowledge landscape was an impetus for the study. What do we know about how space, place, and time coalesce to create experiences of moral discomfort in APA practice? Professional knowledge is comprised of information and stories shared by professionals and can be "filled with other people's vision of what is right" (p. 25). *Sacred stories* are the foundational, theory-driven perspectives of practice that come from our education, marked by university degrees, training programs, and ongoing professional development (Olson & Craig, 2005).

The practical knowledge landscape is a place, often out of the view of others, where professionals spend time with those seeking their services and are "free to live stories of practice" (Clandinin & Connelly, 1996, p. 25). These s*ecret stories* are seldom shared with others beyond the practical knowledge landscape. If one anticipates or becomes aware of dissension between sacred and secret stories, a *cover story* can be told and lived by to ease feelings of discomfort. For APA professionals moving between professional and practical landscapes, a cover story may be to "portray themselves as experts" within their employment context (Clandinin & Connelly, 1996, p. 25). Cover stories mask confusion and provide a rationale for actions taken (Goodwin & Rossow-Kimball, 2012; Olson & Craig, 2005). Sacred, secret, and cover stories contribute to our ways of knowing, being, and interacting with others.

In addition to the sacred, secret, and cover stories, *counter stories* also contribute to the professional knowledge landscape. Nelson (1995) defined a counter story as "a story that undermines a dominant story, undoing it and retelling it in such a way as to invite new interpretations and conclusions" (p. 23). Within APA, counter stories that elucidate the experiences of members of the disability community are beginning to emerge, demonstrating a willingness to seek lived

secret stories (Goodwin, 2017; Oliver, 1996; Peers, 2018). Acknowledging the need for and seeking counter stories may enhance reflexivity about our professional roles and relationships and how moral discomfort is experienced.

Moral Discomfort

Research on moral distress and moral dilemmas is prominent within the disciplines of nursing, social work, and business (Austin, 2007; Pauly, Varcoe, Storch, & Newton, 2009; Weinburg, 2009). The term *moral distress* is used to describe moments when a professional knows what to do, but various constraints make it difficult or impossible to pursue the preferred action (Pauly et al., 2009; Weinburg, 2009). A *moral dilemma* is described as a situation where a professional must choose between two or more courses of action, each of which may have both positive and negative impacts, leaving professionals to decide which option may impart the least harm (Weinburg, 2009). We used the term moral *discomfort* to encompass experiences of both moral distress and moral dilemmas. Within APA literature, moral discomfort has been used to describe ethical tension on the knowledge landscape when narratives of our sacred and secret stories do not align (Goodwin & Howe, 2016; Goodwin & Rossow-Kimball, 2012).

Ableism and Reflexivity

Campbell (2001) defined *ableism* as "a network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human" (p. 44). Ableist systems contribute to the creation of "ability" and "normal" when professionals categorize bodies and minds as "more or less desirable" (Goodley & Runswick-Cole, 2011; Hodge & Runswick-Cole, 2013). Not reflecting on the ways in which ableism contributes to our practices, identity, and relationships may lead to nonconscious, taken-for-granted practices on the professional and practical knowledge landscapes (Carlson, 2010; Goodwin & Rossow-Kimball, 2012; Withers, 2012). Through a process of reflexion that involves critical self-reflection at "the intersections of author, others, text, and the world" (Macbeth, 2001, p. 35), professionals may bring introspection to taken-for-granted assumptions, daily practices, assumptions, and disability actions (Goodwin, 2017; Goodwin & Rossow-Kimball, 2012; Updale, 2008). Reflexion exposes new ways of thinking when interrogating the "conceptual glue" (Brookfield, 2009, p. 294) that holds our practice together is interrogated and involves destabilizing the stabilized, challenging dominant hegemonic relationships, and questioning professional assumptions and norms that impact the relational space between ourselves and others (Bergum & Dossetor, 2005; Brookfield, 2009; Morgan, 2017; Wackerhausen, 2009).

Conceptual Framework

The use of a conceptual framework supports researchers in conceptualizing research problems (Bradbury-Jones, Taylor, & Herber, 2014; Wu & Volker, 2009). To delve into the phenomenon of moral discomfort, we used relational ethics (Bergum & Dossetor, 2005). The four components of relational ethics are (a) engagement, (b) mutual respect, (c) embodiment, and (d) environment. They

provided a framework to bring deep and reflexive thinking and understanding to the complex, subjective, and interactional experiences of moral discomfort in professional practice. The framework was used to reflect on the interview schedule and interpret and present the findings (Wu & Volker, 2009). Professionals who utilize a relational ethics approach acknowledge the complexities of human interaction and shift their focus from "solving ethical problems to asking ethical questions" (Bergum & Dossetor, 2005, p. 9).

Engagement refers to being connected with one another, but with the precarious balance of maintaining emotional boundaries without being neglectful (Bergum & Dossetor, 2005; Cloutier, Martin-Matthews, Byrne, & Wolse, 2015). *Mutual respect* relates to interdependent relationships between people, but also the respect for oneself. *Embodiment* acknowledges that people live in specific and diverse social and historical contexts. Their embodied knowledge is shared through stories and should be valued as much as theoretical knowledge. Finally, our *environment* is created by our everyday actions and is the space (emotional, physical, and social) in which ethical reflexion occurs. It is an interdependent web of circumstances, individuals, and policies (Austin, Goble, & Kelecevic, 2009; Bergum & Dossetor, 2005; Cloutier et al., 2015).

Methods

As our aim was to interpret the varied, complex, and subjective meanings of participant experiences, we were guided by an interpretive paradigm with assumptions of a relativist ontology, subjective epistemology, and hermeneutic and dialectical methodology (Kowalski, McHugh, Sabiston, & Ferguson, 2018; Lincoln, Lynham, & Guba, 2011). We assumed there are multiple meanings of reality across people and cultures, that knowledge is subjective, and that the meaning of knowledge is collaboratively cocreated through multiple, subjective realities. Both authors are experienced qualitative researchers. They are White, able-bodied, straight, cis females with previous professional practice in APA. Both possessed their own experiences of moral discomfort.

Interpretative phenomenological analysis (IPA) is a research approach consistent with an interpretive paradigm, and it provides a systematic way to hermeneutically examine how participants make sense of experiences of moral discomfort within their professional lives (Smith, 2011; Smith, Flowers, & Larkin, 2009). We sought to understand participant experiences by ideographically accessing detailed personal accounts and stories and inductively developing themes (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith et al., 2009; Smith & Osborn, 2015). Researchers using IPA are informed by its three primary theoretical roots: phenomenology, hermeneutics, and ideography (Smith, 2011; Smith et al., 2009). *Phenomenologists* are concerned with "the study of human experience" and describe the core structures of subjective experiences (Markula & Silk, 2011, p. 34). *Hermeneutics* refers to the interpretation that researchers bring to the meaning of participants' subjective experiences (Markula & Silk, 2011; Smith et al., 2009). *Ideography*, or focus on the particular, means that patterns within one participant's experiences are sought before moving onto the next (Lyon et al., 2017; Smith et al., 2009; Smith & Osborn, 2015).

Participants

The participants were recruited through an e-mail invitation to 17 personal contacts from the first author's professional network. Smith et al. (2009) refer to this approach as *opportunities sampling* or "the result of one's own contacts" (p. 49). The preexisting professional relationships between the first author and each of the participants afforded the benefit of shared understanding around language, knowledge landscapes, and variations of experiences (Berger, 2015; Patton, 2015).

Using snowball sampling, the contacts were asked to share the information letter with their networks to create a chain of interviewees (Patton, 2015). The inclusion criteria included those who (a) self-identified as a practicing APA professional, (b) worked in the field for a minimum of 3 years, (c) felt they were familiar with the undergraduate APA curriculum in the province of the study, and (d) were able to engage in an interview in the English language. The exclusion criteria included anyone younger than 18 years old or anyone whom the first author had once supervised. Those who declined the invitation to participate stated they did not self-identify as an APA professional, did not feel familiar with undergraduate APA curriculum, or simply did not have the time.

Sample sizes for IPA studies vary depending on practical constraints (i.e., time and resources) and richness of the data, but generally range from six to eight (Pringle et al., 2011; Smith et al., 2009). Ultimately, seven individuals volunteered for the study. They ranged in age from 25 to 39 years (mean of 30). In addition to service delivery, four participants completed administrative tasks that included supervising staff and managing budgets. Two participants worked in separate[2] settings, and five worked in both separate and integrated[3] environments. Two worked in the elementary and middle school education systems, three in fitness and recreation centers, and two in both recreation and rehabilitation facilities.

All participants described knowledge landscapes that required various levels of collaboration between themselves and partners from rehabilitation, education, recreation, or health care. They had completed an undergraduate degree in kinesiology or education with majors in APA, physical education, health studies, or coaching. Four participants identified additional certifications they deemed significant to their practice. These included nonviolent crisis intervention, exercise physiology, coaching, and personal training. None of the participants disclosed living with impairment.

Data Generation

Data sources for IPA typically include one-on-one interviews and artifacts (Pringle et al., 2011; Smith et al., 2009; Smith & Osborn, 2015). The data were collected through a participant demographic form, audio-recorded one-on-one semistructured interviews, field notes, and a research journal. Before recruitment commenced, ethical approval was obtained through the University of Alberta research ethics board. The participants selected their own pseudonyms to protect anonymity.

Demographic Form. A participant demographic form was used to ensure that the inclusion criteria were met, obtain contact information, identify preferred modes of communication, and acquire additional details relevant for transferability to other contexts.

One-on-One Semistructured Interviews.   The participants were interviewed in the order in which they volunteered for the study. Each participant completed one semistructured interview led by the first author. The semistructured format provided a framework for purposeful conversations based on a set of relevant questions that remained open enough that answers could not be predicted (Kowalski et al., 2018; Mayan, 2009). The interviews lasted approximately 90 min and were scheduled at the times and locations that suited the participants (e.g., coffee shops, participants' offices, or the university campus). One interview was conducted via Skype, as an in-person interview was not possible. Early questions were open and descriptive (e.g., "What steps did you take to reach this place in your professional journey?"). Questions then became more in depth and personal (DiCicco-Bloom & Crabtree, 2006; Smith et al., 2009; e.g., "Tell me about one of your biggest learning moments as an APA professional. What did this moment mean to you?"). Each interview was digitally audio recorded and transcribed verbatim by the first author, producing between 18 and 24 pages of double-spaced transcribed data; there were 167 pages in total.

We believe, like many APA researchers, that cover stories are real and are told and retold to ourselves and others on a regular basis. In an effort to explore the sacred and secret stories that exist beneath cover stories, the participants were provided the interview questions ahead of time. One participant commented on this decision, saying, "seeing the questions ahead of time was so useful. Specially to have that deep reflection. I don't think [the stories] would have come up just in conversation." Four people stated that they would be sharing stories that they had never shared before and expressed relief at being able to prepare themselves for the interview.

Field Notes and Research Journal.   Field notes were recorded following each of the interviews to capture the immediate reactions and feelings, interpretations, and descriptions that transpired during the interview (Mayan, 2009; Rubin & Rubin, 2012). Notes were also kept in a research journal and were utilized to document research decisions, enhance researcher reflexivity around positionality, and refresh events from the research setting during analysis (Clancy, 2013; Patton, 2015). They further served as a place to reflect on reactions to research assumptions and questions that arose during the analysis (Zitomer & Goodwin, 2014). Fourteen research journal entries were made over the 18-month duration of the study.

Analysis

The iterative analysis process, as outlined by Smith et al. (2009), was conducted by the first author. The second author engaged in regular discussions with the first author, acting as a critical companion by challenging reflexivity, interpretations, and presentation of the study findings (Paterson & Higgs, 2005; Smith & McGannon, 2017). The first step, *reading and rereading,* required the first author to be immersed in the data by listening to an audio-recorded interview and reading the transcripts numerous times, keeping focus on the participant's narrative (Reid et al., 2005; Smith et al., 2009).

Initial noting required extensive time and detail as the first author added phenomenologically descriptive, linguistic, and conceptual notes through a careful line-by-line reading making notes about word choice, tone of voice, and recalled facial expressions. This continued until there was nothing else to note. These notes

were used to *develop emergent themes*, the third step in IPA analysis (Smith et al., 2009). Ideas, quotations, and notes were transferred onto colored sticky notes and placed on a large wall for *mapping the results*, the iterative fourth step (Smith et al., 2009). Only then was the process repeated for the next person's transcript. The overall generation of themes occurred after all transcripts had been reviewed and mapped on the wall. The authors engaged in regular discussions and revisited the conceptual framework until the final superordinate themes were finalized, and verbatim transcript excerpts were extracted to represent each theme (Reid et al., 2005; Smith & Osborn, 2015).

Obtaining Quality

The quality criteria were tied to paradigmatic assumptions and methodological processes outlined for IPA studies (Markula & Silk, 2011; Smith et al., 2009; Yardley, 2000; Zitomer & Goodwin, 2014). Methodological coherence was maintained by giving careful attention to four characteristics of good qualitative research—*sensitivity to context, commitment and rigor, transparency and coherence*, and *impact and importance* (Yardley, 2000).

The authors brought *sensitivity to the context* (sociocultural norms that influenced data gathering and data interpretation) through awareness of the relevant literature, familiarity with APA professional preparation, and the applicability of the conceptual framework (ethical relationality) to the phenomenon of moral discomfort. Assumptions of interpretive research were addressed by disclosing ontological, epistemological, and methodological assumptions of interpretivism (Tracy, 2010). Finally, the positionality of the researchers was disclosed. Moore (2012) described how an insider researcher position may lead to coercion or pressure as researchers balance the desire to "fulfill the requirements of the study and the need to maintain normal working relationships" (p. 14). We acknowledge this as a limitation of the study. As a precaution, recruitment information was only sent once, and it was assumed that an individual was not interested if he or she did not respond within 2 weeks. We also acknowledge the limitation of the represented experiences being from one geographic region.

Commitment and rigor were addressed by referring to recorded field notes during the analysis. Member reflections were sought to explore any gaps in the analysis and presentation of the finding and areas of similarities in the interpretation. (Smith & McGannon, 2017; Thomas, 2017). The participants received a summary of the themes via e-mail. Five participants responded. One participant responded, "You did a nice job capturing the uncertainty and specifics in your themes." The comments were affirming, and no changes were made to the themes or theme summaries.

Transparency and coherence were addressed by providing detailed accounts of data collection and reflexivity during the data analysis. The resulting themes were illustrated with participant quotations. Coherence was obtained by describing the research paradigm and the suitability of IPA for exploring, in-depth, the lived experiences of APA professionals through one-on-one interviews. *Impact and importance* are ultimately determined by readers' evaluation of the utility and usefulness of the research. To enhance readers' transfer of the findings to their own situations, descriptions of the participants and their professional contexts were provided (Smith, 2018).

Findings

Warning: strong language used by the participants, which may be offensive to some readers, is used. Four themes were generated from the analysis: (a) *The ass (et) of vulnerability*, (b) *Friends or friendly?* (c) *"We're fucked either way,"* and (d) *Now what? Grappling with discomfort*.

The Ass(et) of Vulnerability.   The participants experienced vulnerability, or a sense of being professionally exposed in their professional environments. The vulnerability was imposed by self-judgment, as well as the judgment of others. Negative consequences of being perceived as an "ass" by colleagues led to moral discomfort. The availability of judgment-free environments leading to productive conversations about moral discomfort was not common. Vulnerability was perceived to be a risk more than an asset when the fear of not being a knowledgeable *expert* was present. "There is a stigma that you don't want to be caught doing something wrong," explained Veronica. Jane shared a secret story of vulnerability when, for fear of looking like an ass, she chose not to intervene when a colleague was using offensive and inappropriate language to describe an individual with whom they were working. Saying nothing led to internalized feelings of guilt and shame. Her voice cracked as she recounted,

> I don't tell people because I am embarrassed and ashamed. I didn't act in the way that I wanted to. . . . I don't tell that story to people because I don't want them to say "Why didn't you say something?" because I already ask myself that.

Jane silenced her professional stories of moral discomfort due to fear of disclosing her perceived failure and the cumulative effect of the external judgment of others. Lucy's silence reflected her belief that she was the only one who experienced moral discomfort due to professional action or inaction and the judgment of others. She shared, "Do other professionals experience moral discomfort? If they do, they don't say it. I've never heard anyone else say it—and I've never said it to them."

The participants' experiences suggested that judgment regarding professional competence may reinforce the need to assume, maintain, and internalize secret stories as they assume the role of "expert," leaving them feeling vulnerable to making an ass of themselves when they fell short of others' expectations. Mellie shared a cover story of her expertism: "When I don't know what to do, I panic, and this panic is worse when I am in a supervisory role. . . . Sometimes I hoodwink people into believing I know what I'm doing." Mellie's feeling of panic was amplified when others looked up to her for her knowledge base. Choosing to "hoodwink" people over acknowledging the limits of her expertise triggered moral discomfort, experienced as stress and self-doubt.

Veronica asked herself, "Why is it so hard to say, 'I don't feel comfortable' or 'I don't know what to do or how to do it?'" The answer to her questions may be embedded in a story she told about being forced into a public demonstration of her expertise. Within her work environment, professionals from a rehabilitation background did not respect her educational background and required her to work with a child labeled "extremely difficult" to "prove" her expertise and gain membership to the team.

Assuming a stance of expertism is not surprising, as the sacred story from participants' APA professional preparation programs was perceived to reinforce objective theoretical knowledge over the embodied knowledge of the disability community. Mellie recalled, "[APA professors] don't teach people to think about assumptions and stuff. It's more of 'disabled people need our help and here is how you help them.'" Reba, a professional who regularly supervised students completing practicum opportunities, described,

> I've seen [students] who come out of [APA courses] saying, "I can't be wrong. I need to know it all." We don't always foster that growth in them, right? We don't necessarily take our time to stop and say, "How did that make you feel?"

Jane recalled the way in which experiences in professional practice (secret story) clashed with her classroom knowledge (sacred story) and awakened her to other ways of knowing. "I learned in coursework that 'if this person has this diagnosis, here are things you can do to support them.' . . . I should have been learning that you need to get to know the individual. You need to build relationships." Over time, she learned to embrace reciprocal learning through relational engagement and the interdependence of mutual respect as a way of reducing the potential professional harm of being an expert. Avoiding vulnerability for fear of looking like an "ass" posed barriers to fostering professional reflexion, as it could lead to uncomfortable uncertainty.

Rarely was vulnerability experienced as an asset, but when it was, it provided an opportunity for professional growth through the motivation to learn, challenge assumptions, and be reflexive. Relational environments free of judgment made it possible to hear and learn from the uncertainty of others. Jane shared, "Talking about [moments of discomfort] makes other people think, and hearing their stories makes me think, so it's actually really productive . . . . As long as you come from a place where you are non-judgmental." Moral discomfort was heightened when vulnerability about expert knowledge was judged and allayed when relational spaces of respect and mutual learning were present.

Friends or Friendly?   The participants described how being engaged and establishing rapport with those they worked with was essential, yet it was a self-taught skill fraught with challenges as the boundaries between workplace and personal relationships crossed. Howard explained the balance needed to be engaged with people while not setting up false expectations:

> Certificates are great, but they don't teach you how to build relationships. . . . [Yet], sometimes by making people feel comfortable, they can misconstrue it as more of a friendship. . . . You get an offer to go out for drinks or to birthday parties and then you don't show up and people are surprised that you are not interested when you seem like good friends. . . . You may not realize you are in the friend category with them and they are in the participant category for you.

Although a meaningful part of the job, relationship building became a source of moral discomfort when the boundaries between acting friendly and becoming friends became muddled. It was not always easy for the participants to negotiate a

key engagement question, "Where are the boundaries in this relational space?" The professionals recognized and desired respectful relationships of trust and interdependence, but were not always sure how to establish professional boundaries. Reba described tensions in her workplace relationship building:

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

Holding a professional line while still fostering mutually respectful relationships was something Lucy struggled with early in her career. She described numerous situations where the relationships she had coconstructed led to individuals feeling comfortable enough to disclose intimate, personal details beyond that typical of a workplace. She heard how trustees were withholding money and how one individual was having suicidal thoughts. "[Those questions] have nothing to do with APA and what happens at the gym," Lucy noted, "But after building relationships with people . . . well, it's hard. Those boundaries are so gray." Although Lucy had created an environment for people to feel comfortable to share, she was left struggling with the boundaries of being perceived to be a friend through professional relationship building.

"We're Fucked Either Way."   This was how one participant described navigating competing demands, priorities, and assumptions across the professional landscape environment. The participants described the moral discomfort that arose when their axiological assumption base and professional actions conflicted with disabling policies, procedures, and expectations. Although the process of being reflexive was described as uncomfortable, the consequences of not interrogating disabling policies and expectations led to uncomfortable and deeply troubling moments. Assessment and screening, for example, caused moral discomfort due to the ableistic harm it imparted by comparing individuals to normative standards. Jane recalled, "[When using assessment tools] there is such a deficit model and that's frustrating. You are trying to squeeze that child into a box, and they are not fitting. How does that emotionally impact them!?" Reba shared a secret story about when, due to an oversubscribed program and lack of admission opportunities for the community, her administrator asked her to develop a screening tool to prioritize enrollment. A screening tool was created, but the deficit-based and ableistically driven requirements left Reba feeling persistent emotional turmoil years later. Although she was trying to accommodate individuals who did not have options to participate in alternative community programs, she was eliminating others from a highly relevant program they desired. She recalled,

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

Moral discomfort was experienced when a professional's personal beliefs conflicted with expectations set within their work environment. Policies, often created to protect the staff or offer what was assumed to be a "better" opportunity for individuals from the disability community, also became constraints to engagement and preferred professional practice. Kacey shared a story of when her administrator created a blanket policy for staff safety reasons that prohibited them from doing any transferring of individuals from one place to another. This prevented someone who required a staff member to transfer her from her wheelchair to the floor from participating in a yoga program she thoroughly enjoyed. "We had been doing it for 15 years. Yoga was the saving grace in her life," Kacey explained, "And [the decision] had to do with liability and insurance, not what was best for the participant." Creating policies and regulations, even with the best of intentions, amplified moral discomfort when changes were imposed instead of embracing the interdependence involved in mutual respect and engaging in collaboratively making decisions. Howard sighed and explained his discomfort negotiating a variety of workplace policies:

> Sometimes I feel conflicted because there are these rules and policies in place. . . . But nothing jives with my own personal philosophy of APA. Policies, procedures, and rules that are meant to protect people interfere with choice options and best practice. . . . We end up working against ourselves and trying to find workarounds.

Reba felt moral discomfort when she was required to seek funds for programs within her nonprofit professional landscape. Whether writing grants or asking for donations, Reba found herself needing to represent those with whom she worked as sad, weak, and in need of help—in conflict with her own established relational engagement founded on mutual respect. She had to choose between conforming to the environmental constraints that brought feelings of discomfort or being successful in her need to secure funds to continue operating programs. She explained:

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

Moral discomfort was described by participants as an embodied experience that was "annoying," "a sick feeling," and "uncomfortable." Jane explained, "You actually feel it in your gut. Everything in your body is just like, 'No. This isn't good. This doesn't go with what I believe. This is awful. I can't do this.' That would be moral discomfort." The struggle to negotiate personal expectations and notions of practice within an environment that values or even requires different priorities contributed greatly to the participants' experiences of moral discomfort. The feeling of being "fucked either way" came from the tension of needing to choose between often competing priorities.

Now What? Grappling With Discomfort.   The participants shared diverse responses when asked what they did when feelings of moral discomfort arose. They

described debriefing with others, enacting change, sitting with the discomfort, and seeking collaboration. They acknowledged it was not likely to dissipate on its own and was pushed aside through avoidance and dismissal. Lucy acknowledged the magnitude of job responsibilities and resisting the work of reflexion as reasons for avoiding her moral discomfort:

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

At times, reacting quickly was a job requirement, but not revisiting critical moments that caused discomfort left professionals with a progressive "icky feeling." Jane admitted, "Sometimes at the end of the day I'm like, 'Why did you do that!?' But it's part of the job so I go home and try not to think about it." The weight of carrying unresolved moral discomfort accumulated over time. Lucy described not wanting to hold on to this feeling and avoided it by assuming it was someone else's responsibility: "[Moral discomfort] felt heavy on my shoulders, because, like, what do I do!? . . . I went to my boss [about a hard situation] and it was nice to be able to push it off onto someone else." Lucy's decision to put the responsibility on her supervisor and withdraw from the conflict created a working environment devoid of critical conversations around professional relational engagement. Unacknowledged moral discomfort led to secret stories involving self-doubt, isolation, and even diminished self-respect that arose from questioning actions and feelings in isolation.

Some professionals described, however, how sharing moral discomfort with colleagues resulted in tremendous relief, even though this was not an easy process. The first step to resolving moral discomfort came from recognizing that an uncomfortable feeling existed. For Reba, this acknowledgment could be enough to alleviate the tension: "Unpacking moral discomfort doesn't mean that it all needs to be solved immediately. . . . Sometimes it is a good use of time to sit in the discomfort." For Veronica, debriefing and discussing moments of discomfort eased and resolved internal and external tensions that brought secret stories to light: "I had people around me that I could unpack those [uncomfortable] situations with. So that may be why I don't sit with them too much." Moral discomfort could also trigger a desire to enact change. Jane described how "Striving to think and act differently all of the time helps to resolve moral discomfort. If you do something that makes you feel awful, you just vow to yourself that you will think and act differently next time." Reba and Jane appreciated the value of recognizing moral discomfort. The professionals also found, however, that facing moral discomfort required time and energy, two things they did not always have.

Discussion

Moral discomfort was present on the study participants' APA professional landscapes and was a deeply, and at times secret, embodied experience. It occurred when professionals lost respect for themselves or others and existed in environments where expertism was emphasized over relational engagement and the value of embodied knowledge was overlooked (Goodwin & Howe, 2016; Goodwin & Rossow-Kimball,

2012; Peers, 2018; Silva & Howe, 2012). Through relational engagement, vulnerability became an asset when moral discomfort was understood relationally, alongside those with whom they were in the relationship. Self-reflexivity enhanced professional practice. There was value in being vulnerable "insecure practitioners," as it undermined the failure-fraught stance of expertism (Standal, 2008).

Through mutual respect, professionals focused their attention on critical moments of tension that exist between the self and others, reinforcing that what we do affects others and what others do affects us—at times negatively (Bergum & Dossetor, 2005). APA professionals were selective about where, and with whom, they were willing to share their experiences of moral discomfort. The often deeply secret moments that were buried under cover stories were told and retold to oneself and others and remained largely unresolved, evoking judgment, an expert stance, and policies that imposed perceived harm to program participants (Clandinin & Connelly, 1996).

Exploring the roots of sacred stories was uncomfortable, but consistent and honest reflexion brought to light ableism on both personal and systemic fronts (Goodwin, 2017). As professionals moved to positions of higher authority and responsibility, the presence of rigid structures and higher expectations for professionalism and expertise increased (Silva & Howe, 2012). Not knowing and pretending to know caused moral discomfort. When professionals were willing to "hoodwink" themselves or those with whom they worked to maintain the expert role, respect for self, engagement, and appreciation for diverse embodied ways of knowing waned. Professionals themselves were exposed to the distress of moral discomfort and potential professional burnout (Marcellus, 2005). Emphasizing expertism over expertise that may have boundaries and moments of uncertainty hindered reflexivity. Uncertainty was perceived to be professional weakness, limiting relational interdependence (Bergum & Dossetor, 2005). When the professionals did not assume the stance of being right at all costs, they were less likely to cling to the "expert" role and perpetuate the creation of an often nondisabled expert who makes decisions on behalf of, instead of with, others (Bergum & Dossetor, 2005; Hodge & Runswick-Cole, 2013; Withers, 2012).

Within their multidisciplinary landscapes, diverse credentials and respective judgment about expertise created disconnections among allied professionals, leading to waning self-respect and the internalized worth and value of APA professional practice (Standal et al., 2018). Deficit models of disability aimed solely at prescribing interventions based on diagnosis and labels were prominent within the landscape, especially when working within multidisciplinary teams within medicine or health care (Goodwin, 2017; Silva & Howe, 2012; Withers, 2012). Those engaged in mutually respectful relationships, however, understood that the professional self was equal to, no less or greater than, others, and that there was no ideal approach (or sacred stories principles) to professional practice in diverse work environments (Bergum & Dossetor, 2005).

The professionals described the ways in which the traditional medical moral roots of APA led to the development of ableist structures, charity funding models, and protocols that created unsafe emotional, physical, and social environments (Campbell, 2001; Leo & Goodwin, 2016; Silva & Howe, 2012; Withers, 2012). Engaging with embodied knowledge that respected diverse social and historical storied lives, rich in emotion, was deemed unprofessional by some. In contrast, by embracing experiences and knowledge contributed by the disability community,

expertise was shared and cocreated toward the creation of a mutually respectful space. Resolving and preventing experiences of moral discomfort derived from paternalistic and expert professional stances opened opportunities for vulnerability and interactions that provided space to explore cultural, political, and social issues that impact engagement with others, interdependence based on mutual respect, and multiple ways of knowing, in safe, nonjudgmental spaces (Bergum & Dossetor, 2005; Carlson, 2010). Relationship building, whether with oneself, with members of the disability community, or with colleagues, thwarted tensions that lead to moral discomfort.

The participants described the APA knowledge landscape as an evolving, interdependent web of experiences, knowledge, and relational complexities (Bergum & Dossetor, 2005; Clandinin & Connelly, 1996). Professionals highlighted the need for safe places that provide adequate time to discuss difficult topics, yet they were seldom available or accessed. Within professional preparation and professional development environments, attention should be given to the time and energy required to understand the emotions, actions, and consequences of moral discomfort. Professionals who worked in environments that nurtured a relational ethic found they could recognize the uncomfortable feeling of *sand in their shorts*. Doing so allowed professionals to emphasize questions over answers while they underwent the necessary, yet uncomfortable, work of reflexion.

The intention of this study has not been to pass professional judgment; rather, the implication was to start a conversation about the experiences that leave APA professionals feeling sand in their shorts—toward the creation of ethically reflexive professionals. To date, moral discomfort has received very little attention in research, the preparation of future professionals, or professional development opportunities. The participants acknowledged the need for changes to be made in professional preparation programs (the sacred stories of APA) to bring balance to the expectation of professional expertism and being vulnerable enough to learn from others through relationship building.

Not addressing moral discomfort had significant consequences for both service providers and service users, as expressed by the study participants. Learning to identify and grapple with discomfort could be embedded within preservice education, where emphasis on mutual respect, engagement, embodied knowledge, and safe environments is used to ponder creative new ways of thinking about our practice (Bergum & Dossetor, 2005). Rather than disregarding experiences of moral discomfort or keeping them secret, professionals may benefit from bringing a relational ethical lens to their practice (Bergum & Dossetor, 2005).

Discussing the meaning of moral discomfort, when it may occur, how it is experienced, and what can be done to address its inevitable presence may bring new meaning to professional practice in APA and better prepare professionals to exemplify a relational ethic of engagement and respect of self and others in their professional practice. APA professional preparation curriculum could include strategies to unpack the distinction between expertism and expertise, professional objectivity and vulnerability, and relational boundaries, and it could create psychologically safe environments to share and learn from others through mutual respect. Finally, taken-for-granted, unquestioned, ableist assumptions and narratives caused deep moral discomfort for the study participants. It is apparent that

professional landscapes need to be safe spaces where professionals listen to and seek relational support from members of the disability community. Not acknowledging moral discomfort, professional uncertainty, and cover stories had dire consequences for professionals, as well as members of the disability community.

Study Limitations

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

Future Considerations

The experiences of professionals who have been practicing for decades provide a wealth of information for researchers interested in better understanding the current landscape of professional practice. Utilizing community-based research approaches may reveal additional unacknowledged concerns around professional practice. In addition, exploring various pedagogical tactics to encourage growth and reflexivity around discomfort and tension is needed (Goodwin, 2017; Peers, 2018; Standal, 2008). We also encourage a more interdisciplinary approach to practice, by fostering relationships and exploring collaboration with professionals from disciplines such as critical disability studies, education, and health care.

Notes

1.   The term *disabled people* is used to "conceptualize disability not as an inherent characteristic of individuals but rather as a set of socially and structurally produced relationships and processes that lead to the categorical impoverishment, isolation, confinement, neglect, and devaluation of an entire social class of people" (Peers, Spencer-Cavaliere, & Eales, 2014, p. 273).

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

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

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